



MiCare project

Supporting migrants' professional and social integration as carers

Intellectual Output 2 MiCare Competence Framework and EU Learning Architecture



Co-funded by the
Erasmus+ Programme
of the European Union

Document information


Deliverable Title	Intellectual Output 2 - Competence Framework
Deliverable Lead	WIAB
Related activity/deliverable	IO3 - Self-Assessment Tool and IO4 - Training Toolkit
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Dissemination level	Public

Abstract

This report includes

1. the MiCare Competence Framework v3 that has been developed based on interviews with target groups (overall 50 persons from 5 partner countries: female migrant carers and care recipients), focus groups with experts held in Austria, Finland, France, Italy and Spain and feedback collected by e-mail from 41 experts in the partner countries.
2. the MiCare EU Learning Design v2 which provides a basis of common content at European level that will be complemented and further refined by the piloting partners in accordance with their national requirements and planned training. This first release of the MiCare EU Learning Design is "learning outcome oriented" and compliant with the main EU standards and tools for VET such as EQF and ECVET. The learning outcomes defined are mainly targeting the descriptors of EQF level 2 and 3.

Quality control checklist

Quality Control Check	Tick box
Generic Minimum Quality Standards	
Document Abstract provided	<input checked="" type="checkbox"/>
Document Summary provided (with adequate synopsis of contents)	<input checked="" type="checkbox"/>
Compliant with MiCare format standards	<input checked="" type="checkbox"/>
Language, grammar and spelling acceptable	<input checked="" type="checkbox"/>
Objectives of the application form covered	<input checked="" type="checkbox"/>
Work deliverable relates to adequately covered methodology	<input checked="" type="checkbox"/>
Quality of text is acceptable (organisation and structure, diagrams, readability)	<input checked="" type="checkbox"/>
Comprehensiveness is acceptable (no missing sections, missing references, unexplained arguments)	<input checked="" type="checkbox"/>
Usability is acceptable (deliverable provides clear information in a form that is useful to the reader)	<input checked="" type="checkbox"/>
Deliverable specific quality criteria	
Deliverable meets the 'acceptance Criteria' set out in the Quality Register:	<input checked="" type="checkbox"/>
For Key Deliverables only	
<p>Checklist completed and deliverable approved by</p> <p>Name: Marion Marty Signature:  Date: 16/12/2021</p>	

*Final checklist to be completed and deliverable signed off by primary reviewer

Document review history

Version	Name	Status*	Date	Summary of changes
1	Heidemarie Müller-Riedlhuber	A	19/10/2021	Version 1
2	Marion Marty	PIR	05/11/2021	Version 2 Logos and format, abbreviation list, typos, hyperlinks
3	Heidemarie Müller-Riedlhuber	A	10/11/2021	Version 3 Update based on Marion Marty's feedback
4	Marion Marty	PIR	30/11/2021	Version 4 Update with national contents for LO2.4, 2.5, 5.3 with contributions from: SP (Maria Rubio Gragera) IT (Nicoletta Naldi) FI (Jaakko Tyni) FR (Clémence Tomada)
5	Gigliola Paviotti	External reviewer	13/12/2021	External review
6	Marion Marty	PIR	16/12/2021	Final review - typos

*Status: Indicate if:

A - Author (including the author of revised deliverable)

PIR - Primary internal reviewer

SIR - Secondary internal reviewer

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Thanks

Special thanks is given to Wolfgang Wöhl, who supported WIAB with valuable input for the MiCare Competence Framework and the Learning Design.

We also thank all carers and care recipients for participating in personal and online interviews and all experts in the partner countries for their valuable feedback on the MiCare Competence Framework and their participation in focus groups and mailing feedback loops.

Disclaimer

This project has been funded with support from the European Commission.

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Table of contents

Document summary	8
1. Methodology.....	9
2. MiCare Competence Framework (short)	12
3. MiCare Competence Framework (extended).....	14
4. MiCare Learning Design	19
5. ANNEX A	78
5.1. IO2 Competence Framework Kick-Off Information.....	78
5.2. Overview information on national “Entry Qualifications”.....	80
6. ANNEX B	86
6.1. Template for Collecting Contact Information	86
6.2. Interviews with Caregivers and Care recipients – Guidelines for Partners (EN).....	86
6.3. Focus Groups Discussions – Guidelines and General Information (EN).....	87
6.4. MiCare - Interview Guidelines Caregivers (EN).....	89
6.5. MiCare - Interview Guidelines Care Recipients (EN).....	93
6.6. MiCare – Guidelines Focus Group Discussion (EN)	96
7. ANNEX C	99
7.1. Short Summary Report of Interviews and Focus Groups.....	99
7.1.1. Interviews with Caregivers.....	99
7.1.2. Interviews with Care Recipients.....	101
7.1.3. Results of the Focus Group Discussions	102
7.1.3.1. General information	102
7.1.3.2. Challenges for labour market entry	102
7.1.3.3. Support needed for starting a training	103
7.1.3.4. Skills and competences	104
7.1.3.5. Training for caregivers	105
7.2. Conclusions for Austria, Italy, Finland, France, Spain	107
7.2.1. Most relevant skills and competences	107
7.2.2. Potential national specifics	108
8. ANNEX D	110

8.1. Competence Framework v2 (sent to external experts)	110
9. ANNEX E.....	116
9.1. Summary Report External Expert Feedback Competence Framework.....	116
9.1.1. General Remarks and Methodology	116
9.1.2. Feedback from External Experts – Austria.....	117
9.1.3. Feedback from External Experts – Finland	118
9.1.4. Feedback from External Experts – France	119
9.1.5. Feedback from External Experts – Italy	120
9.1.6. Feedback from External Experts – Spain	121

Abbreviation List:

CA	Competence Area
CO	Competence
ECVET	European Credit system for Vocational Education and Training
EQF	European Qualification Framework
IO	Intellectual Output
LO	Learning Outcome
VET	Vocational Education and Training

Document summary

The aim of the MiCare project is to improve the quality of care delivered to older people at home and to promote female migrants' professional and social integration by improving their employment possibilities as caregivers in elderly home care.

The document contains the MiCare Competence Framework v3 that has been developed based on several feedback loops and input collected from experts in the field. The third release of the Competence Framework is based on

- the results of the Benchmark Report (see IO1) and additional research and information provided by all project partners regarding possible "labour market entry" qualifications in the field of care for the elderly at home (see ANNEX A: Competence Framework Kick-Off Information; Overview Information on National Entry Qualifications)
- interviews with target groups: overall 50 female migrant carers and care recipients from Austria, Finland, France, Italy and Spain were interviewed (see ANNEX B: Contact information template; Interviews with Caregivers and Care recipients - Guidelines for Partners Focus Groups Discussions - Guidelines and General Information; Interview Guidelines Caregivers; Interview Guidelines Care Recipients; Guidelines Focus Group Discussion; Note: only English versions have been included in the ANNEX, although partners also produced national language versions of the Guidelines where required)
- five focus groups with 6-8 experts each were held in Austria, Finland, France, Italy and Spain to create a first release of the competence framework (see ANNEX C Overall Summary Report of the interviews and focus group discussion results; Note: only the Overall Summary Report has been included in the ANNEX, although partners also provided national summary reports for their countries)
- feedback on the MiCare Competence Framework v1 collected by all project partners to define v2 (see ANNEX D Competence Framework v2 that has been sent to external experts to collect their feedback)
- feedback on the MiCare Competence Framework v2 collected by e-mail from 41 external experts in Austria, Finland, France, Italy and Spain (see ANNEX E Short Summary Report on the external expert feedback)

Furthermore, the document contains the MiCare Learning Architecture v2 that has been developed based on the Competence Framework v3 and feedback collected from the internal project reviewer, Marion Marty.

1. Methodology

The MiCare Competence Framework has been developed on the basis of an analysis of various Competence Frameworks and their Learning Outcomes in other European projects. Furthermore, several Learning Architecture models were analysed and compared in the context of developing the MiCare Learning Design that covers in addition to the Competence Framework with Learning Outcomes also the EQF descriptors Knowledge, Skills and Autonomy/Responsibility. Autonomy and responsibility aspects have been implemented together with communicational and personal skills.

