



MiCare project

Supporting migrants' professional and social integration as carers

Intellectual Output 1 Benchmarking report



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Abstract

The following benchmarking report aims to deliver a comparative description about the existing opportunities to support integration and training for migrant home caregivers in Austria, Finland, France, Italy, and Spain.

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Document summary

The aim of the MiCare-project is to promote female migrant's professional and social integration and support their employment possibilities as caregivers in elderly home care. The aim is also to improve the quality of care delivered to older people at home.

The following benchmarking report aims to deliver a **comparative description** about the existing opportunities to support integration and training for migrant home caregivers in Austria, Finland, France, Italy, and Spain, delivering an overview on the situation in the partner countries regarding the existing training opportunities for migrant caregiving workers, and tools to recognise their degree of professionalisation. Skills and competences needed in caregiving work are also described in the benchmarking report, in addition to existing good practices to support migrant's integration and employment in the participating countries.

In part one, each country reported their national legislation and regulations considering 1) social and healthcare, 2) education and 3) immigration and integration, as well as each country identified and reported education and certification in social and healthcare. In part two, each country identified relevant stakeholders and conducted a minimum of 3 qualitative interviews to identify existing ways to support migrants' integration, training for caregiving work and competences needed in caregiving work. Data was collected between December 2020 and February 2021 in Austria, Finland, France, Italy, and Spain. Content analysis and thematic analysis was applied.

Migrant women face more challenges in integrating into labour markets in European countries than migrant men, due to multiple reasons. Therefore, it is evident that migrant women need personalised, work-oriented, tailor-made services, guidance, and support from the moment on when they arrive in the country. Finding a job may be difficult due to multiple reasons. Therefore, matching activities, where a third party matches possible employers and employees, as well as work-based learning, are needed. This report identified altogether **21 different certifications** for caregiving work and in addition to that multiple projects that offer preparatory training for caregiving work. Training should be personalised and support the development of linguistic skills. Financial support for studying is needed. Recognition of prior learning and skills should be emphasized. Especially ways to show informal skills and competences regardless of linguistic barriers should be developed.

Competences needed to work with dependent people were identified. Due to the personal nature of caregiving work it is essential that the caregiver has soft skills needed in caregiving work. A caregiver needs to be motivated to work with older people. Also, the right kind of attitude and willingness to work with the elderly are important. Along with the personal qualities and motivation, communications skills are vital for caregivers, as well as understanding of the caregiving services and professional role of the caregiver. Furthermore, working life skills are important for migrants to complete formal education and to work. The benchmarking report identified **25 good practices** in the fields of promoting migrants' integration into the labour market, promoting migrant women's integration into the labour market, and promoting migrants' employment within the caregiving sector in the analysed countries.

1. Benchmarking report overview

The objective of the benchmarking report was to develop a comparative analysis of the existing good practices concerning the support for integration and training addressing migrants, in the partner countries. Data collection was divided into **two parts**; 1) desk research in order to establish common grounds between partner countries and identify already existing good practices and 2) empirical part, where each partner interviewed relevant stakeholders.

The benchmarking report **answers the following questions**:

1. What is the situation in partner countries regarding the delivery of training to migrant care workers, to facilitate their training within the caregiving sector and integration to the host country?
2. Are they provided with the necessary skills and competences to develop their work?
3. Are there certifications to recognize their degree of professionalization?
4. Which kind of hard and soft skills do they need to take care of older people at home?

Laurea University of Applied Sciences (further Laurea) was responsible for creating a common methodology for data collection. One template consisting of four parts was created for desk research. Another template was created for conducting qualitative interviews and collecting good practices in each country. The data was collected in Austria, Finland, France, Italy and Spain between December 2020 and February 2021. Laurea was responsible of analysing all the data collected. Content analysis and thematic analysis were applied. The results are described by theme in this report together with final conclusions.

2. Introduction

Migrant, and especially migrant women from third countries, are poorly integrated in European labour markets (Eurostat, 2019A) and, to a large extent, concentrated in sectors of the economy which are traditionally linked to unpaid reproductive, and hence unrecognized and undervalued work such as domestic work (ILO, 2013). **Still, domestic work remains one of the main areas of employment available to female migrants** (Eurostat, 2011). Health care, services to families and domestic work - these sectors are considered as an opportunity to integrate migrant women in the labour market by policy makers.

In addition, in 2020 older people (+65) represented 20.6 % of the total population and this is expected to reach almost 30 % in the EU by 2050 (Eurostat, 2019B). This will result into a growing demand of PHS (personal and household services) and some estimations state that at least 5 million jobs are to be created (EFSI, 2018) and even 20 million (Blueprint about Digital Transformation, 2017).

However, it is not true that anyone can provide **PHS**. These activities require specific skills that are often underestimated and PHS workers are not just substitutable since many soft skills are required, such as language skills, good manners, thoroughness, and the ability to work independently (Deutscher Frauenrat, 2013).

Within this context, the **MiCare project aims to support migrant women' professional and social integration as carers for the elderly**. Indeed, the target group of the MiCare project can be defined as follows: migrant women

- moving from their country of origin to another in which they are not nationals (for instance, they do not have the double nationality) to settle for the long-term,
- who have a residence permit,
- with a minimum language level of the hosting country making possible to test the self-assessment tool, to follow a training, etc.,
- who are willing to access the labour market as carer for older people (usually with a carer background (professional or informal, like family carer)).

Besides this definition of the target group, some other should be considered to better understand the contents of this report:

- **Apprenticeship:** *"Systematic, long-term training alternating periods at the workplace and in an educational institution or training centre. The apprentice is contractually linked to the employer and receives remuneration (wage or allowance). The employer assumes responsibility for providing the trainee with training leading to a specific occupation"* (Cedefop, 2014).
- **Informal caregiver:** *"a person who provides - usually - unpaid care to someone with a chronic illness, disability or other long-lasting health or care need, outside a professional or formal framework"* (Eurocarers, 2020).
- **Job-specific skills:** *"Particular or specialised skills necessary to do a particular job"* (Skills Panorama Glossary, 2021).
- **Soft skills:** *"Skills that are cross-cutting across jobs (see Job-specific skills) and sectors and relate to personal competences (confidence, discipline, self-management) and social competences (teamwork, communication, emotional intelligence)"* (EQAVET, 2021).
- **Transversal skills:** *"Skills (that) individuals have, which are relevant to jobs and occupations other than the ones they currently have or have recently had. Such skills have been learned in one context or to master a special situation or problem and can be transferred to another context"* (Skills Panorama Glossary, 2021).
- **Work-based learning:** *"acquisition of knowledge and skills through carrying out - and reflecting on - tasks in a vocational context, either at the workplace (such as alternance training) or in a VET institution"* (Cedefop, 2014).

3. Desk research

Desk research was divided into four parts. In part one, each country reported their national legislation and regulations considering 1) social and healthcare, 2) education and 3) immigration and integration, as well as each country identified and reported 4) education and certification in social and healthcare. The aim of this data collection was to establish a state-of-the-art report of the legal basis in each country, to identify similarities and differences between countries and to establish a common understanding and terminology for further phases of the MiCare project.

3.1. Legislation considering social and healthcare

In this part, each partner in the participating countries was asked to describe:

1. How is the care for elderly people at home organised in your country?
2. Who is / are the responsible care provider/s?
3. Who pays for the care at home?
4. Who can work as a care worker in elderly people's homes? Are there any restrictions or minimum standards in terms of education / certification?
5. Is it possible that informal caregivers (personnel with no education / certification) work unsupervised in elderly people's homes? If so, what are the tasks and duties they can perform and what they cannot perform? Who is their employer and who pays their salary?

Organizing and financing care for elderly people at home

There is variation in how the care for elderly people at home is organised in different countries. In Austria, Finland, and France the situation is most similar to each other. It is the national aim to support the elderly people to live at home for as long as possible, and if a person needs care and attention, it is given at home if possible. In Spain, older people are also entitled to get benefits and various forms of help for home care, but also it exists the right to request long-term care. The system differs most from other countries in Italy, where home care for elderly people is not organized at national level and families usually take care of their elderly relatives. In each country, various types of financial allowances are available for the elderly and their families, to be able to get support and care at home when needed.

In Austria there are two main options for care at home for elderly people: **Social Services/mobile care and support services**, and **Personal Services/personal care and 24-hours-care**.

Responsible care providers are various non-profit organisations at federal and national level. **Social Services/mobile care and support services** depend on the specific needs for care and support is usually provided for a few hours per day or per week. The options for an elderly person within this service are home aid, nursing assistant, specialized social workers for the elderly and home nursing. **Home aids** provide professional help and motivation in everyday life and daily routines such as with household, tidying up and cleaning, shopping, cooking, personal hygiene, dressing and undressing, with eating and drinking, with errands and visits. **Nursing assistants** take on various nursing activities for people with extensive care need according to the instructions and under the supervision of the qualified health and nursing staff, e.g., help the care recipient with hygiene needs, carry out some nursing activities and give insulin (Caritas 2020, Hilfswerk 2020 and oesterreich.gv.at 2020). **Specialized social workers for the elderly** correspond to the job profile of nursing assistants, but received advanced training to provide comprehensive, environment-oriented support in social context, e.g., implementing a wide range of accompaniment, support, and help (Caritas 2020). **Home nursing** provide medical and nursing care such as wound care, injections, medication, extensive body care, activation, mobilisation, prevention, information and instructions, assistance with discharge from hospital or rehabilitation, advice and support with care allowance and funding applications, with the selection and organization of care aids etc. **Social everyday companions** accompany persons in need of care in their home environment in a way that is oriented towards their living environment and focus on social aspects. They are a supplement to the other professional groups and relieve family caregivers by their presence for several hours per week (at least 3 hours). **Personal Services/personal care and 24-hours-care** offer full-time-support and help with housekeeping and daily activities. Medical or nursing activities are offered only if and as assigned by a doctor or a member of the high-level service of health and nursing (Careforce 2020).

Federal states/regions provide funding for mobile care and support services, but the care recipient have to pay a tariff per hour. The calculation of tariffs varies in the different federal states, but usually the tariffs depend on the family income and the entitlement to care allowance. The fee can therefore range, and there is also a small monthly lump sum. Social everyday companion is funded for 150 hours per year by the region of Lower Austria for each person in need for care. Usually also a small sum per hour has to be paid by the person in need for care (Hilfswerk Niederösterreich 2021).

In Finland, the national aim is to enable elderly people to live at home as long as possible, even for the rest of their lives. Services are provided to older people at home to enable this aim (Finnish Institute for Health and Wellfare 2021A).

Older people services are directed by several laws (Finnish Institute for Health and Welfare 2021B). Home care and other home support services are provided by public and private bodies and organisations. Home care is divided in **home services, home nursing and home support services**. The municipality is obliged to arrange home care for elderly people at home. The municipality can combine home support, that is based on the Social Welfare Act and home nursing, that is based on the Health Care Act into home care. The law entitles social and health care services generally according to a person's needs, not especially according to a person's age.

Home services and home nursing are based on the assessment of the care recipient's functional capacity and the service and care plan prepared based on it. Services are also available in the evenings and on weekends, and night-time care is also becoming more common. Care and services of home care and home nursing are provided by registered nurses, public health nurses and practical nurses. Also, housekeepers may work in homecare, but they do not perform nursing procedures. **Home services** are available to the elderly who have a reduced ability to function for another reason. Home service supports and assists when a care recipient needs help at home due to illness or reduced ability to cope with everyday chores and personal activities such as hygiene. Home service also monitors the care recipient's well-being and advises care recipients and relatives on matters related to the services. **Home nursing** provides nursing care such as medication management and different nursing activities, e.g., wound care or rehabilitation after hospitalization. **Support services** in home care complement the personal care provided by the home care and/or home nursing. Support services are often the first services a person needs to support independent living. Support services are also available to people who do not need other home care or home nursing. Support services include services such as catering, cleaning, clothing maintenance, shopping and running other errands, services promoting social interaction and transport services (Finnish Ministry of Social Affairs and Health 2021A.)

The municipality can provide support services itself or purchase them from private service providers. The municipality may issue a service voucher to the service user, with which a person can purchase the service from service providers approved by the municipality. A person can also purchase support services directly from private service providers. In this case, the purchaser of support services can take advantage of the household tax reduction. In addition, a family member can act as a family caregiver. A family caregiver is a relative or another person who is close to the care recipient and has signed an informal care agreement with the municipality. Support for family caregiver is an entity, which consists of care allowance, leaves and support services to the family caregiver (The Act on the Support for Informal Care 2006.). Residential housing and nursing homes are

available for those elderly who cannot cope at home due to a higher need of assistance, based on service and care needs assessment. However, the aim is to provide care at home as long as possible (Finnish Ministry of Social Affairs and Health 2021A). Home service is chargeable to the care recipient. The fee depends on whether there is a temporary or permanent need for assistance. A reasonable fee decided by the municipality may be charged for temporary home service. A reasonable monthly fee may be charged for ongoing care, depending on the quality of the service, the amount, the care recipient's ability to pay and the size of the family. In determining solvency, the income of the care recipient of the service and the spouse is considered. Support services usually have a municipality-specific price list. Private service providers decide on their own fees (Finnish Ministry of Social Affairs and Health 2021C).

In France home care for older people has been actively supported by the French government during the last years. Specific support is delivered by national and local actors ensuring quality ageing at home as soon as the older person needs it. There is also financial support available, ensuring an appropriate assistance as the older person becomes dependent. In addition, personal support is available to the older person offered by a home care professional or an informal carer (for instance, a family carer). A wide range of services for ageing at home is possible if needed and staying at home is the option chosen by the older person and it is possible and desirable compared to a transfer towards a care centre or residence for the elderly. Several types or entities can initiate and coordinate home care services for older people. **Home care services (medical and non-medical) like Support and home care services SHS** are delivered by public or private organisations, previously authorised by the regional authorities. These services offer support for daily tasks (e.g., cleaning, taking care of the lining, hygiene, etc), support for active ageing (e.g., adaptation of the household, physical activities, etc.) and for social activities (e.g., organisation of cooking courses, etc.). **Nursing services at home (NSH)** are delivered according to a medical prescription by nurses and similar healthcare professionals. They can include several types of services, like personal hygiene, follow-up, and coordination with the relevant healthcare professionals, etc. **Polyvalent services for home treatment (PSH)** can include both SHS and NSH services in order to deliver and facilitate integrated homecare. The main advantage for the older people and their carers is to have just one single contact instead of two. There is also a wide range of other services provided by local authorities such as the municipality, the region, the networks of health care services, the social security services, etc. Their main role is to coordinate the different actions and professionals provided to an older person. Some of these actions can be rather medical, other social or even a combination of both.

The Support for coordination tool (SCT) or the centralisation of services was implemented in 2019 at national level in France. This one-stop service is currently under implementation and its main objective is to simplify the existing procedures of support for older people for staying at home or coming back home. If SCT is available on a given sector and area, the general practitioner can ask for the relevant home care services if the health or the social status of the older person requires it. The SCT analyses the situation and the needs and identifies the available social and financial benefits. The idea is to propose a personalised solution adapted to the needs of the older person and the area of residence, and in accordance with age and social status. In France private individuals in need of home care for them or their families can directly hire their employees, with or without the support of intermediary organisations as regards the administrative and legal requirements, or they can contract the services of a private organisation or an enterprise (French Social Security 2021).

A private person as an employer will be granted some tax advantages when directly hiring his/her home carers, mainly if it is done via certain vouchers which can be both a "declarative" tool and a "payment" tool. They apply for a wide range of personal and household services, including older people home care, no matter the type of contract (direct employment, intermediary organisations, private organisations, or enterprises). There are several types of allowances, managed by the regional authorities, available for ageing at home for a person who is becoming dependent. The personalised allowance for autonomy enables financing the expenses of ageing at home linked to the loss of independence. Home help allowances are granted to finance the services of a professional home carer such as a life assistant or home care worker for people at least 65 years old or 60 years old if the person is unfit for work. Funded teleassistance care services are available for older people living alone. In addition, some municipalities can also grant the installation or subscription costs. Services proposed by pension funds can grant prevention actions to promote active ageing for older retired people at risk. They can be cash or in-kind allowances. In addition, there are also different kinds of allowances for anybody in loss of independence (French Ministry for Health 2021).

In Italy there is no official support to families in the management of elderly people, whether they are still sufficiently autonomous to live at home or whether they are no longer independent and require various types of care and assistance. Families represent those who usually take care of the elderly relative. Only if the elderly person is completely alone or socially in difficulty, public service social worker intervenes to either provide support at home or find a facility for the elderly for direct transfer.

In all other cases, the family either directly takes care of the elderly relative or hires a part-time or full-time caregiver or somebody who lives in the home of the elderly. There are no educational requirements for the caregivers hired by families (LAW n° 833 -1978 National Health Service).

The cost of this external support is borne by the family. Tax reductions are available in some cases. The accompanying allowance intervenes to support the family as economic support paid by the National Social Security Institute. It is applicable only for people declared totally disabled and / or unable to walk without the help of a companion or unable to perform daily acts of life. The accompanying allowance is paid for 12 months and is not taxed. In these cases of serious non-autonomy, the family can count on public economic support which, however, does not cover the total cost of a full-time caregiver (Municipality of Bologna - Social desk 2019).

In Spain there are both **professional care** and **non-professional care** available for elderly people. **Professional care** is provided by a public institution or entity, profit or non-profit, or by a freelance professional who provides services to elderly people, either at home or in a centre. There are various trainings for professional care providers, such as registered nurse or technician in socio-healthcare. **Non-professional care** is provided to elderly people who are at home by their own relatives (family caregivers). In Spain, it also exists the right to request long-term care. This benefit can be requested when, due to age, illness or disability, the person cannot carry out their basic daily tasks without the help of another person. There are different ways how an elderly person can get assistance at home or in a residential centre, regarding their needs. The cost of these services is included under co-payment, which means that the care recipient must pay part of the cost, depending on their financial situation and the offered service (Agencia Estatal BOE 2021).

The types of services that can be requested are dependency prevention services and promotion of the personal autonomy (counselling, orientation, assistance, and training on support technologies), telecare services, home help services (e.g. home needs attention, and personal care), day and night centre services (day centre for the elderly, day centre for people under 65 years old, special care day centre, night centre) and long-term residential care services (residences for dependent elderly people and care centres for dependent people having different types of disabilities). The residential care can be temporary for a convalescence stay or during a non-professional caregiver break.

There are different types of financial aids available for elderly people. Financial aids vary depending on the degree of dependence of the person, but they are only offered if the care recipient is not receiving other kind of similar benefits and if it is not possible to offer him/her help through specific services. Financial, periodic benefits linked to care services are available for elderly people who have no access to public or concerted dependency care services. Financial benefits for care within the family environment and support to non-professional caregivers are available for elderly people in a family environment. The caregiver of the elderly person must be enrolled in the Social Security system. Financial benefit for personal assistance is available for an elderly person to hire a personal assistance to help in daily activities (SAAD, 2020).

Qualification of staff working in elderly home care

There is a variation in different countries regarding the qualification of staff working in home care of the elderly. In each country there are both professionals and non-qualified/informal carers who work with the elderly – the following section will focus on professional caregivers at home as they are the focus of the MiCare project; within each country there are several different professional qualifications amongst professional home care workers.

In Austria, all care workers for the elderly require a specific education or certification. Home nursing can only be offered by medically trained staff such as medical nurses. Further medical staff that works in the field of home nursing are professional nursing assistants who have lower-level medical care competences and carry out the nursing tasks assigned to them by the medical nurses and/or doctors. The lowest formal qualifications and minimum standards are required for home aid, social everyday companion, and 24-hours-care. Self-employed caregivers must acquire a trade license for personal care. There are several prerequisites and required qualification for home aids and 24-hours-care in Austria, such as minimum age of 18 years, requirements regarding language skills, school education, health and mental aptitude, legal proof of integrity and also requirements regarding theoretical and work-based learning (Caritas 2020). There are prerequisites also for exercising the trade licence in Austria such as citizenship of an EU/EEA member state/Switzerland or residence permit in Austria as well as the absence of grounds for exclusion, and recommendations regarding physical and psychological health (Careforce 2020).

24-hours-caregivers are caregivers who have either practical experience of at least 6 months in home care or a qualification corresponding to a home aid (Careforce 2020). Care can be organized in several ways. Families can hire a caregiver themselves, or through a non-profit organisation or an agency that arranges commercial caregivers. The person in need of care and / or their family can also make a contract with a commercial caregiver (oesterreich.gv.at 2020 and WKO 2020). Most 24-hours-caregivers come from eastern European and neighbouring countries. Usually 24-hour short-term care is provided by one caregiver, long-term care by two caregivers, who take turns in a 14-day cycle. The costs for a 24-hours-carer must be covered by the person in need of care or the family. Financial allowance is possible, if certain prerequisites are fulfilled, such as necessity of up to 24-hour care. There is also an income limit and a demand for a compulsory insurance for the caregiver (Careforce 2020).

In Finland, the vocational training and qualifications of health and social care personnel are regulated by laws and regulations. There are various professionals working in home care, such as registered nurses and public health nurses (EQF 6), practical nurses (EQF 4) and care assistants or other professionals (EQF 3-4). In municipal home care it is required to have a registered nurse, or a public health nurse involved in nursing care of a home care recipient, together with practical nurses and other lower qualifications. Nursing students can work as practical nurses (EQF 4), when they have studied 1/3 of nursing studies. It is possible to work as a home assistant without training. There is also training available, but it is not required when working as a home assistant. In municipal home care the care assistant cannot be alone on duty or be responsible for medication. However, it is possible to work as a home assistant hired by a private company or by a private person or family, and in this situation the duties and responsibilities are determined by the employer (Finnish Ministry of Social Affairs and Health 2021B; Finnish National Supervisory Authority for Welfare and Health 2021).

In France, home care for elderly people does not require a qualification nor an authorisation. However, even if not compulsory, several professional qualifications (diplomas) are available on EQF level 3. Furthermore, the existing qualifications and professions have legal limitations. For example, life assistants (EQF 3) are not able to give medicine or perform complete hygiene. These are nurse's and other healthcare professional's tasks (French NQF, 2021).