European projects that were used as sources often covered as well care-related content. In concrete, Competence Framework, Learning Outcomes and the Learning Architecture from the following projects were analysed in detail:

- Carer+ (<https://www.carerplus.eu/>)
- Caress (<http://www.project-caress.eu/home/>)
- ChildIN (<https://childin.eu/>)
- ENHANCE (<https://www.enhance-fcn.eu/>)
- MYSKILLS (<https://www.myskills.de/>)
- PRODOME (<https://ww.prodome.eu/en/>)
- Vocational Qualification in Social and Health Care Framework from Finland (unpublished)

Based on a detailed analysis of existing Competence Frameworks and Learning Architectures, the Benchmark report (IO1), additional research on care entry occupations, 50 interviews with caregivers and care recipients as well as the results of focus group discussions with approximately 41 experts in the field of VET, care, labour market and migration support in the partner countries, WIAB defined a small number of competence areas together with preliminary competences and first learning outcomes (v1). After collecting internal partner feedback on this version, the second release of the Competence Framework was drafted and sent to external experts in Austria, Finland, France, Italy and Spain via e-mail (v2). Based on the external expert feedback, the Competence Frameworks' third and final release was defined (v3).

The third version of the Competence Frameworks also provided the basis for the development of the Learning Architecture/Learning Design. By adding preliminary Knowledge, Skills and Autonomy/Responsibility aspects (together with communicational and personal skills) and applying a learning outcome approach, compatibility with the EQF and ECVET has been ensured. Also, EQF levels 2 and 3 have been taken into consideration. For the formulation of Learning Outcomes the Bloom Taxonomy and basic action verbs have been used that are suitable to express learning outcomes at EQF levels 2 and 3.

The Learning Architecture must be valid for all participating European countries, yet it must leave enough freedom for countries to choose their respective levels of detail and the time during the training program for each of the components of the Learning Design.

The collection of external experts' feedback in all partner countries had to ensure that the Competence Framework is in line with the national requirements of the partner countries and covers content that is common to several European countries. The feedback of 41 European Experts for the Competence Framework and its Learning Outcomes thus provided important input on the common European dimension of the Competence Framework and resulted in the specification of the EU Learning Design.

Decisions on boundaries reached during discussions in MiCare meetings for specific contents were also considered when defining the Competence Framework's Competence Areas and Learning Outcomes and the Learning Architecture, e.g., the decision has been made, not to include First Aid into MiCare, as this would overburden the program. Although the project consortium thinks that providing basic information on existing labour market entry occupations in the field of care and on the care system in each partner country would be important for migrant women who are interested in working in the field of elderly care, it was decided that such information should not be covered in the training programme and should rather be provided in the context of recruiting and guidance (e.g. by offering a leaflet with this information). Therefore, requests from experts to include more information on how to obtain this work for migrants, e.g., training, different workplaces, payment methods, types of contracts, etc., could not be considered in the Competence Framework update.

It has been proposed to add other additional content to the Competence Framework. These requests could not be taken into account because the Competence Framework with regard to the given small number of training units is already quite comprehensive and detailed.

Language skills have been highlighted as very important in different contexts but require more training. Therefore, they were not covered in the Competence Framework and the Learning Design. However, it is possibly more feasible to train professional terminology in the context of the MiCare training, but the national project partners will take this decision.

The Learning Architecture covers the general/common European part of Learning Design. Partners will add local/national content e.g., on legal conditions of work (LO2.4 Observe the country-specific limits of care-related activities allowed in entry level care jobs; LO2.5 Observe the country-specific limits of medical support and interventions allowed in entry level care jobs; LO 5.3 Provide simple medical services and perform medical interventions permitted for entry level care jobs in the respective country). Partners will also select the topics they want to cover in their training and decide which topics will be trained in-depth

and only awareness will be raised. Furthermore, partners may contextualize existing content for their national context and make it more specific since the European version of the Learning Architecture avoids a too detailed abstraction to be applicable in several countries.

The first versions of the Competence Framework and the Learning Architecture have been developed in an Excel sheet to provide a better and systematic overview of all competence areas. The final versions presented in this document have been transferred into a Word layout.

2. MiCare Competence Framework (short)

COMPETENCE AREA 1: Care work as a professional service
<p>DESCRIPTION</p> <p><i>Ability to perform care work as a professional service (as opposed to caring privately e.g. as a family member), specifically observing basic forms of work organisation, forming and sustaining good relationships with care recipients, their families and other health and care professionals while maintaining one's own health and wellbeing.</i></p>
COMPETENCES
<ul style="list-style-type: none"> • CO 1.1 Differentiate between caring as a family member and care work as a professional service • CO 1.2 Identify the principal goals of care work • CO 1.3 Organise the professional activity/work in a proficient manner • CO 1.4 Create and maintain good working relationships and apply basic communication techniques • CO 1.5 Care for one's own health and wellbeing as a caregiver

COMPETENCE AREA 2: Legal regulations relating to care work (in the respective country)
<p>DESCRIPTION</p> <p><i>Ability to respect and integrate country-specific legal regulations concerning care work and basic medical interventions into the daily work practice and to observe the required work and social security related regulations.</i></p>
COMPETENCES
<ul style="list-style-type: none"> • CO 2.1 Observe general professional obligations and exercise your personal and professional rights • CO 2.2 Respect the care recipients' and their relatives' privacy and rights • CO 2.3 Recognise different employment options, working contracts and the relevant labour law and social security regulations regarding entry-level care jobs • CO 2.4 Observe the limits of care related activities allowed in entry-level care jobs • CO 2.5 Observe the limits of medical interventions allowed in entry-level care jobs

COMPETENCE AREA 3: Household and Everyday Help	
DESCRIPTION	<i>Ability to plan, organise, assist with and perform standard/everyday household work like laundry, cleaning, shopping and preparation of meals using appropriate methods and to fulfil these tasks in accordance with the wishes, habits and specific needs of care recipients.</i>
COMPETENCES	<ul style="list-style-type: none"> • CO 3.1 Perform household work and laundry cleaning • CO 3.2 Prepare and cook meals in line with the care recipients' wishes and needs • CO 3.3 Provide everyday help and basic assistance and assist the care recipients in their leisure activities • CO 3.4 React appropriately to standard critical situations
COMPETENCE AREA 4: Personal Aid	
DESCRIPTION	<i>Ability to propose, discuss, plan, organise and provide assistance, support and activation for care recipients to strengthen their mental, intellectual, psychological and social wellbeing while taking into account their specific interests, strengths and possible age- and illnesses-related conditions.</i>
COMPETENCES	<ul style="list-style-type: none"> • CO 4.1 Observe and identify the care recipient's current physical and psychological condition and forward the information to relevant persons • CO 4.2 Provide activation suitable to care recipient's abilities and needs • CO 4.3 Provide psychological comfort and listen actively to care recipients
COMPETENCE AREA 5: Care work	
DESCRIPTION	<i>Ability to provide services to support the physical wellbeing of care recipients with limitations and illnesses including body care and personal hygiene, assisting with personal eliminations and mobilisation using appropriate ergonomic working methods, technical aids and medical devices where necessary.</i>
COMPETENCES	<ul style="list-style-type: none"> • CO 5.1 Assist with and provide body care and personal hygiene • CO 5.2 Employ technical aids and use adequate mobilisation techniques • CO 5.3 Provide simple medical services allowed for entry level care jobs

3. MiCare Competence Framework (extended)

COMPETENCE AREA 1: Care work as a professional service

DESCRIPTION

Ability to perform care work as a professional service (as opposed to caring privately e.g. as a family member), specifically observing basic forms of work organisation, forming and sustaining good relationships with care recipients, their families and other health and care professionals while maintaining one's own health and wellbeing.

COMPETENCES

- CO 1.1 Differentiate between caring as a family member and care work as a professional service
- CO 1.2 Identify the principal goals of care work
- CO 1.3 Organise the professional activity / work in a proficient manner
- CO 1.4 Create and maintain good working relationships and apply basic communication techniques
- CO 1.5 Care for one's own health and wellbeing as a caregiver

LEARNING OUTCOMES

- LO 1.1 Comprehend the main differences of caring privately as a family member versus care work as a professional service
- LO 1.2 Maintain and support the physical, mental and psychological wellbeing of care recipients, their autonomy, their mobility and their participation in various areas of life
- LO 1.3 Apply basic concepts and techniques of work organisation to care work (*e.g. time management, task selection and prioritisation, organise work for tasks ahead...*)
- LO 1.4a Create and maintain good relations with care recipients, family members and other care and medical professionals
- LO 1.4b Collect information concerning the needs and expectations of the care recipients
- LO 1.4c Apply basic communication, interaction strategies and techniques to care work
- LO 1.4d Apply basic conflict management techniques when needed
- LO 1.5a Identify professional risks related to home care: physical, chemical and infectious risks
- LO 1.5b Apply strategies and techniques to reduce stressful, burdening and difficult situations in care work (*e.g. relaxation methods such as mental training or progressive muscle relaxation*)
- LO 1.5c Apply strategies and techniques to maintain one's health and wellbeing
- LO 1.5d Identify personal conditions and situations where third party support (*supervision, etc.*) could be helpful to deal with stressful and burdening occurrences in care work

COMPETENCE AREA 2: Legal regulations relating to care work *(in the respective country)*

DESCRIPTION

Ability to respect and integrate country-specific legal regulations concerning care work and basic medical interventions into the daily work practice and to observe the required work and social security related regulations.