In Italy, the elderly care sector has three types of people involved in care: caregivers, Social Assistance Operators (OSS) and specialists in a specific medical area. Caregivers most often work in the care of elderly (EQF National System - Regione Emilia Romagna/ Authorized bodies, 2021).

A family caregiver is employed directly by the family. There is a National Domestic Labour Agreement that regulates hiring (National contract of homework, 2020). The national labour contract does not set minimum standards in terms of education or certification of skills. It is at the discretion of the families to define what kind of skills and qualifications the person who will be hired must have.

In Spain, currently only 35 % of caregivers are professional or formal caregivers and more than 20 % of these caregivers have a Higher Education Degree according to the data by the Institute of Social Services and the Elderly. In Spain there are no minimum requirements regarding the non-professional caregivers working in elderly people's homes. Nevertheless, there are different training plans aimed for caregivers in the family environment for elderly people. There are two types of qualifications in social and healthcare for caregivers of elderly people. Vocational and Educational Training (VET programmes and Higher Education VET programmes) provide qualifications as a Technician in Assistance to People in Need of Care, Expert in Auxiliary Nursery Care or Technician in Socio-health Care. Within the programmes of official professional certificates, the academic offer includes training related to health and social care for elderly people in social institutions and Social and health care for people at home (TodoFP.es 2021).

Besides the above listed professional caregivers at home, in all the countries exists the possibility for informal/non-professional caregiving. The responsibilities of these informal caregivers are not regulated, and no minimum requirements exist. Often informal caregivers are family members or people living illegally in the country.

3.2. Legislation considering education

In this part, each country was asked to describe:

1. Who has the right to provide education leading to a degree and / or a certification?
2. Can an association provide education leading to degree or certification?
3. Is it possible to have apprenticeship training (on the job training) between a person and a company without any educational institution who issues the degree or certification?

Organising education

In each country there are many operators, in both the public and private sector, who are entitled to provide education leading to a degree and / or a certification. The provision of training is subject to authorisation in every country, and the provider of the training must be authorised by the relevant authority to provide education leading to a degree and / or certification.

In Austria education is provided by the public sector and non-profit organisations. Schools for general healthcare and nursing provide certification for nursing assistants and professional nursing assistants. Universities of Applied Sciences provide education for nurses and health care professionals. Non-Profit Organizations (NPO), that offer caregiving services, also provide education within their own education and training institutions, e.g., education leading to certification for home aids or 24-hours-caregivers is offered by some NPOs in Austria (Caritas 2020 and Wiener Sozialdienste 2020).

In Finland there is a wide range of authorities /organisations, both in public and private sector, who have the right to provide education leading to a degree and / or certification. In public sector there are Universities, Universities of Applied Sciences, vocational institutes and colleges and municipalities who are entitled to provide education. In the private sector there are different kinds of associations, both profit and non-profit, and private companies that are licensed to provide training. All authorities / organisations in Finland that provide education leading to degree and / or certification, need a license from the Ministry of Education (Finnish National Agency for Education 2021).

In France there is no compulsory legal status for a provider of vocational education and the same applies for basic and higher education. A learning provider can be for instance an association or a company, no matter the level of education or training. However, there are some administrative requirements, when registering with the relevant authorities. If the education or the training delivered leads to a certification, it should be recognized by the relevant NQF authority. To do this, an official authorisation from a certifying authority is needed. If the educational or a VET provider uses public or professional branch funding, an additional authorisation is required, to be compliant with the relevant national quality standard. This latter authorisation has to be renewed regularly, within every 3 years (French Ministry for Labour 2021).

In Italy, formal education in both lower and upper secondary school diploma and degrees are managed by public schools and universities or recognised by the Ministry of Education, University and Research. In addition to public schools and universities, there are institutions recognised by the Ministry of Education, University and Research that are responsible for carrying out study programmes in line with the national guidelines (Italian Ministry of Labour 2021). The certification concerning the training sector can be issued only by Bodies and Associations accredited to the reference region. A qualification officially recognised by the region and, in most cases with national value, can only be issued by a body accredited to the region.

In Spain, education is provided by the public sector such as public schools, universities, or adult education centres, and by private accredited vocational education centres. Vocational and educational training is organised in public secondary education high schools and private VET centres. Professional certificates are provided by adult education centres or the Spanish public employment services as well as accredited private centres by the Ministry of Employment. Higher Education Nursing Degree is provided by universities, where also non-university level courses are offered in the field of elderly care (TodoFP.es 2021).

Apprenticeship training

It is not possible to have apprenticeship training, as defined in the introduction, between an apprentice and a company without the involvement of an educational institution in any of the countries analysed by this desk research. There is always a need for an agreement between the certifying entity delivering education and certification, and a private or public party where the apprentice will be working and learning. However, the practices vary within the countries. Furthermore, there is variation in how common apprenticeships in the care sector are in different countries.

In Austria it is not possible to have apprenticeship training between a person and a company without any educational institution. There are no apprenticeship trainings in the area of care work in Austria – degrees can only be achieved via VET-schools or higher education institutions (AMS Beruflexikon 2020).

In Finland, apprenticeship is a common option to study the practical nurse diploma. Practical nurse is one of the most common qualifications in elderly care. There are always an educational institution and the apprenticeship operator involved in the apprenticeship.

An apprenticeship operator can be for instance a VET-provider or an association that handles, among other things, contract matters and acquires teaching outside the workplace in an educational institution or in virtual environments. There are several preconditions of the apprenticeship agreement, such as at least 25 h / week employment, collectively agreed salary with incidental expenses, a workplace supervisor assigned to the apprentice and diverse work tasks in the field of study. In addition to learning on the job, the apprentice participates in theoretical studies 1-4 days per month at the training provider. An employer can apply for a wage subsidy for hiring an unemployed person with an apprenticeship contract from the local government's employment office (Finnish National Agency for Education 2021; Oppisopimus 2021). There is also an option called the "Speedway to work". This is for those working in social and health care (e.g., nursing assistant, personal assistant) who lack a professional diploma or degree in the field, or school dropouts with previous studies in the field of training. The duration of this training is determined by the personal competence development plan. Studying takes place mainly on the job in different learning environments (StadinAO 2021).

In France, work-based learning, part- or full-time, is only possible under an agreement between a certifying entity (recognised or not as certifying authority) delivering education or VET and a hosting private or public organisation where the apprentice will be working and learning. Apprenticeship is considered as a time-limited period enabling a trainee or a student to develop and apply professional skills in order to get a formal qualification or to promote one's professional integration. The apprenticeship shall concern concrete tasks according to the pedagogical project defined by the education or VET entity and validated by the hosting private or public organisation (French Ministry of Labour 2021).

In Italy, the working relationship is in most cases between the family and the person, this is to say, falls within home employment sector, which is not regulated by the National Domestic Labour Agreement nor the Legislative Decree 81/2015 on apprenticeship. Indeed, apprenticeship is mainly used for young people (under 30) who enter the company with structured and organized roles. In this sense, apprenticeship for a care worker can be possible in the case of a company, such as a residence for the elderly, is the employer, not the care recipient. In this case, the preferential certification required is the regional qualification of OSS Social Healthcare Operator which has as a requirement for access to the courses of a secondary school diploma. Based on the age of the candidate and the requirements of the apprenticeship law, the company can start an apprenticeship period (Ministry of Labour apprenticeship rules 2021).

In Spain, the term used for “apprenticeship” is defined in legislation as “training actions and initiatives, combining employment and training, that aim at workers’ professional qualification in a regime that alternates work activity in a company and vocational education and training delivered by the education system or the employment system”. The apprenticeship is a learning module that is included at all different academic levels (VET, Higher Education as well as Professional Certificates). This kind of in-the-job learning is mainly under the responsibility of education and employment authorities, depending on the nature of the training programme itself (Cedefop 2021). As regards care workers, the relevant qualifications analysed within this report (see appendix) include work-based learning ranging from 440 hours to 60h (SEPE, 2021).

3.3. Legislation considering immigration and integration

In this part, each country was asked to describe:

1. The national integration process after a third country national (TCN) has received a residence permit
2. if TCNs without valid residence permit (“paperless or illegal immigrants”) have the right to work and / or study in the country
3. which authorities and other parties are responsible and/or participate in integrating immigrants into the labour market and what kind of roles they have.

The integration process

The integration process varied from country to country. However, some similarities were identified. All the countries have a national legislation that guides the integration process. The process is slightly different depending on the status of the migrant. Refugees and others in need of international protection have their own paths and people migrating for other reasons, such as work, studies, or family-related reasons, have their own. All the countries require a certain set of integration activities, such as learning the language and attending other types of training. Some countries require a signed agreement of services and training that the migrant is required to complete. The integration time is always very individual, but the estimates varied from some months to up to 3 years.

In Austria, the Austrian Integration Fund manages the integration process for refugees. They need to sign an integration agreement, which on the one hand certifies, that they will comply with the fundamental values of the legal and social order in Austria and, on the other hand, that they will fulfil the legal obligation to participate in, cooperate with and complete the values and German language courses offered. Special courses for better integration for women are also arranged. Family members of working immigrants

or Austrian residents are first issued a permit for a shorter period and later, if the compulsory training is completed, they can be issued a 3-year permit (ÖIF 2020).

In Finland, the municipalities, and the employment offices (TE-office) hold the main responsibility of integration. After receiving a residence permit, migrants must register at the employment office as a job seeker. TE-office (or in some cases the municipality) will conduct a comprehensive evaluation, which must be done within 2 months. This evaluation is the basis for assigning a level of education to the migrant. TE-office will make an integration plan together with the migrant. Planned integration period can last up to 3 years. A migrant is obligated to act according to the plan. Integration training can be organised by multiple service providers and it is free of charge for the migrant. Integration training must include intensive language studies, working life and societal skills, such as, making appointment to healthcare or opening a bank account. Also, personal guidance, practice period in working life and other studies that can be tailored based on a migrant's needs are organised (Act on the Promotion of Immigrant Integration 2010; Ministry of Economic Affairs and Employment in Finland 2021).

In France, the French Bureau for migration and integration (BMI) is managing the integration process. Migrants need to sign a compulsory Republican Integration Contract (RIC), which is also a requirement for the residence permit, except in the case of asylum seekers and others in need of international protection. RIC includes for example personal interviews, linguistic skills assessment, and training. A migrant shall complete everything that the RIC includes (French Bureau for migration and integration 2021).

In Italy, the reception programmes are managed at a territorial level by the ASP - Public health authorities of the municipalities - provided for by the regional framework law on social services. Social, legal and health issues are taken care of. This period takes from 6 months up to 1 year or more, if needed. (House of representatives - right of migrants on the territory 2021).

In Spain, there is an "Integration effort report" regulated by the Ministry of Inclusion, Social Security and Migration. The report has as a minimum content the certification, where appropriate, of the active participation of the migrant in training actions aimed to the knowledge and respect of the constitutional values of Spain, the statutory values of the Autonomous Community of residence, the values of the European Union, human rights, public freedoms, tolerance and equality between men and women as well as learning the official language of the place of residence. Also, other education can be

considered favourable for the migrant applying for further residence (Portal de Inmigración, 2021).

Right to work or study of migrants without valid residence permits

In Austria, Finland, France, Italy, and Spain migrants without valid residence permits do not have the right to work or study. However, in Finland and in France, asylum seekers can be granted a temporary right to work for up to six months and in Austria and France they have limited possibilities for studies (Finnish Immigration Service 2021; French Bureau for migration and integration).

In Spain, immigrants without valid residence permit can study at any level of the educational system. Access to compulsory education is automatic. To study at a higher level is possible too, but then certain qualification criteria, such as level of Spanish skills, must be fulfilled.

Authorities and other parties participating in integrating migrants into the labour market

Many authorities and other parties were identified in all the countries, such as governmental institutions, regional authorities and third sector associations. These operators had their own duties, but also some overlaps were identified.

In Austria, there are several state-wide authorities, programmes and associations that are dedicated to support the integration of migrants into the labour market. The Austrian Integration Fund, the Federal Ministry of Labour and the Austrian Public Employment Service are the key state-wide authorities that offer funding, programmes, and training (ÖIF 2020, AST 2020 and AMS 2020). In addition, there are several NGOs (non-governmental organisation) and other associations that offer support and projects to this cause.

In Finland, municipalities, and employment offices (TE-offices) have the main responsibility for the integration of migrants into the labour market. Municipalities need to have a valid integration programme, which covers all services needed by the areal population. TE-offices are in charge of service needs evaluation as well as making, following, and evaluating the integration plan. The Social Insurance Institution of Finland (Kela) provides economic support of up to 3 years during the integration period allowing migrants to study and develop their skills (Ministry of Economic Affairs and Employment in Finland 2021).

In France, once a migrant has received residence permit, he/she has full access to the labour markets and to public and private labour services. In addition to that, there are approx. 900 associations to support and help newly arrived migrants in France (French Bureau for migration and integration 2021).

In Italy, the territorial authorities (ASP) have the main responsibility of supporting migrants' integration. Some major political efforts have been made to enhance migrants' access to services on a territorial level, also utilising private sector services. Individual plans to integrate into the labour market as well as language training are made and followed (Municipality of Bologna - Social desk 2021).

In Spain, there are several migrants and refugees' association that are in charge of implementing strategic plans of aid and integration of these groups. These associations are regulated at the state, regional and local level depending on their field of activity (Portal de Inmigración 2021).

3.4. Education and certification in healthcare

In this part, the partner countries were asked to identify degrees and certificates in social and healthcare as well as to describe some further details about them, such as duration, EQF level, fees, and content. The aim was to identify existing training of professionals who currently work with elderly people in their homes. The complete table with details can be found in appendix 1.

Altogether 21 certifications on different EQF levels were identified. Most commonly training was located on EQF level 4. All training included content regarding social and health care as well as content regarding general skills.

Common identified content regarding social and health care were:

- Hygiene / aseptics
- Home support / home care
- Basics of care
- Basics of pharmaceutical care
- Personalized support
- Psychosocial care / support
- Rehabilitation
- Ergonomics
- Health promotion
- Food and nutrition
- First aid

Common identified content regarding general skills were:

- Social skills
- Communication
- Guidance of care recipients
- Documentation
- Legislation and ethics
- Safety regulations
- Numeracy skills

In Austria, 5 different certificates in this field were identified, all of them being on EQF level 4. The duration of the training varied from 150 hours up to 2,400, lasting from 5 weeks up to 2 years. Some of the training was free of charge, some of them had fees up to 4,700 euros. All training, except one, included work-based learning. All certificates required previous level of education, German language skills, certain age requirements and flawless medical and criminal records (Careforce 2020, Caritas 2020).

In Finland, 6 different certificates were identified. Four of them on EQF level 4 and two on EQF level 3. Four of them provided a degree and two of them were vocational certificates. The duration of the training varied from 6 months to up to 3 years. Higher education is completely free of charge for EU-citizens as is vocational education. However, there are some private VET providers, who can charge a fee of up to 500 euros. All training included work-based learning and it was possible to complete some of the degrees completely as apprenticeship training. All training had requirements, such as previous education and linguistic skills.

In France, 4 certificates were identified, all on EQF level 3. The duration varied from 500 hours up to 1,365 hours. Training was not free of charge, but different kind of funding possibilities were offered. All, except one certificate, included work-based learning. Linguistic skills were required upon entry (French NQF, 2021).

In Italy, one certification was identified on EQF level 3. The duration was 1,000 hours for students without previous experience and 300 hours for those who had adequate previous working experience. Training costs up to 2,800 euros, included work-based learning and required previous education and linguistic skills. (EQF National System - Regione Emilia Romagna/ Authorized bodies 2021).

In Spain, 5 certificates were identified. Three of them being on EQF level 4 and two on EQF level 2. The duration of the training varied from 450 hours up to 4 years. Training was not free of charge, but different kind of funding possibilities were offered. All training included work-based learning and required previous education (SEPE, 2021).

4. Interviews

In addition to desk research, each partner identified relevant stakeholders and conducted a minimum of 3 qualitative theme interviews to identify existing ways to support migrants' integration, training for caregiving work and competences needed in caregiving work. Interviews were conducted between December 2020 and February 2021, mostly using video meeting services, such as Teams or Zoom, as personal meetings were not possible due to Covid-19.

Interviews (n = 18)	
VET providers	6 (Austria, Finland, France, Spain)
Association representatives	5 (Finland, France, Italy)
Non-governmental organisation representatives	3 (Austria)
Service providers	2 (Finland)
Public employment services	1 (France)
Decision makers	1 (Finland)

Table 1. Description of the interviewees.

4.1. Activities to support integration

Theme 1 focused on already existing support for integration of migrants and what kind of activities should be arranged, with a special focus on caregiving work. In each country there are several official forms of services to support the integration of immigrants that can be either nation-wide or regional. In addition, there are several associations and projects that work for the same cause. Even though the service system varies from country to country, the supportive activities raised by the interviewees were very similar.

One of the main issues in all countries was the support to improve linguistic skills. It is well known that sufficient linguistic skills are needed in working life, especially in the field of caregiving to be able to communicate well with the care recipients. In addition to linguistic skills, migrant women may also lack other general working life skills, such as digital skills and knowledge of working life rules and regulations.

Some migrant women may have low or no previous education, and in these cases supplementary education is needed for example to learn to read and write better. Education should be free of charge for the migrant woman and some financial support

should be arranged for the period of studying. The financial support, however, should not be too high, to keep the motivation of getting employed. Women may also need support for transportation and with childcare, while they study.

Cultural training and adaption to the new country and society is needed. Some women come from countries where a woman's role is mainly to stay at home and take care of domestic work and children. It may be seen unacceptable for a woman to work outside of the home. That is why it is important to offer training for cultural aspects as well. There should be comprehensive and work-oriented attention to migrant women when they arrive in the country. Women should be aware of women's roles and gender equality in Europe and all the support and guidance should start from the point of view that eventually they will start working. There should be targeted guidance for women. Even if formal education is lacking, migrant women may still have many other informal skills that should be recognized efficiently. These skills can be improved, or women can be supported to be entrepreneurs in their own field. This requires personalised, intensive planning and guidance.

Migrant women may benefit from personal mentors, who will help with job seeking, writing applications and CVs as well as practicing for job interviews. A peer-mentor, another migrant woman, could also help to set up in the new role as a working woman. Finding jobs can be difficult due to multiple reasons, such as, lack of previous working experience, poor job seeking skills, linguistic problems as well as racist and discriminative attitudes of employers. Therefore, it is important to work in close collaboration with local employers and offer support to the place of work as well, at least for the starting period. Employers could be encouraged to hire more migrant women, e.g., if there was a governmental financial incentive for doing so.

Training for caregiving work should be as personalised as possible. Training should offer support with regard to those skills that the individual migrant woman is lacking. All the training should include work-based learning. This is important also from an employer's point of view, because it lowers the bar of hiring a migrant woman, when you get to know her first and see how she is working. A genuine motivation for caregiving work is needed. Caregiving work may be seen as a low level and low-income job, but also as a very meaningful job. Caregiving work can also be seen as a step forward on the road of becoming a healthcare professional. The employer may also offer some additional training, such as hygiene certification. Becoming a part of a work community helps migrant women also with integration to the new society.

4.2. Training for caregiving work

Theme 2 focused on the content, teaching methods and areas to be improved in training for caregiving work. Some of the interviewees represented VET providers and described training offered by their organisations. Others, however, were other stakeholders and referred to this topic on a more general level.

The interviewees described the content of trainings from the perspective of caregiving work and job-specific skills. In caregiving work hygiene, dietary knowledge, cleaning knowledge, ability to do different household chores, anatomy and nursing terminology, ergonomics and promotion of psychical and psychological well-being were identified. In terms of general skills, digital and social skills, as well as general working life skills were identified.

In addition to the already existing content, the interviewees identified many areas that should be included or strengthened in the training. Ethical questions were raised in developing a sense of empathy and understanding the characteristics of a caring relationship. Cultural aspects and knowledge should be also included more to improve the immigrant caregiver's possibility to meet the needs of the care recipient and to avoid possible misunderstandings or conflicts. This is also related to understanding the rules and regulations of working life, such as coming to work on time or a woman being a supervisor for a man. From a health's perspective, more skills in monitoring the care recipient's health status as well as recognizing early symptoms of a memory diseases, were suggested.

Training should be planned as authentic as possible, based on real working life skills needed. It is important that the student understands the requirements of the future working environment. Students should also understand one's own boundaries; what they are allowed to do as caregivers and what they are not allowed to do. Training should be planned in a way that it supports the development of linguistic skills, especially professional terminology. Speaking, active listening and written linguistic skills are indeed needed for caregiving work. Training should also empower women, boost their self-confidence, and encourage them to start a professional career.

Activating and practical teaching methods should be favoured in the education. Theoretical knowledge is also needed, but alone it is not enough to guarantee learning and motivation. Especially, if the linguistic skills are still developing, long lectures should be avoided. Pictures, videos, case studies and workshops should be used instead.

Simulations and role play together with practical learning were also identified as effective and suitable teaching methods. All the training should include work-based learning to some extent. It is also important to apply continuous evaluation and to offer continuous feedback to the students, instead of having just a final exam, for example. Multiple ways to ensure students' understanding and learning should be applied on a daily basis.

4.3. Competences needed in caregiving work

Theme 3 focused on competences needed in caregiving work. The interviewees were asked to describe, which kind of hard and soft skills do migrant caregivers need in order to take care of older people at home and what are the most important skills and competences needed in caregiving work.

There were various hard skills pointed out by the interviewees, which are needed for taking care of elderly people at home. Three subcategories were identified among hard skills: studying skills, working life skills and job-specific skills related to care work.

Learning to learn skills

Many interviewees described that migrant people need skills that are needed in studying in order to complete formal education. There was a common understanding among interviewees, that a general preparation for professional training is needed. Skills mentioned here were mainly computing skills, and linguistic and communication skills. Basic ICT-skills such as use of basic ICT-tools, e.g., how to join an online Teams-meeting, are needed in studying. Communication and basic language skills were also considered as an important part of training. According to one interviewee, migrant people may be afraid of speaking at all because of the pressure of making mistakes. The focus in language skills should be on vocabulary and not just on the grammar, to motivate the migrant students to use the language.