COMPETENCES

- CO 2.1 Observe general professional obligations and exercise your personal and professional rights
- CO 2.2 Respect the care recipients' and their relatives' privacy and rights
- CO 2.3 Recognise different employment options, working contracts and the relevant labour law and social security regulations regarding entry-level care jobs
- CO 2.4 Observe the limits of care related activities allowed in entry-level care jobs
- CO 2.5 Observe the limits of medical interventions allowed in entry-level care jobs

LEARNING OUTCOMES

- LO 2.1a Observe general professional obligations
- LO 2.1b Exercise one's personal rights
- LO 2.1c Exercise one's professional rights
- LO 2.2a Respect the care recipients' privacy, rights and personal security at all times
- LO 2.2b Use social media and other IT services responsibly, always respecting the privacy and security concerns of all involved
- LO 2.3a Recognise the most important labour law regulations concerning various entry-level care jobs
- LO 2.3b Recognise the difference between full-time and part-time employment and self-employed work
- LO 2.3c Comprehend the importance and benefits of clear and well-defined working contracts
- LO 2.4 Observe the country-specific limits of care related activities allowed in entry-level care jobs
- LO 2.5 Observe the country-specific limits of medical support and interventions allowed in entry-level care jobs

COMPETENCE AREA 3: Household and Everyday Help

DESCRIPTION

Ability to plan, organise, assist with and perform standard/everyday household work like laundry, cleaning, shopping and preparation of meals using appropriate methods and to fulfil these tasks in accordance with the wishes, habits and specific needs of care recipients.

COMPETENCES

- CO 3.1 Perform household work and laundry cleaning
- CO 3.2 Prepare and cook meals in line with the care recipients' wishes and needs
- CO 3.3 Provide everyday help and basic assistance and assist the care recipients in their leisure activities
- CO 3.4 React appropriately to standard critical situations

LEARNING OUTCOMES

- LO 3.1a Household cleaning
- LO 3.1b Do the laundry
- LO 3.1c Apply household accident prevention practices
- LO 3.2a Acquire everyday goods for the care recipient and the household
- LO 3.2b Prepare and cook meals respecting the care recipients' habits and needs
- LO 3.3a Assist the care recipients in their everyday activities (*e.g., dressing, moving around, cooking, etc.*)
- LO 3.3b Provide basic activation to care recipients (*e.g., talk, read, go for a walk together, propose and take part in recreational activities*)
- LO 3.3c Accompany care recipients outside their homes (*e.g., visiting family members, friends, cultural offerings, religious activities like going to church, medical appointments, shopping, ...*)
- LO 3.4a Identify standard critical situations and react appropriately (*e.g., in case of household accidents (falls, cuts, burns, ...), insect bites, standard medical conditions (dehydration, stroke, heart attack, blood sugar related problems, allergic shocks, ...)*)
- LO 3.4b Use medical services if required by the current condition of a care recipient (*e.g., visit a doctor with the care recipient, call other health and care professionals, call an ambulance, etc.*)

COMPETENCE AREA 4: Personal Aid

DESCRIPTION

Ability to propose, discuss, plan, organise and provide assistance, support and activation for care recipients to strengthen their mental, intellectual, psychological and social wellbeing while taking into account their specific interests, strengths and possible age- and illnesses-related conditions.

COMPETENCES

- CO 4.1 Observe and identify the care recipient's current physical and psychological condition and forward the information to relevant persons
- CO 4.2 Provide activation suitable to care recipient's abilities and needs
- CO 4.3 Provide psychological comfort and listen actively to care recipients

LEARNING OUTCOMES

- LO 4.1a Recall the physical and mental characteristics of ageing (*e.g. cardiovascular diseases, diabetes, dementia, Alzheimer, Parkinson, etc.*)
- LO 4.1b Recognise the general condition, limitations, and abilities of care recipients
- LO 4.1c Observe, collect information and document a care recipient's current condition and needs
- LO 4.1d React to changes in a care recipient's health condition based on observations and information gathered (*e.g. provide simple remedies to mild health problems; call professional help in more severe cases*)
- LO 4.1e Exchange and communicate about health-related information and observations with team members and other health and care professionals
- LO 4.2a Suggest and provide basic activation suitable for the general and current condition of a care-recipient
- LO 4.2b Support the social life of care recipients
- LO 4.3a Recall the most common psychological problems of care recipients
- LO 4.3b Provide basic motivational, emotional, and psychological support

COMPETENCE AREA 5: Care work

DESCRIPTION

Ability to provide services to support the physical wellbeing of care recipients with limitations and illnesses including body care and personal hygiene, assisting with personal eliminations and mobilisation using appropriate ergonomic working methods, technical aids and medical devices where necessary.

COMPETENCES

- CO 5.1 Assist with and provide body care and personal hygiene
- CO 5.2 Employ technical aids and use adequate mobilisation techniques
- CO 5.3 Provide simple medical services allowed for entry-level care jobs

LEARNING OUTCOMES

- LO 5.1 Assist with and provide body care and personal hygiene to care recipients
- LO 5.2a Use mobilisation techniques adequate to the condition of the care recipient and work ergonomically
- LO 5.2b Use supporting technical aids (*e.g. orthopaedic beds with remote control, walking aids, wheel chairs ...*) to support the care recipients' wellbeing and to facilitate activities
- LO 5.2c Use medical devices to measure medical parameters (*e.g., blood pressure meters, blood glucose meters, etc.*)
- LO 5.3 Provide simple medical services and perform medical interventions permitted for entry-level care jobs in the respective country

NOTES

The ability to aid in medicine intake and perform basic paramedical interventions like changing bandages shall be part of this competence area in those countries where legal regulations allow entry-level care professionals to perform such tasks.

4. MiCare Learning Design

COMPETENCE AREA 1: Care work as a professional service
<p>DESCRIPTION</p> <p><i>Ability to perform care work as a professional service (as opposed to caring privately e.g. as a family member), specifically observing basic forms of work organisation, forming and sustaining good relationships with care recipients, their families and other health and care professionals while maintaining one's own health and wellbeing.</i></p>
<p>COMPETENCES</p> <ul style="list-style-type: none"> • CO 1.1 Differentiate between caring as a family member and care work as a professional service • CO 1.2 Identify the principal goals of care work • CO 1.3 Organise the professional activity/work in a proficient manner • CO 1.4 Create and maintain good working relationships and apply basic communication techniques • CO 1.5 Care for one's health and wellbeing as a caregiver
<p>LEARNING OUTCOMES</p> <ul style="list-style-type: none"> • LO 1.1 Comprehend the main differences of caring privately or as a family member versus care work as a professional service • LO 1.2 Maintain and support the physical, mental and psychological wellbeing of care recipients, their autonomy, their mobility and their participation in various areas of life • LO 1.3 Apply basic concepts and techniques of work organisation to care work (e.g. time management, task selection and prioritisation, organise work for tasks ahead, etc.) • LO 1.4a Create and maintain good relations with care recipients, family members and other care and medical professionals • LO 1.4b Collect information concerning the needs and expectations of the care recipients • LO 1.4c Apply basic communication and interaction strategies and techniques to care work • LO 1.4d Apply basic conflict management techniques when needed • LO 1.5a Identify professional risks related to home care: physical, chemical and infectious risks • LO 1.5b Apply strategies and techniques to reduce stressful, burdening and difficult situations in care work (e.g. relaxation methods such as mental training or progressive muscle relaxation) • LO 1.5c Apply strategies and techniques to maintain one's health and wellbeing • LO 1.5d Identify personal conditions and situations where third party support (supervision, etc.) could be helpful to deal with stressful and burdening occurrences in care work