Working life skills

There are various working life skills, that are important for migrant caregivers. Several interviewees mentioned understanding the general rules of working life, such as rights and duties of a profession, legislation with regard to the national labour contract, working hours, codes of conduct, and general labour guidance and pre-work abilities, e.g., how to make a CV and search for employment. Basic ICT-skills were considered important also in working life as in studying, e.g., it is important for the care workers to document their work, list their assignments, and navigate to a care recipient's locations.

Regarding the basic rules of working life, it was mentioned by some interviewees, that for migrant caregivers it is important to highlight gender equality in society and working life, to understand that there are equal professional opportunities and responsibilities between men and women. The importance of mobility was also pointed out as an important skill. Home caregivers need to be mobile since they work in care recipients' homes. It is important to know how to get to there, how much time this will take etc. E.g., in Austria 95 % of all home aids work for mobile services, so mobility is a key skill for them.

Job-specific skills related to care work

There are job-specific skills related to nursing care that are required from the migrant caregivers when working in home care services for elderly people. Several health-related skills were mentioned in the interviews, such as monitoring health status, assisting in personal hygiene and other basic activities, assessing care recipient's disability and need of care, knowledge of the dietary aspects of food preparation and assisting care recipient in nutritional needs. Hygiene-related skills include basic knowledge in cleaning and asepsis and use of protective equipment. Knowledge on basic ergonomics was pointed out as an important skill for a caregiver, since there is a lot of assistance in mobility involved in the work. Furthermore, basic knowledge about memory disorders is needed. It is very important that the caregiver understands, what a memory disorder means, what behavioural symptoms are associated with it, and how to identify one in its early stages and encounter a person with a memory disorder.

In addition to hard skills, various soft skills that migrant caregivers need to take care of older people at home were identified in the interviews. They were classified into three subcategories: Understanding of professional role in home caregiving work for elderly people, personal skills related to caregiving work at home and communication and collaboration skills.

Understanding of professional role in home caregiving work for elderly people

Understanding of professional role in caregiving services provided for elderly people at their home was considered as an important skill. A caregiver must understand what one can and cannot do within the professional role. In some cultures, caregiving at home is not considered professional, but instead it is viewed as a threat to privacy.

Many caregivers may have had experience in caring for family members, and it is important to understand that a professional's activity and role differs greatly from the family caregiver's role. Also, it is important to have a clear understanding of the tasks that a caregiver must be able to do. A certain clarity about processes is an important

skill. A caregiver must understand what to do in certain situations and whom to notify or when and where to seek for help, e.g., in the form of supervision. It was also mentioned as a part of a caregiver professional role, that being able to set boundaries and clarify conflicts is a central skill. Paying attention to oneself and one own's limits is particularly important in social professions. It was described that migrants may even fear working in the home of elderly people due to the possibility of being bullied because of their origin, religion, and habits. The nature of caregiving work must be clear and in-line with one's personal life. For instance, the working hours may be difficult, pay is low, and it may only be possible to work part-time. Some care recipients may have prejudices or might express them openly, the caregiver may also encounter sexual or other harassment. For this it is important to be able to work with challenging people as one cannot choose which care recipients to work with. Robustness, ability to set boundaries between professional and personal life and ability to not taking all problems to one's own life is a skill that supports the caregiver's own wellbeing at work. Assertiveness was also mentioned as an important personal skill. That will, for example, help one to express own opinions, doubts, and questions in an appropriate way in an unclear or difficult situation.

Personal skills related to caregiving work at home

Several interviewees described, that working with dependent elderly people is very demanding and requires many personal skills from a caregiver. Not all are suitable or willing for caregiving work, and certain personal skills are needed to be suitable for that. Various personal skills were mentioned here, such as kindness, sympathy, empathy, patience, respect, discretion, positive thinking, problem-solving, negotiation skills and being resolute. For example, sympathy, ability to put yourself in the shoes of another person, makes communicating and understanding easier, and prevents misunderstanding and frustrations. Ability to maintain a helping relationship requires ability to understand the psychological and emotional needs of the care recipient. Skills related with emotional intelligence, control and management of feelings and emotions, are essential when caring for elderly people at home.

Previous experience in taking care of elderly people, e.g., within the caregiver's own family, was considered an important prerequisite. It was also pointed out, that it is important to have joy in what you are doing.

Openness towards care and support for elderly people and a true motivation and desire to work with elderly people are important. Motivation to work is reflected in a good work performance. Appreciative approach with one another and respect for the other person might be even the most important skill for a caregiver. Furthermore, it is important to respect working in a home environment, respecting another person's home and property.

Many things, even small mistakes regarding tasks or procedures may be forgiven by the care recipient as long as the behaviour of the caregiver is respectful and there is a real desire to work with the elderly person.

There were also some physical personal qualities mentioned as important prerequisites for a caregiver. For example, a caregiver needs physical strength and stability and skills in taking care and maintaining one own's well-being, since the work is physically and also mentally demanding. Modesty and reduced shyness are needed due to the physical nature of caregiving work when helping the elderly, e.g., with their basic hygiene needs. Own personal hygiene and neat appearance were also pointed out to be important for a caregiver.

Communication and collaboration skills

Communication and interaction skills were highlighted by each interviewee to be very important for caregivers, such as assertive communication and active listening, considering the sensitiveness of both the care recipients (elderly people, who can be memory-impaired or have some language troubles) and the workplace (a private household.) Furthermore, the caregiver must be able to communicate effectively in varying situations with elderly people and their families and collaborate with other health and care professionals (e.g., sharing and receiving instructions and guidelines as regards the health of the care recipient).

5. Good practices

Based on the desk research and interviews, each country identified 5 good practice examples to support migrants', especially migrant women, integration into the labour market generally and more specifically to the field of caregiving work. Altogether **25 good practices** were listed and classified based on their focus.

Good practices for promoting migrants' integration to the labour market	
Skills centres for migrants: personalised, tailored hands-on support	Finland
Active working life collaboration including working life mentoring, matching-activities, and financial support	Finland
Recognition of informal skills and competences and possibility to show skills regardless of linguistic barriers	Finland
Validation of non-formal and informal learning: a national project and framework	France

Workshops targeted for asylum seekers: support to integration	France
Workshops for parents with school age children	France
Global support for refugees' professional insertion; guidance and counselling	France
Supporting refugees' employment: regional VET providers' programme	France
Support desks for integration: guidance and counselling, matching-activities	Italy
Individual path to work	Italy
Promoting specialised training and qualification of professionals and carers	Spain
Promoting Personal Autonomy and Care for Dependent Persons	Spain
Programme for the Integration of Migrants in the Rural Environment of Aragon	Spain

Table 2. Good practices for promoting migrants' integration to labour market

Good practices promoting migrant women's integration to labour market	
FAVorintIN-project: a 4-5-month course targeted at migrant women strengthening professional linguistic skills and working life skills	Austria
PreQual-project: promoting migrant women's employment, pre-qualifying programme including language studies and practice, 5 months	Austria
Orientation workshops for women; finding individual paths, support to micro-entrepreneurship and support to financial management	Italy
Mothers to school-project: activating mothers to learn the language and other skills in their child's school, promoting access to working life and education	Finland

Table 3. Good practices promoting migrant women's integration to labour market

Good practices promoting migrants' employment within the caregiving sector	
Migrants' care-project: guidance and support for migrants interested in caregiving work, preparatory training, and linguistic skills training, 3-4 months	Austria
Zukunft Pflege-project: promoting migrant's employment within the care giving sector, training in linguistic skills and other necessary working life skills including practice	Austria
Every day social companion: preparatory training including language studies and practice, 3 months	Austria
Employer's and VET providers collaboration in recruiting migrant workers: preparatory training and practice placement	Finland

Family assistants' desk: guidance and counselling for women interested in caregiving work, job seeking assistance and matching-activities	Italy
Territorial integration activities: social gatherings for caregivers to get support, learn about new topics and for social networking	Italy

Table 4. Good practices promoting migrants' employment within the caregiving sector

Other good practices	
Intercultural Community Intervention	Spain
Regional network of multi-purpose centres for migrants	Spain

Table 5. Other good practices

6. Conclusions

Migrant women face more challenges while integrating into the labour market in European countries than migrant men, due to multiple reasons (European Commission 2020; Eurostat 2019). Therefore, it is evident that migrant women need **personalised, work-oriented, tailor-made services, guidance, and support** from the moment on when they arrive in the country. In this report, many practical examples in this field were identified, such as family assistants' desk, orientation workshops, skills centres and multiple projects targeted at women.

Working life mentors, who can comprehensively help during the whole process of job seeking and even during employment, are seen as beneficial. **Cultural training and adaption to the new country** and society was included to some extent, but more emphasis is needed.

Finding a job may be difficult due to multiple reasons. Therefore, **matching activities**, where a third party matches possible employers and employees, are needed. In this report, many practical examples were identified, such as a VET providers and employers' joint recruitment process and support desks for integration. The meaning of **work-based learning** should also be highlighted. It offers a way for a migrant woman to show her skills and for a VET provider or employer to assess her skills before hiring. Many good practices for promoting migrant women's integration into the labour market were identified, but many of them were projects by nature. Therefore, it is important to find **sustainable ways to continue these good practices as standard and nation-wide procedures**.

This report identified altogether **21 different certifications for caregiving work and multiple projects that offer preparatory training for caregiving work**. The duration and content of the training varied. Training was offered with regard to both job-specific and general skills. Training should also **support the development of linguistic skills**, especially regarding professional vocabulary and conversational skills needed in the caregiving work. Many good practices of combining language studies with other training were identified in this report, such as multiple projects, workshops, and preparatory training. Training for migrant women should be **free of charge** and some **financial support** together with **childcare** and **transportation support**, should be arranged for the period of studying to overcome everyday social obstacles for women.

Recognition of prior learning and skills should be emphasized. Especially ways to show informal skills and competences regardless of linguistic barriers should be developed. This report identified multiple good practices where these procedures have been developed. This way training for caregiving work can be **personalised and tailor-made** for the needs of the participant, when prior learning has already been recognised and any overlaps or delays can be avoided.

Various important **skills and competences** that migrant caregivers need to work with elderly people were identified in this report. Due to the personal nature of caregiving work for dependent elderly people at home, it is essential that a caregiver has certain **personal skills related to caregiving work at home**. Working with joy and being patient, kind, sympathetic, respectful, and appreciative towards the elderly, were considered as essential skills for caregivers. A caregiver needs to have a true motivation to work with older people to succeed in the caregiving profession. Not all people are suitable for the profession of caregiver, right kind of attitude and willingness to work with the elderly are considered as important preconditions for caregiving work. Also, **job-specific skills related to caregiving work**, such as certain health related skills, are important skills for caregivers. However, these are easier to learn, if one has the right attitude and is motivated to learn. If the caregiver has respect for the elderly person and a positive attitude, even small flaws may not be so crucial to the elderly care recipient. Along with the personal qualities and motivation, **communication and collaboration skills** were mostly pointed out to be essential skills for caregivers in this report. A caregiver must have good communication skills and the ability to act professionally in a helping relationship relating not just with the care recipient but also his/her relatives and family. Furthermore, **understanding of the professional role in home caregiving work for older people** is essential.

Working as a professional caregiver differs greatly from a family carer's role, where many migrant women have experience. Thus, it is important to have a clear understanding of the duties, responsibilities, and tasks of a professional caregiver. In this report, also **skills needed to study, and general skills needed in working life** were identified. These were mainly computing and linguistic skills, in addition to the basic rules of working life. Migrant people may not be familiar with the working life rules, or rights and duties of an employee, yet these are important skills needed in working life.

This report identified many areas that should be included in or strengthened through the training. **Ethical questions** were raised in **developing sense of empathy** and **understanding the characteristics of a caring relationship**. **Cultural aspects and knowledge** should also be included more to improve the migrant caregiver's possibility to meet the needs of the care recipient and to avoid possible misunderstandings or conflicts. This is also related to **understanding the rules and regulations of working life**, such as coming to work on time, or **gender equality**, like a woman being a supervisor of a man. From a work-based learning perspective, more skills in **monitoring health status** as well as **recognising early symptoms of a memory disease**, were suggested.

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Appendix. Education and certification in social and healthcare

Austria					
Name of the degree: original language and English translation	Heimhilfe; EN: Home aid	Pflegeassistentz; EN: Nursing assistant	FachsozialbetreuerInnen Altenarbeit; EN: Specialized social workers for the elderly	Soziale AlltagsbegleiterIn; EN: Social everyday companion	Personenbetreuung bzw. 24-Stunden-Betreuung; EN: Personal Services/personal care resp. 24-hours-care
Length	400 hours (200 hours theory, 200 hours practical training)	one year, 1,600 hours	two years, (1,200 hours theory, 1,200 hours practical training); one year for nursing assistants	In one federal state (Lower Austria) this profession and length is regulated by law: 100 hours theory, 40 hours practical training. The duration however varies among training providers, e.g.: 5 weeks, full-time (40 h/week), 100 hours theory, 80 hours practical training; or 100 hours theory and 40 hours practical training over a longer time span.	Minimum 200 hours theory (equivalent to the theoretical education of home aids)
Organizer	Schools for social care professions („Schulen für Sozialbetreuungsberufe“); agricultural colleges („Landwirtschaftliche Fachschulen“); courses for home aid: e.g., bfi, WIFI; many private care organisations, social NGOs and also some healthcare and nursing schools.	Schools for healthcare and nursing („Schulen für Gesundheits- und Krankenpflege“); in nursing assistance courses at hospitals („Pflegeassistentz-Lehrgänge“); at adult education institutions.	Schools for social care professions („Schulen für Sozialbetreuungsberufe“); agricultural colleges („Landwirtschaftliche Fachschulen“); courses for specialized social workers: e.g., bfi, Verein grünes Kreuz Steiermark; many private care organisations, e.g., AWZ Soziales Wien; social NGOs and also some Healthcare and nursing schools.	Private care organisations, social NGOs (e.g., AWZ, Wien, ISL Akademie NÖ)	*Schools for social care professions („Schulen für Sozialbetreuungsberufe“); *courses for personal services: e.g., "Vitalakademie" or "VHS"; *courses for home aid: e.g., bfi, WIFI; many private care organisations, social NGOs and also some Healthcare and nursing schools.

EQF level (if applicable)	Non-formal education offers; for schools, that are providing additional content: level 4	for schools: level 4	for schools: level 4	level 4	level 4
Requirements for entering education (eg. linguistic skills, prior education)	* For school entry: positive completion of the 8th grade or polytechnic school. * For courses: minimum age 17 or 18 years; (good) command of the German language; a medical and a police clearance certificate. * For the actual jobs: working in mobile care can require a driving licence "B".	* positive completion of the 9th grade; minimum age 17 for the practical parts; (good) command of the German language; a medical and a police clearance certificate. * For courses: minimum age 17 or 18 years; (good) command of the German language; a police clearance and a medical certificate (including an immunity certificate against some contagious diseases)	*schools for social care professions: minimum age 17 or 19 years; positive completion of the 8th grade or polytechnical school; completed school or vocational education (3 years vocational middle school/apprenticeship certificate); sometimes one-month practical experience *agricultural colleges: positive completion of the 8th grade or polytechnical school. *for courses, e.g., BFI: entrance test, minimum age 17 years, a medical and a police clearance certificate, positive completion of the 9th grade, (good) command of the German language, 40 hours practical experience. *For actual job: minimum age 19 years	Minimum age 18 years; positive completion of the 9th grade; EU-citizenship or working permission; (good) command of the German language (level B2); a medical and a police clearance certificate; admission interview/test.	* For school entry: positive completion of the 8th grade or polytechnical school. * For courses for Personal Services: Minimum age 19 years; completed school or vocational education (3 years vocational middle school/apprenticeship certificate); admission test. Additionally, at some providers: medical and a police clearance certificate; (good) command of the German language (level B2); Europass. *For courses for home aid: minimum age 17 or 18 years; (good) command of the German language; a medical and a police clearance certificate.
Fee (if there is a fee, who pays for it)	schools: free; courses at other educational institutions: WIFl: Euro 1,800; bfi: Euro 1,700-1,850 (paid for by the trainee, in some cases some financial assistance is available)	schools: free in some federal states, others with monthly tuition (e.g., Burgenland: Euro 30/month); courses at other educational institutions: bfi: Euro 4,700 (paid for by the trainee, in some cases some financial assistance is available)	schools: free; courses at other educational institutions: bfi: depends on federal state, in some cases it is free (sponsored by the federal state), in other cases costs about 2,500,-	ISL-Akademie NÖ: Euro 1,200 (+ exam fee)	*schools: free; *Personal services courses at other educational institutions: Vitalakademie: 1,980€ (some financial assistance is available); VHS: 3980€,- *home aid courses at other educational institutions: WIFl: Euro 1,800, bfi: Euro 1,700- 1,850 (paid for by the trainee, in some cases some financial assistance is available)

Contents considering social and health care	First aid; basic principles of applied hygiene; basic care and observation; basic principles of pharmacology; basic principles of dietetics and applied dietetics; basic principles of ergonomics and mobilisation; basic principles of gerontology.	Basic elements of medical diagnostics and therapy in acute and long-term care, including medical nursing techniques; basic elements and principles of acute and long-term care, including nursing techniques; training and transfer; principles of professional nursing; nursing processes (including IT).	Rehabilitation and mobilization; basic principles of gerontology and geriatrics; principles of health and nursing; palliative care; home nursing; basic principles of applied hygiene; basic principles of dietetics and applied dietetics; basic principles of somatology and pathology; first aid; basic principles of pharmacology; basic knowledge and pedagogy, sociology, and psychology.	Basic principles of applied hygiene; basic principles of ergonomics and mobilisation;	First aid; basic principles of applied hygiene; basic care and observation; basic principles of pharmacology; basic principles of dietetics and applied dietetics; basic principles of ergonomics and mobilisation; basic principles of gerontology.
Contents considering general skills	Documentation; ethics and vocational professionalism; housekeeping; basic communication and conflict management; basic social security knowledge.	Relationship building and communication; cooperation, coordination, and organisation; development and assurance of quality	Supervision; musical and creative education; communication and conflict management; ethics and vocational professionalism; political education.	Documentation; ethics and vocational professionalism; housekeeping; basic communication and conflict management; basic social security knowledge.	Documentation; ethics and vocational professionalism; housekeeping; basic communication and conflict management; basic social security knowledge.
Is work-based learning / internship included? If yes, how much work-based learning is included?	80 hours in stationary or partial stationary care	a minimum of 530 hours	internship of 40 hours in retirement/nursing homes, etc.	yes, 40 hours in the outpatient sector	* Within courses for personal services: only practical excursions during the course; * Within courses for home aid: 80 hours in stationary or partial stationary care.
Does education lead to degree or certification?	Certificate "Heimhilfe"	State-wide recognised certificate "Pflegeassistent / Pflegeassistentin"	State-wide recognised certificate "Fach-SozialbetreuerIn für Altenarbeit"	Certificate "AlltagsbegleiterIn"	Certificate "PersonenbetreuerIn"

<p>Is the student eligible to apply for further education after completing this education? Is this education recognized as prior learning in further education?</p>	<p>A fitting next level training is "Pflegeassistenz / Nursing assistant". It is regulated by law that training courses in the field of social professions must recognise equivalent parts of already completed training courses. This applies both to theoretical and practical training parts.</p>	<p>Further In-depth training in the areas of: Basic stimulation in nursing; ethics in nursing; forensics in nursing; gerontological nursing; home nursing; kinesthetics; cultural and gender-sensitive nursing; palliative nursing; nursing for dementia; nursing for psychiatric illnesses; nursing for disabled people; nursing for the chronically ill; nursing for children and young people; validation; Regulations for the recognition of equivalent parts of already completed training exist; Eligible for shortened training for "Nursing special assistant" (PflegefachassistentIn) and higher service jobs in health and nursing care ("gehobener Dienst für Gesundheits- und Krankenpflege")</p>	<p>Specialist social workers are obliged to complete at least 32 hours of further training over a period of 2 years. A good further training opportunity for specialist social workers for the elderly is a 1-year school education to become a qualified social worker for the elderly ("Diplom-SozialbetreuerIn für Altenarbeit").</p>	<p>* A fitting next level training would be "Heimhilfe/home aid". It is regulated by law that training courses in the field of social professions must recognise equivalent parts of already completed training courses. This applies both to theoretical and practical training parts. * Further trainings in the field of (home) care and nursing.</p>	<p>A fitting next level training would be "Heimhilfe/home aid" (if not completed yet). Otherwise "Pflegeassistenz / Nursing assistant" could be the next step. It is regulated by law that training courses in the field of social professions must recognise equivalent parts of already completed training courses. This applies both to theoretical and practical training parts.</p>
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<p>What types of jobs / tasks people who complete this education are able to do? Is it easy to find a job after education?</p>	<p>Work as "Heimhilfe / Home aid". Job perspectives are good to very good. They work mostly in retirement or nursing homes or at clients' homes. Main tasks are support clients with housekeeping and in activities of their daily lives. They are only allowed to carry out basic care activities under the guidance and supervision of health professionals. Mostly part-time work (early in the morning or late at night - when clients need the most support).</p>	<p>Work as "Pflegeassistent / Pflegeassistentin" either in homes of clients (less often compared to home aid - see on the left) or in medical or care-institutions, e.g., hospitals, retirement/nursing homes, mobile home care or rehabilitation facilities. Job perspectives are good to very good. Main activities: Support clients with daily personal care and with meals; implement instructions by health professionals and assist with care/nursing measures; administer medications; first aid/help in case of emergency; collection and monitoring of basic medical data.</p>	<p>Work as Specialized social worker for elderly ("Fach-SozialbetreuerIn für Altenarbeit"). Job perspectives are good to very good. They can work in public/private care institutions, hospitals, retirement/nursing homes, mobile home care or rehabilitation facilities. Main tasks: Set preventive, supportive, activating, reactivating, advisory, organisational, and administrative measures to support clients in their daily life; basic care activities.</p>	<p>Work as "AlltagsbegleiterIn" in the homes of the clients for a few hours per day, in day centres, in shared apartments or in residential and care facilities. Job perspectives are good - depending on the region: e.g., in Lower Austria the province supports family caregivers with up to 6 hours of an "AlltagsbegleiterIn" per week. Other regions do not have this option, and therefore perspectives vary. Also, in Lower Austria people working in this professional have a regular employee-working arrangement with NPOs, in other regions they are self-employed. Main tasks: Support clients in their daily activities; housekeeping and grocery shopping; being a relieve to the caring relative.</p>	<p>Work as "PersonenbetreuerIn" mostly in clients' home and with a limited number of clients (usually one client). Job perspectives are good to very good (it should be mentioned though, that the economic crisis as a consequence of the COVID-19 measures could make it more difficult for some people to afford 24-hours-care). Also, it should be noted that this profession is mostly done by women from Eastern European countries, who travel to Austria for 2 weeks, stay at the clients' house all the time and then get back to their country of origin (for 2 weeks). For people who live in Austria this occupation cannot be recommended as it pays very little, you would still need a place to live in Austria (which is way more expensive than in Eastern Europe) and working conditions are very precarious. Main tasks: Support clients in their daily activities; housekeeping and grocery shopping; keeping clients in company; document health status.</p>
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Finland						
Name of the degree: original language and English translation	Lähihoitaja, EN: Practical nurse	Hoiva-avustaja, EN: Care assistant	Puhtaus- ja kiinteistöpalvelualan ammattitutkinto / Kodinhoitaja (AT) EN: Vocational Qualification in Cleaning and Property Services / Housekeeper (FQ)	Puhtaus- ja kiinteistöpalvelualan ammattitutkinto / Henkilökohtainen avustaja (AT) EN: Vocational Qualification in Cleaning and Property Services / Personal assistant (FQ)	Vanhus- ja hoivatyön kotiaavustaja (ei AT) EN: Home assistant for the elderly and care work (not FQ)	Henkilökohtainen avustaja (ei AT) EN: Personal assistant (not FQ)
Length	180 competence points = 2160 hrs The Vocational Qualification in Social and Health Care is composed of vocational units (145 competence points) and common units (35 competence points).	55-60 competence points = 660-720 hrs (6-12 months depending on personal study plan)	150 competence points = 1800 hrs		9 months (40 study weeks)	25 study weeks (7 months)
Organizer	Vocational college/institute	Vocational college/institute and employer. Care assistants' studies are completed as apprenticeship training	Vocational college/institute		Association /private institute	