LO 1.1 Comprehend the main differences of caring privately or as a family member versus care work as a professional service	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> Understand the fundamentally different nature of personal (family) and professional relationships and e.g. the different expectations and possibilities for interaction arising thereof 	SKILLS He/she is able to: <ul style="list-style-type: none"> Distinguish between personal and professional relationships in order to determine when professional boundaries may be blurred or crossed
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> reflect on their role as a professional carer as well as on the possibilities and limitations of their professional responsibility by considering social conventions and legal requirements 	
NOTES	

LO 1.2 Maintain and support the physical, mental and psychological wellbeing of care recipients, their autonomy, their mobility and their participation in various areas of life	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand the fundamental principles of the care-model chosen for MiCare in the respective country 	SKILLS He/she is able to: <ul style="list-style-type: none"> work in accordance with the fundamental principles of the care-model chosen for MiCare in the respective country
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> integrate the approaches of the care model chosen into daily care work 	
NOTES <p><i>* Note to the developers of national MiCare curricula: We suggest to refer to a care model that is widely used in the state/region; it is very likely that for the purposes of MiCare the model will have to be stripped down to the absolute essentials, but it will still be very advantageous for MiCare trainees to come into contact with well-founded principals and a sound ground laying orientation for care work.</i></p> <p><i>For example, a good model for Austria can be found In the ABEDL-Model developed by Monika Krohwinkel:</i> https://de.wikipedia.org/wiki/Modell_der_f%C3%B6rdernden_Prozesspflege <i>A reduced version for MiCare could include an explanation of the list of the 13 Elements of the model and provide a basic introduction to the care interests, care aims and care actions.</i></p>	

LO 1.3 Apply basic concepts and techniques of work organisation to care work <i>(e.g. time management, task selection and prioritisation, organise work for tasks ahead, etc.)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand the necessity and advantages of planning and organising tasks well and in advance 	SKILLS He/she is able to: <ul style="list-style-type: none"> plan and organise the next/upcoming task regarding the time and the resources needed and the role and activity of care recipients therein make a work plan for a day or a week make standard weekly plans for reoccurring tasks
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> plan tasks and make work plans for a day or a week autonomously or in consultation with care recipients, family members or superiors 	
NOTES	

LO 1.4a Create and maintain good relations with care recipients, family members and other care and medical professionals	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand and value the importance of establishing and maintaining good relationships with all parties involved in the care process, <i>e.g. care recipients, family members, employing organisation, superiors, external health and care professionals ...</i> recognise potential communicative and interactional difficulties when dealing with people with challenging behaviours 	SKILLS He/she is able to: <ul style="list-style-type: none"> meet everyone involved in the care process with respect, take them seriously and show a professional, calm and composed attitude
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> assure that care recipients and their families feel respected, valued and considered when communicating avoid intrusive questioning or behaviour at all times 	
NOTES * <i>Respect for privacy is included in CA2</i>	

LO 1.4b Collect information concerning the needs and expectations of the care recipients	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the important role the cultural background, customs and habits play in a person's life understand the important role of care recipients' personal backgrounds and life experiences and their possible impact on care work comprehend preferences and choices of care recipients and family members (both with regards to everyday situations and the care process) 	SKILLS He/she is able to: <ul style="list-style-type: none"> respect the cultural background, customs and habits of everyone involved in the care process get information on preferences and choices of care recipients and family members (both with regards to everyday situations and the care process)
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> integrate respect for cultural backgrounds, customs and habits into the daily care work take preferences and choices of care recipients and family members into account autonomously in daily care work avoid negative comments concerning preferences and choices of care recipients and families 	
NOTES	

LO 1.4c Apply basic communication and interaction strategies and techniques to care work	
<p>KNOWLEDGE</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> • name basic communication techniques, like active listening, questioning and reformulation techniques • understand the importance of situationally adaptive and non-violent communication, which takes into account the specific circumstances and conditions for effective, sensitive and respectful communication • understand the impact of physical and mental conditions affecting communication, <i>e.g. hearing impairment, memory disorders, dementia, etc.</i> • know possibilities of non-verbal communication and its role in communication, especially for impaired persons 	<p>SKILLS</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> • use active listening, questioning and reformulation techniques to understand what has been said properly • chose content and style of communication following the specific situations at hand • recognize nonverbal signs of interest, desire for interaction, stress, anger or sadness through observation of facial expressions, physical postures and the like • support activities and interaction by care recipients by employing digital devices which assist in communication when appropriate; <i>e.g. tools that support and compensate for speech</i> • use gestures and touch actively and naturally in a manner appropriate for the situation to communicate with care recipients
<p>AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> • integrate basic communication and interaction techniques into the daily care work • chose content and style of communication autonomously following the specific situations at hand and following the capabilities and limitations of care recipients • devote adequate time to care recipients and their families when communicating about health-related concerns and feelings 	
<p>NOTES</p>	

LO 1.4d Apply basic conflict management techniques when needed	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> recall common areas of conflict in care work, <i>e.g., food choices, care methods, assumed disrespect for people's habits, wishes, property, etc.</i> recall different conflict management techniques, <i>e.g. various ways to prevent and deescalate conflicts</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> recognize a potential, developing or current conflict apply conflict management techniques when needed
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> recognise conflicts and apply conflict management techniques autonomously when needed 	
NOTES	

LO 1.5a Identify professional risks related to home care: physical, chemical and infectious risks	
<p>KNOWLEDGE</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> outline common risks in working environments and avoid associated accidents, <i>e.g. paying special attention to steps with irregular heights, slippery carpets, wet floors, etc.</i> outline common physical and chemical risks and how to avoid associated accidents, <i>e.g. risks from electricity and chemical substances like detergents, fertilisers, etc.</i> outline common physical health risks related to care work and how to protect oneself and others from harm; <i>e.g. how to minimise reception and transmission of bacteria and viruses</i> 	<p>SKILLS</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> familiarise himself/herself with a working environment and assess possible risks emanating thereof pay attention to minimise the risk of impairment by chemical substances or physical influences and use protective gear when necessary pay attention to minimise health risks (medical and infectious risks) and use protective gear when necessary
<p>AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> autonomously realise possible risks and apply working methods to minimise physical, chemical and infectious risks 	
<p>NOTES</p> <p>* <i>Household accident prevention is covered in CA3</i></p>	

LO 1.5b Apply strategies and techniques to reduce stressful, burdening and difficult situations in care work <i>(e.g. relaxation methods such as mental training or progressive muscle relaxation)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> describe common mental and psychosocial health risks related to care work, how to protect oneself and how to recover; <i>e.g. tiring situations due to difficult interaction with dementia patients; conflicts with care recipients or their families; challenging behaviour by care recipients or other people involved in the care process; severe illnesses or death of a care recipient; etc.</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> seek solutions for stressful situations by applying coping and communication strategies; <i>e.g. attempt to improve (reoccurring) difficult situations by talking about the problems with care recipients and their families; exchange experiences with colleagues; contact superiors; etc.</i> monitor the personal workload and the requirements by employers concerning the working contract and one's capacity
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> recognise stressful, burdening and difficult situations in care work and deal with them actively to improve one's condition, ensure one's wellbeing and preserve the ability to work 	
NOTES	

LO 1.5c Apply strategies and techniques to maintain one's own health and wellbeing	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the benefits of actively caring for one's health and wellbeing as a caregiver and of striving for a good work-life balance; <i>e.g. higher level of satisfaction generally in life and work, reduced risk of accidents and illnesses, better preservation of one's long-time ability to work, etc.</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> take care of one's health and wellbeing at work and respect the limits of one's individual physical and mental capacity set aside extra time for relaxation and regeneration when needed
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> take actively care of one's health and wellbeing 	
NOTES	

LO 1.5d Identify personal conditions and situations where third party support (<i>supervision, etc.</i>) could be helpful to deal with stressful and burdening occurrences in care work	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend signs of personal physical and mental overload recall available help, counselling and support opportunities; <i>e.g., internal or external supervision; care workers' self-help groups, etc.</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> identify situations and conditions of personal mental or physical stress and overload choose from the help and support options available or seek help and counselling on how to proceed
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> autonomously identify situations and conditions of personal mental or physical stress and overload and actively seek help and relief 	
NOTES	