EQF level (if applicable)	EQF 4	EQF 3	EQF 4	EQF 3	
Requirements for entering education (e.g., linguistic skills, prior education)	9 years of comprehensive school (basic education) and basic Finnish language skills. Applicants are graded based on graduation year, school success, working experience, entrance exams and according to first choice in application. Migrant applicants get extra points if they have completed Preparatory education.	Variation depending on VET provider, usually sufficient proficiency in the Finnish language is required.	Finnish language skills are tested upon applying.	Adequate oral and written proficiency in Finnish language	Interest in the work of a personal assistant and adequate language skills. During the training, the student must work in the work of a personal assistant or in other types of work. The training is also suitable for immigrants. Applicants will be invited to an aptitude test. Immigrant applicants also take a language test.
Fee (if there is a fee, who pays for it)	Free of charge	Depending on VET provider. Most are public and then studies are free for student, but there are also private VET providers where tuition is paid.	Free / 350-500€ depending on provider and type of education (apprentice training or formal training)	450€ / may vary depending on provider	350€/ may vary depending on provider.

Contents considering social and health care	The Vocational Qualification in Social and Health Care comprises eight competence areas: 1 care and rehabilitation for elderly people, 2 podiatric care, 3 children's and youth education and care, 4 mental health and substance abuse work, 5 nursing and care, 6 oral health care, 7 care for the disabled, 8 basic life support (BLS), emergency practical nurse (BLS). The competence areas include four compulsory units.	Degree consists of 2 competence areas of Vocational Qualification in Social and Health Care (Practical nurse), usually care and rehabilitation for elderly people and children's and youth education and care.	2 compulsory study units: 1) cleaning and property services, 2) home cleaning services. 3 optional study units e.g., care work, food supply, cleaning & other household services.	2 compulsory study units: 1) cleaning and property services, 2) working as personal assistant. 3 optional study units e.g., care work, food supply, cleaning & other household services.	Study contents include e.g., old age psychology, social security, home care, home help work, nutrition and health care	Personal assistant system and legislation, developmental psychology, health care, injuries and diseases, basic care, accessibility, special diets, housekeeping, Hygiene passport, mental health EA1 and EA2, home help (EA1), fire safety, occupational safety and health, interaction skills.
Contents considering general skills	Communication and interaction skills, Competence in mathematics and natural sciences, and Society and working life skills	Variation depending on VET provider and students personal study plan.	-	-	-	
Is work-based learning / internship included? If yes, how much work-based learning is included?	Yes, length and type of practice vary according to personal study plan and prior learning	Yes, studies take place mainly in working place, (apprenticeship training).	Yes, length and type of practice vary	Yes, length and type of practice vary	Yes, length and type of practice vary. The on-the-job training period can be completed, for example, as a personal assistant to an individual or in housing services.	

Does education lead to degree or certification?	Yes, practical nurse or emergency practical nurse (depending on chosen competence areas)	Yes, care assistant	Yes, Housekeeper (FQ) / Puhtaus- ja kiinteistöpalvelu alan ammattitutkinto (AT)	Yes, Personal assistant (FQ) / Henkilökohtainen avustaja (AT)	No	No
Is the student eligible to apply for further education after completing this education? Is this education recognized as prior learning in further education?	Student is eligible to apply to study bachelor's degree. Vocational degree is not recognized as prior learning to cover any part in bachelor's degree (student must study bachelor's studies completely)	Person who has completed the parts of the degree in accordance with the competence of a care assistant may continue studies and complete the entire practical nurse degree.	Studies can be recognized as prior learning to cover some parts in vocational education (practical nurse)		Studies can be recognized at least partly as prior learning to cover some parts in vocational education (practical nurse)	

<p>What types of jobs / tasks people who complete this education are able to do? Is it easy to find a job after education?</p>	<p>Practical nurses can work as a child carer, elderly caregiver, dental nurse, and paramedic. Practical nurse can also work in disability services, home care, mental health and substance abuse work, reception work and specialized nursing. Almost 100% find a job.</p>	<p>Care assistants work to support the client in welfare-related support services. These include e.g., catering, clothing, bathing, cleaning, transport and escort services, and social interaction services.</p>	<p>Home service work includes cleaning the home, textile maintenance, providing food services and caring for green plants. The home caregiver can also perform assistance tasks according to the customer's needs. Completion of the degree provides the ability to plan and implement a wide range of home care services that meet the needs of the client's home. A home caregiver can act as an entrepreneur or, in a home service business, as a service provider or service instructor.</p>	<p>personal assistant works by assisting and assisting in those tasks whose performance is hampered by the assisted person's disability or illness. Completion of the degree provides the ability to plan and implement a wide range of assistance services according to the need to be assisted. A personal assistant can work directly in the employment relationship with the person being assisted as his or her employer. A personal assistant can also work in service and nursing homes in a variety of support roles.</p>	<p>Personal assistant in work in municipal and private home assist, especially in the assistive care of the elderly.</p>	<p>Personal assistant's employer may be a disabled person, company, or entity. A personal assistant assists a person with a disability at home and outside the home: in daily activities, in social participation, or in maintaining social interaction. The purpose of the assistant's work is to help the disabled person to make his or her own choices in life, i.e., to support the realization of the disabled person's right to self-determination. Personal assistants can also work with elderly people and be hired privately by an elderly person in need of assistance.</p>
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France				
Name of the degree: original language and English translation	Life assistant	Domestic housekeeper	Life assistant for families	Educational and social support
Length	554 hours (includes modular training and evaluation + 105 hours of apprenticeship (stage))		500h hours of training	525 hours of theoretical training + 840 hours of practical training
Organizer	IPERIA is the certifying authority - The training delivery is ensured by a network of VET providers labelled by IPERIA		The Ministry of Labour is the certifying authority. The training is delivered by the VET providers authorised by it	
EQF level (if applicable)	EQF 3		EQF 3	
Requirements for entering education (eg. linguistic skills, prior education)	Oral and written French language		Oral and written French language	
Fee (if there is a fee, who pays for it)	Different types of funding are available for: <ul style="list-style-type: none"> • unemployed • PHS workers via "skills development plan"⁵ or the "personal account for training"⁶ All those funding can be eventually complementary		Different types of funding are available for: <ul style="list-style-type: none"> • unemployed • PHS workers via "skills development plan"⁹ or the "personal account for training"¹⁰ All those funding can be eventually complementary	
Contents considering social and health care	<ul style="list-style-type: none"> • Housekeeping and laundry care according to eco-friendly principles • Personalised support for a dependent person • Personalised support for a handicap person • Day-to-day tasks and activities for dependent adults • Meal preparation for dependent adults 		<ul style="list-style-type: none"> • Housekeeping and laundry care • Taking care of children at home • Specialisation for handicap people living at home 	<ul style="list-style-type: none"> • Support at home • Support at institutions • Support for inclusive education and daily life 4 competence areas are included: <ol style="list-style-type: none"> 1. Being a professional of social care 2. Supporting people at home 3. Collaborating with other professionals Promoting social and civil life for care recipient

Contents considering general skills	<p>This certification has 4 common modules with other related to childcare and domestic work:</p> <ul style="list-style-type: none"> • Developing a professional activity with several employers • Managing its professional activity • Prevention and safety at home <p>Soft skills (responsibility, adaptation, and relational skills) are also evaluated.</p>	<ul style="list-style-type: none"> • Be care-recipient oriented. • Communicating with care recipients and their environments • Evaluating the quality for the care delivered 	<ul style="list-style-type: none"> • Organisation • Professional involvement • Be adaptative and analytical. • Being able to use active listening while defining clear limits.
Is work-based learning / internship included? If yes, how much work-based learning is included?	Yes, 105 hours of apprenticeship (stage)	10 hours but not compulsory	840 hours of practical training
Does education lead to degree or certification?	Yes, with a 3 EQF level	Yes, with a 3 EQF level	
Is the student eligible to apply for further education after completing this education? Is this education recognized as prior learning in further education?	<p>Yes, long-life learning.</p> <p>Yes, it can be recognised under validation of non-formal and informal learning</p>	<p>Yes, long-life learning.</p> <p>Yes, it can be recognised under validation of non-formal and informal learning</p>	
What types of jobs / tasks people who complete this education are able to do? Is it easy to find a job after education?	<p>Almost 70% of certified professional are employed after 6 months of the diploma delivery. Among these, $\frac{3}{4}$ work for a private employer</p>	<p>According to qualitative information, it seems they are more likely to work in public and private organisations, but no data is available since the French NQF does not require for the certifications delivered by a Ministry.</p>	

Italy	
Name of the degree: original language and English translation	OSS Social Healthcare Operator, Certificate of Qualification
Length	1)Path (Qualification) for people with no experience in the sector: 1000 hours of which 45% internship in social health structures - 2)Path (Requalification) for people with previous experience in the sector (one year in the field): 300 hours 40% internship in social health structures.
Organizer	The qualification courses are authorized by the Regions. The training institution accredited at the regional level must submit the project compliant with the qualification and await approval before proceeding with the provision of an OSS course. Once the course has been approved, the accredited training centre will advertise the course and subsequently select the students. The qualification has national value and allows you to work in social and health structures through the territory. On a public level, the OSS can only be hired in a hospital through a public competition. The qualification is the requisite for access to competitions throughout the national territory.
EQF level (if applicable)	EQF Level 3
Requirements for entering education (eg. linguistic skills, prior education)	In order to access the qualification course of Social Healthcare Operator, it is necessary to have a secondary school diploma. For foreigners, the translation of the qualification is required, which must be officially equivalent to the Italian qualification. The linguistic access requirement is not specified in terms of level (B1, B2 etc). The training institutions verify, through an Italian language test, that the skills are adequate to follow the topics of the course. In order to obtain the requalification (duration 300 hours instead of 1000) it is necessary to prove that you have worked in social welfare activities for at least 1 year in the last 3 years. The qualification requirements remain valid.
Fee (if there is a fee, who pays for it)	The cost of the course is on average 2,800 euros. Payment for the course is entirely at the expense of the student. Some training organizations use funds for the unemployed (Formatemp) to finance the course totally or partially. In the second case, the student pays a lower fee. This possibility is an option and not the rule. In case of previous skills acquired by working in social health structures, a special commission can recognize training credits.