COMPETENCE AREA 2: Legal regulations relating to care work (in the respective country)
<p>DESCRIPTION</p> <p><i>Ability to respect and integrate country-specific legal regulations concerning care work and basic medical interventions into the daily work practice and to observe the required work and social security-related regulations.</i></p>
<p>COMPETENCES</p> <ul style="list-style-type: none"> • CO 2.1 Observe general professional obligations and exercise your personal and professional rights • CO 2.2 Respect the care recipients' and their relatives' privacy and rights • CO 2.3 Recognise different employment options, working contracts and the relevant labour law and social security regulations regarding entry-level care jobs • CO 2.4 Observe the limits of care related activities allowed in entry-level care jobs • CO 2.5 Observe the limits of medical interventions allowed in entry-level care jobs
<p>LEARNING OUTCOMES</p> <ul style="list-style-type: none"> • LO 2.1a Observe general professional obligations • LO 2.1b Exercise one's personal rights • LO 2.1c Exercise one's professional rights • LO 2.2a Respect the care recipients' privacy, rights and personal security at all times • LO 2.2b Use social media and other IT services responsibly, always respecting privacy and security concerns of all involved • LO 2.3a Recognise the most important labour law regulations concerning various entry-level care jobs • LO 2.3b Recognise the difference between full-time and part-time employment and self-employed work • LO 2.3c Comprehend the benefits/importance of clearly/well-defined working contracts • LO 2.4 Observe the country-specific limits of care related activities allowed in entry-level care jobs • LO 2.5 Observe the country-specific limits of medical support and interventions allowed in entry-level care jobs

LO 2.1a Observe general professional obligations	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> recall the most important and commonly expected responsibilities and obligations relevant to working life, <i>e.g. punctuality, discreteness, compliance with laws, obligations to report minor or major health problems, ...</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> observe general professional obligations, taking into account additional relevant regulations, <i>e.g. general personal and professional rights and the working contract</i>
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> seek information actively on general professional obligations and consult with trade unions, NGOs and superiors if needed 	
NOTES	

LO 2.1b Exercise one's personal rights	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand the concept of personal rights as guaranteed by the "Universal Declaration of Human Rights", the EU and national constitutions and laws 	SKILLS He/she is able to: <ul style="list-style-type: none"> exercise one's personal rights, taking into account additional relevant regulations, e.g. general professional rights and obligations and working contract obligations
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> seek information actively on personal rights and consult with trade unions, NGOs and superiors if needed 	
NOTES	

LO 2.1c Exercise one's professional rights	
<p>KNOWLEDGE</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> understand the concept of professional rights as guaranteed by international treaties (e.g., "Universal Declaration of Human Rights", International Labour Organisation (ILO) conventions), the EU and national constitutions and laws comprehend common cases of infringements of professional rights, e.g., concerning working hours, sick leave, resting times or any kind of harassment 	<p>SKILLS</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> exercise one's professional rights (e.g., the right to associate freely (trade unions etc.); the right to bargain collectively; the right to defend oneself against discrimination) taking into account additional relevant regulations (e.g. personal rights and obligations and working contract obligations)
<p>AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> seek information actively on professional rights and consult with trade unions, NGOs and superiors if needed 	
<p>NOTES</p>	

LO 2.2a Respect the care recipients' privacy, rights and personal security at all times	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the concept of privacy, it's protection by law and the necessity to respect privacy to ensure the well-being of people comprehend the important role the cultural background, customs and habits play in a person's feeling of security and the importance of respecting the private property of people name areas and situations in care work that are ethically sensitive; <i>e.g. situations that interfere with care recipients' right to self-determination</i> comprehend the concept and the scope of security-related objects, documents and information comprehend the importance of protecting security-related information 	SKILLS He/she is able to: <ul style="list-style-type: none"> follow regulations, guidelines and established practices to ensure the privacy of everyone involved in the care process respect the cultural background, customs, habits and private property of everyone involved in the care process work following ethical/moral values and norms handle all objects, documents and information relevant to the personal security or the security of possessions of anyone involved in the care process with greatest care and discretion; <i>e.g. codes of locks, bank and credit cards, computer passwords, keys and key numbers, regular times of absence from the home, holiday plans and times ...</i>
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> integrate privacy considerations and the protection of private life into the daily care work integrate respect for cultural backgrounds, customs, habits and for private property into the daily care work work following ethical/moral values and norms at all times, carefully observing them also in sensitive or critical situations integrate discretion and the protection of security-related information into the daily care work follow legislation, regulations and organisational guidelines and discern between security-related and non-related information autonomously make sure at all times to hand security-related objects, documents, and information only to (explicitly) authorised persons or organisations and do so preferably in close consultation with care recipients, family members or superiors 	
NOTES	

LO 2.2b Use social media and other IT-services in a responsible way, always respecting privacy and security concerns of all involved	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the responsibilities and potential dangers of posting information and images related to work on social media platforms / the internet 	SKILLS He/she is able to: <ul style="list-style-type: none"> comply with data protection laws and regulations, organisational guidelines and obligations defined in working contracts relating to discretion, secrecy and handling of social media contributions
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> autonomously stay informed on and comply with relevant data protection regulations and obligations 	
NOTES	

LO 2.3a Recognise the most important labour law regulations with regard to various entry level care jobs	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend country-specific prerequisites for entering entry-level care jobs, <i>e.g. type and duration of education or training necessary</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> seek information and counselling offers on education, training and the labour market to decide on possible education and career steps
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> seek information on education, training and the labour market actively and decide autonomously or in consultation with education and labour market specialists on possible education and career steps 	
NOTES	

LO 2.3b Recognise the difference of full-time and part-time employment and self-employed work	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand different work and employment options available, the respective obligations and the type of social security and holiday regulations provided by them 	SKILLS He/she is able to: <ul style="list-style-type: none"> decide which form of work and type of employment is possible and advantageous in one's current situation in life, taking into account education, training and working life experiences, financial needs and expectations and various responsibilities, especially family-related responsibilities
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> decide autonomously or in consultation with labour market specialists which form of work and type of employment is possible and advantageous in one's current situation in life 	
NOTES	

LO 2.3c Comprehend the importance and benefits of clearly and well-defined working contracts	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the importance and the benefits of clearly defined working contracts complying with existing laws and regulations 	SKILLS He/she is able to: <ul style="list-style-type: none"> negotiate key points in an employment contract and decide whether an employment contract on offer is acceptable to oneself or not
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> seek assistance to comprehend working contracts if needed and decide on contracts autonomously or in consultation with labour law specialists 	
NOTES	

Nota : the contents of the following section (LO 2.4) differ for each country since it has been defined based on national specifics. The contents are provided for the piloting countries: Spain, Italy, Finland and France. There is no pilot phase in Austria.

LO 2.4 Observe the country-specific limits of care-related activities allowed in entry-level care jobs - SPAIN	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> Understand how to implement home-based physical care interventions for people with social and health care needs 	SKILLS He/she is able to: <ul style="list-style-type: none"> Maintain users in appropriate personal hygiene conditions Carry out activities for the maintenance and improvement of user's physical and motor skills
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> Help people with special physical, psychological and social health needs at home, applying the most appropriate strategies and procedures to maintain and improve their personal autonomy and their relations with their environment 	
NOTES Spanish version	

LO 2.4 Observe the country-specific limits of care-related activities allowed in entry level care jobs - ITALY	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> • Understand the characteristics of the role, the areas of action and the limitations with particular attention to the differences between the role of caregiver and the role of nurse • Understand the legal implications of their role and the risks for the care recipient • Know where to consult the national and regional law or which territorial referents to contact for clarification on their tasks 	SKILLS He/she is able to: <ul style="list-style-type: none"> • Define together with family members concerning the needs of the assisted person what are the boundaries of the role communicating clearly and competently what can not be dealt with according to the legislation • Follow the suggestions given by specialized medical personnel involved in the care of the elderly without taking free initiatives.
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> • Give assistance by satisfying the needs of the care recipients, having full awareness of the limits to be observed in the exercise of their role according to regional and national law, and observing and respecting the indications of medical and paramedical staff 	
NOTES Italian version	

LO 2.4 Observe the country-specific limits of care-related activities allowed in entry level care jobs - FINLAND	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> • Understand what physical, psychological and social care-related tasks are her/his responsibility, <i>e.g. aiding in daily physical tasks at home, assisting in personal hygiene, keeping company</i> • Understand how to give physical care interventions that do not require a health care professional • Understand when a health care professional is needed 	SKILLS He/she is able to: <ul style="list-style-type: none"> • Implement physical care interventions promoting care recipients' physical and motor skills which support their abilities in daily activities at home • Implement psychological and social care interventions promoting care recipients' psychological and social wellbeing • Identify situations in which a health care professional is needed and inform health care professionals about any challenges or problems immediately
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> • Assist care recipients independently in physical and social tasks, fully understanding when a health care professional is needed and informing health care professional immediately, whenever necessary • Understand the care recipients' strengths and challenges as a whole and assist and support them accordingly 	
NOTES Finnish version	

LO 2.4 Observe the country-specific limits of care-related activities allowed in entry level care jobs - FRANCE	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> Understand the difference between care-related activities and medical interventions 	SKILLS He/she is able to: <ul style="list-style-type: none"> Apply and respect the care-related activities' limits
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> Contact the best-qualified professionals based on the situation or the medical issues 	
NOTES French version	

Nota: the contents of the following section (LO 2.5) differ for each country since it has been defined based on national specifics. The contents are provided for the piloting countries: Spain, Italy, Finland and France. There is no pilot phase in Austria.

LO 2.5 Observe the country-specific limits of medical support and interventions allowed in entry level care jobs - SPAIN	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> • Know when to maintain confidentiality when handling personal and medical information of the care recipient • Observe and record the functional evolution of the care recipient as well as the development of physical care activities • Implement observation techniques and instruments applied to home situations • Know the technical aids for personal care and hygiene of the care recipient 	SKILLS He/she is able to: <ul style="list-style-type: none"> • Handle materials and instruments used in the physical care of persons in: grooming, cleaning, disinfection, preparation and administration of medication, administration of food, articulated beds, crutches, wheelchairs, walkers, bath chairs, prostheses and orthoses, portable aerosol therapy and oxygen administration devices, materials used in the prevention of pressure ulcers and infection prevention, various clinical material for infection control and collection of eliminations.
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> • Know how to delimit their functions in the field of home care regarding medical support and interventions 	
NOTES Spanish version	

LO 2.5 Observe the country-specific limits of medical support and interventions allowed in entry level care jobs - ITALY	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> • Promote the well-being and autonomy of the care recipient by respecting the limits of their role • Collaborate with other professional figures following the indications provided by the family of the care recipients 	SKILLS He/she is able to: <ul style="list-style-type: none"> • Use appropriately the devices useful for the well-being of the care recipients (wheelchair, trolley etc.) within the legally permitted limits • Identify the type of interventions on the care recipient that do not fall within the tasks of the caregiver (<i>injections, drip, dressings etc.</i>) • Identify critical aspects that the care recipient may manifest and request support from family members for the involvement of medical and paramedical staff
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> • Meet the care recipient's needs by having full awareness of the practical limits of their intervention, avoiding personal initiatives, underestimating the problem or its criticality. • Understand when to ask for support from the family for the integration of medical and paramedical personnel. 	
NOTES Italian version	

LO 2.5

Observe the country-specific limits of medical support and interventions allowed in entry level care jobs - FINLAND

KNOWLEDGE

He/she is able to:

- Understand the need for confidentiality regarding care recipients' medical and other sensitive information
- Know how to observe care recipients' abilities to perform their daily activities and understand when to inform health care professionals
- Know what are and how to use technical aids which support the care recipients' independent living at home and surrounding area
- Know how to assist care recipients following health care professionals' instructions, *e.g. for daily exercise or diet*

SKILLS

He/she is able to:

- Maintain confidentiality regarding care recipients' medical and other sensitive information
- Observe the care recipients' abilities to perform their daily activities and inform health care professionals when necessary
- Use and assist care recipients in using technical aids, *e.g. wheelchair, walker, articulated beds, crutches, bath chairs, prostheses and orthoses, materials used in the prevention of pressure ulcers and infection prevention*
- Assist care recipients to follow health care professionals' instructions, such as daily exercise and diet and inform professionals when needed

AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- Know how to delimit their functions in the field of home care regarding medical support and interventions
- Maintain confidentiality and professional conduct when working with care recipients
- Observe the care recipients' individual needs, challenges and strengths regarding their health and wellbeing, supporting them accordingly

NOTES

Finnish version

LO 2.5 Observe the country-specific limits of medical support and interventions allowed in entry level care jobs - FRANCE	
KNOWLEDGE N/A	SKILLS N/A
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES N/A	
NOTES <i>Not relevant for France, there is no medical support or interventions in any way for ADVV ("assistant de vie à domicile"), it is out of their professional limits - won't be a part of the French competence framework</i>	

COMPETENCE AREA 3: Household and Everyday Help

DESCRIPTION

Ability to plan, organise, assist with and perform standard/everyday household work like laundry, cleaning, shopping and preparation of meals using appropriate methods and to fulfil these tasks in accordance with the wishes, habits and specific needs of care recipients.

COMPETENCES

- CO 3.1 Perform household work and laundry cleaning
- CO 3.2 Prepare and cook meals in line with the care recipients' wishes and needs
- CO 3.3 Provide everyday help and basic assistance and assist the care recipients in their leisure activities
- CO 3.4 React appropriately to standard critical situations

LEARNING OUTCOMES

- LO 3.1a Household cleaning
- LO 3.1b Do the laundry
- LO 3.1c Apply household accident prevention practices
- LO 3.2a Acquire everyday goods for the care recipient and the household
- LO 3.2b Prepare and cook meals respecting the care recipients' habits and needs
- LO 3.3a Assist the care recipients in their everyday activities, *e.g., dressing, moving around, cooking, etc.*
- LO 3.3b Provide basic activation to care recipients (*e.g., talk, read, go for a walk together, propose and take part in recreational activities*)
- LO 3.3c Accompany care recipients outside their homes (*e.g. when visiting family members, friends, cultural offerings, religious activities like going to church, medical appointments, shopping, ...*)
- LO 3.4a Identify standard critical situations and react appropriately (*e.g., in case of household accidents (falls, cuts, burns, ...), insect bites, standard medical conditions (dehydration, stroke, heart attack, blood sugar related problems, allergic shocks, ...)*)
- LO 3.4b Use medical services if required by the current condition of a care recipient (*e.g., visit a doctor with the care recipient, call other health and care professionals, call an ambulance, etc.*)

LO 3.1a Household cleaning	
<p>KNOWLEDGE</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> understand the importance of using appropriate cleaning techniques, tools and substances to avoid damaging objects; <i>e.g. avoid damage caused by scratching surfaces or by corrosion due to the wrong use of detergents, acids, chemicals etc.</i> comprehend the basics of working in an environmentally friendly (sustainable) way; <i>e.g. water and energy-saving practices, recycling options</i> 	<p>SKILLS</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> prioritise, organise and plan household chores and cleaning tasks, taking into account the equipment available in the household use appropriate cleaning products, techniques and equipment depending on the characteristics of the objects to be cleaned differentiate between recyclable and non-recyclable garbage and put refuse into appropriate bins
<p>AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> adjust the degree of help in consultation with care recipients or decide autonomously whether to either just observe a care recipient in his/her activity, to help a care recipient with an activity, to perform the activity with some help of the care recipient or to perform the activity by oneself (alone) choose cleaning methods autonomously, and in case of uncertainty, consult with the care recipient, family members or superiors on the methods to be applied work carefully, taking care not to damage objects in the household respect a care recipient's belongings, consult and inform him/her before throwing things away 	
<p>NOTES</p> <p>* <i>General work organisation is covered in CA1</i></p>	

LO 3.1b Do the laundry	
<p>KNOWLEDGE</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> differentiate between various types of fabrics and comprehend laundry care signs understand how to operate washing machines and dryers in general 	<p>SKILLS</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> prioritise, organise and plan the laundry taking into account the care recipients' needs, the equipment available in the household, the duration of the tasks and the weather (in case of open-air drying) employ appropriate methods (<i>e.g., pre-treatment, washing program</i>) and products (<i>e.g., detergents, whiteners</i>) for washing/cleaning, drying and ironing clothes, linen and fabrics, depending on the characteristics of the fabrics operate washing machines and dryers in the household
<p>AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> set cleaning schedules autonomously or consult with the care recipient or family members respectively and follow their instructions choose laundry methods autonomously, and in case of uncertainty consult with the care recipient, family members, or superiors on the procedures/methods to be applied respect a care recipients' belongings and treat his/her clothes and fabrics with care operate the equipment in the household safely and carefully to ensure its durability 	
<p>NOTES</p> <p>* <i>General work organisation is covered in CA1</i></p>	