<p>Contents considering social and health care</p>	<p>The contents relating to the social and health care area are: Competence unit 1: Promotion and psychological and relational well-being of the person. Main contents: - relationship of help and maintenance of family relationships - support for socialization processes - stimulation of expressive and psycho-motor skills Unit of competence 2: Domestic-environmental adaptation Main contents: - prevention and reduction of occupational risk - sanitation and disinfection - protocols and procedures - takes care of living and care environments for the client Unit of competence 3: Personal health care Main contents: - protocols for waste collection and storage - medical dressings and services - use of simple medical devices - know the vital parameters Unit of competence 4: Care for the primary needs of the person Main contents: <ul style="list-style-type: none"> • correct postures • techniques for the correct mobilization and maintenance of motor skills • know the dietary characteristics • primary functions, personal hygiene, dressing, food intake As regards the 300-hour retraining course, the topics covered in the various units are explored starting from the needs of the students.</p>
<p>Contents considering general skills</p>	<p>The contents related to general skills are as follows: - communication and relational techniques in general and in relation to the different conditions of illness / discomfort. - common principles and application aspects of current legislation on safety - safety at work: rules and methods of behaviour - legislative and regulatory references for the care activity - information tools for the registration and / or transmission of data - first aid techniques and protocols</p>
<p>Is work-based learning / internship included? If yes, how much work-based learning is included?</p>	<p>The practical part is 450 hours generally divided into two practical internships alternating with the theoretical part.</p>

<p>Does education lead to degree or certification?</p>	<p>The formal path ends with a qualification exam. An examination commission will verify if the competences acquired by the student are compliant with the qualification. On the basis of the candidate's preparation, the commission decides whether or not to assign the qualification or send the student to a further exam.</p>
<p>Is the student eligible to apply for further education after completing this education? Is this education recognized as prior learning in further education?</p>	<p>The Oss qualification does not allow access to formal courses such as university enrolment for which a high school diploma is required. Instead, it is a requirement to access social and health care coordinator courses carried out by accredited training institutions</p>
<p>What types of jobs / tasks people who complete this education are able to do? Is it easy to find a job after education?</p>	<p>The OSS qualification now offers employment to more than 90% of students; the pandemic has increased the needs especially of public hospitals (many OSS have left private facilities to move to public). As a result, private residences for the elderly are looking for OSS. Once in possession of the qualification, the work activity can be carried out both with elderly people and with people with physical and / or mental discomfort. The areas of competence of the OSS are shown in the two previous boxes relating to the contents. In Italy, the OSS cannot administer drugs and cannot perform specific operations such as injections and infusions. The nurse is the person responsible for carrying out more specific medical tasks.</p>

Spain					
Name of the degree: original language and English translation	Título de técnico grado medio en Atención a Personas en Situación de Dependencia EN: Technician in Assistance to People in Need of Care	Título de técnico grado medio en Cuidados Auxiliares de Enfermería EN: Expert in Auxiliary Nursery Care	Título de técnico grado medio en Atención Sociosanitaria EN: Technician in Socio-health Care	Certificado de profesionalidad en Atención sociosanitaria a personas en el domicilio EN: Social and health care for people at home	Certificado de profesionalidad en Atención sociosanitaria a personas dependientes en instituciones sociales. EN: Health and social care for dependent people in social institutions
Length	2000 hours	1400 hours	2000	600 hours	450 hours
Organizer	Ministry of Education through VET centres			Ministry of Employment through accredited training centres to provide professional certificates	
EQF level (if applicable)	EQF 4	EQF 4	EQF 4	EQF 2	EQF 2
Requirements for entering education (eg. linguistic skills, prior education)	<p>You can access a VET program when any of the following requirements are met:</p> <p>Direct access:</p> <p>Having the Compulsory Secondary Education certificate (High School Diploma) or a higher education level.</p> <p>Having a basic professional qualification (Basic VET Program).</p> <p>Having a Technician or Auxiliar technician diploma or equivalent for academic effects.</p> <p>Having completed the second year of the Baccalaureate.</p> <p>Having passed the university admission test for students over 25 years old.</p> <p>Access through a specific test (for those ones who do not meet any of the requirements above).</p> <p>Having passed the admission test for VET programs (it will be required to be, at least, 17 years old when passing the exam).</p>			<p>For level 2, one of the following requirements must be met:</p> <p>Compulsory Secondary Education certificate (High School Diploma).</p> <p>Professional Certificate level 2.</p> <p>Professional Certificate level 1 that belongs to the same professional field.</p> <p>Meeting the academic admission requirement for VET programs or having passed the corresponding admission exams regulated by the education administrations.</p> <p>Having passed the university admission exam for students over 25 and/or 45 years old.</p> <p>Having the needed key competences, according to what is collected in the annex IV of the Royal Decree 34/2008 to benefit from the corresponding professional certificate.</p>	
Fee (if there is a fee, who pays for it)	Public and private Education (funded by the State or paid by the student).			Funded or private paid by the student.	

Contents considering social and health care	<ol style="list-style-type: none"> 1. Organization of care for people in situation of dependency 2. Characteristics and needs of people in situation of dependency 3. Psychosocial attention and care 4. Home support 5. Health care 6. Hygienic care 7. Teleservice 	<ol style="list-style-type: none"> 1. Basic nursing techniques. 2. Health promotion and psychological support to patients. 3. Dental care techniques 4. Collaborating in the provision of psychiatric care to the patient/client by implementing psychological and health education support techniques according to their level 	<ol style="list-style-type: none"> 1. Planification and control of the interventions. 2. Health care. 3. Hygiene. 4. Psychosocial attention and support. 5. Leisure and spare time of specific groups. 6. Home support. 7. Family food and nutrition. 8. Physical and psychosocial needs of specific groups 	<ol style="list-style-type: none"> 1. Develop home physical care interventions aimed at people with social-health care needs. 2. Develop home psychosocial care interventions aimed at people with social-health care needs. 3. Develop activities related to the management and functioning of the co-living unit. 	<ol style="list-style-type: none"> 1. Prepare and support interventions to care for people and their environment at the institutional level indicated by the interdisciplinary team. 2. Develop interventions of physical attention aimed to dependent people in the institutional level. 3. Develop interventions of social-health care aimed to dependent people in the institutional level. 4. Develop interventions of psycho-social care aimed to dependent people in the institutional level.
Contents considering general skills	<ol style="list-style-type: none"> 1. Social skills 2. Communication support 3. First aid 4. Training and Guidance 5. Business and entrepreneurship 	<ol style="list-style-type: none"> 1. Administrative operations and health documentation 2. Hospital environment hygiene and cleaning of the material 3. Training and labour guidance 	<ol style="list-style-type: none"> 1. Social skills 2. Communication support. 3. First aid. 4. Training and Labour Guidance. 5. Business and entrepreneurship. 	Help people at home in the social-health field with special physical, mental or social needs, applying the most adequate strategies and procedures to maintain and improve their personal autonomy and their relationships with the environment	Attend dependent people in the socio-health field in the institution where their actions take place, applying the strategies designed by the competent interdisciplinary team and the procedures to maintain and improve their personal autonomy and their relationships with the environment .
Is work-based learning / internship included? If yes, how much work-based learning is included?	Yes (On the job training - 400 hours)	Yes (On the job training - 440 hours)	Yes (On the job training - 380 hours)	Yes. Non-labour professional internship module of socio-health care for people at home (120 hours)	Yes. Non-labour professional internship module of socio-health care for dependent people at institutions (80 hours).

Does education lead to degree or certification?	Certificate of Technician in Assistance to People in Need of Care	Expert in Auxiliary Nursery Care Certificate	Technician in Socio-health Care Certificate	Professional Certificate level 2	Professional Certificate level 2
Is the student eligible to apply for further education after completing this education? Is this education recognized as prior learning in further education?	This certificate provides direct access to specialized courses and VET Higher Education programs.			The student can continue their studies in a Professional Certificate of level 3.	
What types of jobs / tasks people who complete this education are able to do? Is it easy to find a job after education?	<ol style="list-style-type: none"> 1. Caregiver of dependent people in different institutions/at home. 2. Coordinator and subcoordinator of dependent people in institutions. 3. Floor responsible assistant of nursing homes for elderly or disabled people. 4. Home help assistant 5. Family worker 6. Special education assistant 7. Personal assistant 8. Teleassistance teleoperator 	<ol style="list-style-type: none"> 1. Primary and community care: at home, promotion of health, dental health, consultation, and nursing homes. 2. Specialized care: consultation, hospitalization, urgences, paediatrics, special units such as ICU, geriatric, etc. 3. Health care centres, balneotherapy centres, social affairs departments of Ministries, Autonomous communities, and city councils. 	<ol style="list-style-type: none"> 1. Coordinator, supervisor, floor responsible in a residence aimed to the care of people with specific needs: elderly, disabled, convalescent and chronic long-term patients. 2. Caregivers of elder, physical, mental, or sensorial disabled persons in the different existing institutions. 3. Home help assistant. 	Professional area: in general, you will be able to carry out their activity in the organization, implementation, and monitoring of the social-health care. Specifically, they can be hired by: Public Administration, mainly at municipal and regional level, in charge of the management and service provision at home for dependent people.* Private entities, profit or non-profit ones, whether if they offer direct services to the user, or are responsible for the management of at home care services public programs.* As a freelance, offering their services directly to demanding co-living units or creating their own company of home care services, associated to other technician	Professional area: that includes the private and public sphere, centres or facilities that provide services of social-health care: nursing home and day-care residences. Productive services: professional develop their activities in the sector of social services provision to people who stay partial, temporal, or permanent in social institutions.