LO 3.1c Apply household accident prevention practices	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> name common reasons and sources of household accidents; <i>e.g. non flat lying carpets, electric cables, performing work during periods of tiredness, weak concentration or dizziness, etc.</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> actively prevent domestic accidents, injuries and occupational diseases when working; <i>e.g., by keeping a distance from other people, handling potentially hazardous substances with care following guidelines, storing tools, machines and substances safely ...</i> detect possible dangers within the household and inform the relevant contacts (<i>e.g., care recipient, family members, superiors, ...</i>)
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> work in a concentrated way, always giving priority to the safety and wellbeing of everybody in the household and communicating possible temporary dangers (<i>e.g. wet floors, electric cables in uncommon places, etc.</i>) inform relevant contacts actively about potential dangers within the household 	
NOTES	

LO 3.2a Acquire everyday goods for the care recipient and the household	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand the necessity and advantages of a well-organised household 	SKILLS He/she is able to: <ul style="list-style-type: none"> check supplies and take note on missing goods or goods in short supply and write a shopping list (grocery list) select aptly and solely the products needed when running errands following the grocery list established and checking the quality of goods while respecting the budget allocated by the care recipient, family members or the employer
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> decide on goods to be acquired in consultation with care recipients autonomously or consult with family members or superiors decide on where these goods shall be acquired in consultation with care recipients autonomously or consult with family members or superiors 	
NOTES	

LO 3.2b Prepare and cook meals respecting the care recipients' habits and needs	
<p>KNOWLEDGE</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> recall common dishes and food-related habits of care recipients' culture comprehend the general value of a varied, healthy and nutritious diet for health and wellbeing comprehend that general health conditions or illnesses can require special diets 	<p>SKILLS</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> provide variety within a weekly meal plan, suggest and present options for meals to care recipients taking into account the preferences and needs of care recipients and available products/stock organise and plan meal preparation and cooking tasks and prepare dishes; <i>e.g., cold plates, warm frozen or precooked meals, cook whole meals from scratch</i> guarantee safety and hygiene in food preparation, handling and storage and employ kitchen tools and equipment properly plate in an appealing and practical way and serve meals keep care recipients' company during intake of meals and help with intake of food and beverages encourage sufficient intake of liquids during the day
<p>AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES</p> <p>He/she is able to:</p> <ul style="list-style-type: none"> decide on meals to be served in consultation with care recipients autonomously or consult family members or superiors adjust the degree of help in consultation with care recipients or decide autonomously whether to either just observe a care recipient in his/her activity, to help a care recipient with an activity, to perform the activity with some help of the care recipient or to perform the activity by oneself (alone) monitor and document the amount of liquids consumed by care recipients autonomously 	
<p>NOTES</p>	

LO 3.3a Assist the care recipients in their everyday activities, <i>(e.g., with dressing, moving around, cooking, etc.)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> list the most common areas of help/assistance and describe established practices for basic assistance; <i>e.g. how to help somebody get dressed, how to assist with body care ...</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> provide assistance to care recipients on common areas of daily life; <i>e.g. dressing; moving around; cooking; handling of personal hygiene utensils; assistance with visiting the toilet, as well as follow-up (incontinence products)</i> provide safety and assistance in the use of mobility aids by care recipients following basic hygienic and safety practices when providing assistance
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> communicate with care recipients before and during assistance respect and take into account the health condition, limitations and abilities of the care recipient and adjust the degree of help/assistance to the varying needs of care recipients following basic hygienic and safety practices autonomously when providing assistance 	
NOTES	

LO 3.3b Provide basic activation to care recipients <i>(e.g., talk, read, go for a walk together, propose and take part in recreational activities)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> describe examples of activating care and its value to care recipients 	SKILLS He/she is able to: <ul style="list-style-type: none"> promote the activity of care recipients in everyday situations, promote leisure activities and provide company, communication, and interaction
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> adapt communication, working style and interventions to the capabilities, limitations, and health condition of care recipients 	
NOTES * <i>A basic understanding of activating care vs. compensatory care can be included in CA1 when explaining the care model.</i>	

LO 3.3c Accompany care recipients outside their homes <i>(e.g., when visiting family members, friends, cultural offerings, religious activities like going to church, medical appointments, shopping, ...)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> describe caregivers' responsibilities and potential risks to care recipients when accompanying them outside their homes 	SKILLS He/she is able to: <ul style="list-style-type: none"> provide assistance to and ensure safety and security of care recipients outside their homes; <i>e.g. getting on and of public transport, climbing stairs, using escalators or elevators; with shopping when selecting and paying for goods; keeping an eye on personal belongings, helping with carrying ...</i> get information on where to go, check directions if needed and know how the public transport system, taxis etc. work help/assist with keeping schedules when needed
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> follow guidelines and regulations when accompanying care recipients outside their homes autonomously assess situations continuously and observe care recipients respectfully adjust the degree of help/assistance in consultation with care recipients or decide autonomously considering the care recipient's condition <i>(e.g., tiredness, frailty ...)</i> communicate verbally and non-verbally with care recipients 	
NOTES	

LO 3.4a Identify standard critical situations and react appropriately <i>(e.g., in case of household accidents (falls, cuts, burns, ...), insect bites, standard medical conditions like dehydration, stroke, heart attack, blood sugar related problems, allergic shocks, ...)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> describe standard critical situations and how to react appropriately <i>(e.g., in case of household accidents (falls, cuts, burns, ...), insect bites, standard medical conditions (dehydration, stroke, heart attack, blood sugar related problems, allergic shocks, ...))</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> capture the main characteristics of a critical situation/event, and estimate its severity estimate possible health-related consequences arising from a critical situation/event
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> follow common emergency guidelines and emergency guidelines of the organisation consult with the care recipient on his/her state and consult with superiors and health professionals via telephone or digital tools if needed inform family members of critical situations 	
NOTES * <i>Due to the very restricted amount of time for MiCare training, First aid shall not be included in MiCare. Trainees, however, shall be advised on where and when First Aid courses are available.</i>	

LO 3.4b Use medical services if required by the current condition of a care recipient <i>(e.g. visit a doctor with the care recipient, call in other health and care professionals, call an ambulance, etc.)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> name physiotherapeutic, medical and emergency services available, how to contact and where to find them 	SKILLS He/she is able to: <ul style="list-style-type: none"> help with arranging or arrange medical and physiotherapeutic appointments and accompany care recipients to doctors, hospitals, physiotherapists etc. call in medical emergency services if needed
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> follow common and organisation-specific guidelines to decide when to use physiotherapeutic, medical, and emergency services choose the type of service needed in consultation with care recipients autonomously or consult with family members or superiors inform family members of medical services used if necessary ensure that contact data of all relevant organisations, services (<i>e.g., employing organisation, Red Cross hotline, doctors usually consulted ...</i>) and people (<i>e.g. family members</i>) is always available 	
NOTES	

COMPETENCE AREA 4: Personal Aid

DESCRIPTION

Ability to propose, discuss, plan, organise and provide assistance, support and activation for care recipients to strengthen their mental, intellectual, psychological and social wellbeing while taking into account their specific interests, strengths and possible age- and illnesses-related conditions.

COMPETENCES

- CO 4.1 Observe and identify the care recipient's current physical and psychological condition and forward the information to relevant persons
- CO 4.2 Provide activation suitable to care recipient's abilities and needs
- CO 4.3 Provide psychological comfort and listen actively to care recipients

LEARNING OUTCOMES

- LO 4.1a Recall the physical and mental characteristics of aging (*e.g. cardiovascular diseases, diabetes, dementia, Alzheimer, Parkinson, etc.*)
- LO 4.1b Recognise the general condition, limitations, and abilities of care recipients
- LO 4.1c Observe, collect information, and document a care recipient's current condition and needs
- LO 4.1d React to changes in a care recipient's health condition based on observations and information gathered (*e.g. provide simple remedies to mild health problems; call professional help in more severe cases*)
- LO 4.1e Exchange and communicate about health-related information and observations with team members and other health and care professionals
- LO 4.2a Suggest and provide basic activation suitable for the general and current condition of a care-recipient
- LO 4.2b Support the social life of care recipients
- LO 4.3a Recall the most common psychological problems of care recipients
- LO 4.3b Provide basic motivational, emotional, and psychological support

LO 4.1a Recall the physical and mental characteristics of ageing <i>(e.g., cardiovascular diseases, diabetes, dementia, Alzheimer, Parkinson, etc.)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> recall non-clinical (everyday, "normal") and clinically relevant physical characteristics of ageing; <i>e.g. non-clinical forms: reduced strength, eyesight and hearing problems, reduced appetite, frailty, reduced mobility ...; common medical conditions (clinical form): cardiovascular diseases, diabetes, elevated potential for bone fractures because of osteoporosis, ...</i> recall non-clinical (everyday, "normal") and clinically relevant mental characteristics of ageing; <i>e.g. non-clinical forms: forgetfulness, shortened concentration spans, loss of interest and motivation in life, ...; clinical forms: dementia, Alzheimer, Parkinson, etc.</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> recognise non-clinical (everyday, "normal") and clinically relevant physical signs of ageing in care recipients recognise non-clinical (everyday, "normal") and clinically relevant mental signs of ageing in care recipients
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> recognise signs of ageing in care recipients autonomously or with the help of other health and care professionals (<i>e.g. superiors</i>) 	
NOTES	

LO 4.1b Recognise the general condition, limitations and abilities of care recipients	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the idea of a general (basic, long term, underlying) health condition and related limitations and abilities 	SKILLS He/she is able to: <ul style="list-style-type: none"> comprehend the information provided by care recipients, family members, superiors and other health and care professionals on the most important characteristics of a care recipient's general condition, limitations, and abilities recognise the most important characteristics of a care recipient's <u>general condition</u>, limitations, and abilities by own observations
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> communicate in a professional, respectful, and friendly manner with all involved when gathering information on a care recipient's general health condition recognise the main characteristics of the care recipient's general condition autonomously if needed apply critical thinking when observing a care recipient's health status 	
NOTES	

LO 4.1c Observe, collect information, and document a care recipient's current condition and needs	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> recall important determinants of an individuals' physical and mental health status; <i>e.g. food intake, hydration, weight, quality of sleep, body temperature, ability to breathe, digest, to move around; ability to communicate, clearness of thought, mental presence/absence, mood, etc.</i> outline basic possibilities of observing and monitoring a care recipient's current condition comprehend the idea of a current (short term) health condition, also putting it into context to the general long-term health condition recall common health variations and diseases of the elderly comprehend common ways of documentation and reporting care work understand potential short- or long-term elderly abuse and some potential signs of abuse and traumatising events 	SKILLS He/she is able to: <ul style="list-style-type: none"> comprehend the information provided by care recipients, family members, superiors and other health and care professionals on the most important characteristics of a care recipient's current condition, limitations, and abilities recognise the most important characteristics of a care recipient's current condition and its influence on his/her limitations and abilities by own observations take note of and document (frequently) reoccurring variations in health and health problems of care recipients document the observations of the care recipient's physical and mental status using available digital tools or paper forms document one's own work by using available digital tools or filling in paper forms identify potential signs of short- or long-term elderly abuse.
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> communicate in a professional, respectful and friendly manner with all involved when gathering information on a care recipient's general health condition recognise the main characteristics of the care recipient's current condition autonomously if needed apply critical thinking when identifying a care recipient's physical and mental status apply basic IT skills when documenting the health status and care work digitally autonomously report health statuses and care work (by one's initiative) use (basics) professional language for health documentation if possible follow guidelines on how to communicate with a care recipient in case of suspicion of abuse, taking into account possible psychological difficulties caused by abuse and traumatising experiences follow guidelines on whom to inform in case of suspicion of abuse 	
NOTES * <i>Operating mechanical aids and machines for monitoring health parameters are covered in CA5; here the focus should be on observation, communication with the care recipient and deriving information by interacting with a care recipient.</i>	

LO 4.1d React to changes in a care recipient's health condition based on observations and information gathered <i>(e.g. provide simple remedies to mild health problems; call professional help in more severe cases)</i>	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand the concept and examples of non-critical health conditions and simple remedies, which require no professional help <i>(e.g. light dehydration can be remedied by drinking)</i> and critical health situations, which require professional (external) help; <i>e.g. fractures, serious acute breathing problems, signs of heart attacks (e.g. chest pain), signs of strokes (e.g. loss of speech, concentration or sense of balance), pneumonia ...</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> capture the main characteristics of a change in a care recipient's health condition and estimate its severity estimate possible health-related consequences arising from such changes decide on how to react to changes in a care recipient's health condition based on observations and information gathered; <i>e.g. provide a simple remedy to mild health problems; call professional help; continue to observe condition without treatment in case of uncritical changes</i>
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> follow common and organisation-specific health crisis and emergency guidelines consult with the care recipient on his/her state and consult with superiors and health professionals via telephone or digital tools if needed decide on appropriate reaction to a care recipient's changing health condition autonomously if needed apply critical thinking when identifying a care recipient's physical or mental status inform family members of significant changes in a care recipient's health condition 	
NOTES * <i>To go to regular, scheduled appointments to doctors, hospitals etc. are covered in CA 3.</i>	

LO 4.1e Exchange and communicate about health-related information and observations with team members and other health and care professionals	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand general expectations of health and care professionals concerning the communication of health and care-related observations and thoughts; <i>e.g. distinguish between current observations, additional background information and interpretations (all of which can be relevant)</i> understand the importance and value of dialogue and discussion when communicating with other health and care professionals; <i>e.g. to convey a correct picture or to achieve a common understanding of a situation</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> communicate with health and care professionals about observations concerning the general/long-term and current/acute physical and mental condition of care recipients differentiate between facts (<i>e.g. measurements of health parameters, observations</i>), background information (<i>e.g. unusual occurrences on a certain day/during the week</i>) and possible interpretations when communicating with health and care professionals; <i>e.g. not ideal communication (interpretation only): "The care recipient has suffered a heart attack" - Better: "The care recipients shows signs A, B, C - he might have had a heart attack"</i>
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> express herself/himself precisely and clearly keep a calm, friendly and professional attitude when communicating use (basic) professional language 	
NOTES * <i>"understand the importance and value of dialogue and discussion" is important, because questions by other health and care professionals could be misunderstood by inexperienced caregivers as mistrust or as attribution of incompetence.</i>	

LO 4.2a Suggest and provide basic activation suitable for the general and current condition of a care recipient	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> describe possibilities of activation, i.e. ways to encourage activities or active participation by care recipients in their everyday tasks (<i>e.g. getting dressed, body care ...</i>) and in their leisure activities (<i>e.g. hobbies, playing games, conversation</i>) 	SKILLS He/she is able to: <ul style="list-style-type: none"> use activation methods in care work to support care recipient's independence as much as possible notice even small attempts to interact made by care recipients and respond to them
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> choose activation methods in coordination with care recipients autonomously or consult family members or superiors on the methods to be employed 	
NOTES	

LO 4.2b Support the social life of care recipients	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand the general importance of social life and social activities for a care recipient's wellbeing understand potential physical and mental/psychological challenges of certain activities and environments for care recipients; <i>e.g. crowded places, loud environments, narrow spaces ...</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> help with arranging or arrange meetings welcome guests in a care recipient's home and prepare drinks, coffee, tea and serve snacks accompany care recipients to social gatherings and meetings help/assist with keeping schedules when needed
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> understand cultural factors concerning the general approach to family life, interaction with friends, (former) colleagues etc. consult with care recipients on their personal preferences concerning their social life; e.g. whom to meet and where to go 	
NOTES <ul style="list-style-type: none"> * <i>NOTE 1: This LO complements CA3, the level of independence of the care recipient here, though, is assumed to be lower than for CA3.</i> * <i>NOTE 2: Meal preparation is covered in CA3.</i> * <i>NOTE 3: Everyday assistance is covered in CA3.</i> 	

LO 4.3a Recall the most common psychological problems of care recipients	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the most important short-, medium- and long-term factors influencing the psychological condition of a care recipient; <i>e.g. age related factors: loss of abilities, loss of social interaction and status, loss of positive perspectives for one's life in old age, ...; non age-related factors: loss of partner, family members or friends; difficult experiences during lifetime (trauma), including during childhood, education, family and working life ...)</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> recognise main characteristics of the psychological condition of care recipients and react with empathy
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> respect care recipient's privacy and feelings, most especially if communicating with them on their psychological conditions adapt communication style and offer aid and support to improve the psychological condition of a care recipient 	
NOTES <ul style="list-style-type: none"> * <i>NOTE 1: MiCare is not designed to provide very detailed insights into psychological conditions; so, this LO aims at creating awareness for the importance of the psychological state/condition/"mood" ... of care recipients and to react with empathy - all on a rather non-scientific, "normal", everyday level.</i> * <i>NOTE 2: Palliative and End-of-life care can be mentioned as special areas of care work, but they are beyond the scope of MiCare (because of time constraints and the complexity of knowledge needed).</i> 	

LO 4.3b Provide basic motivational, emotional, and psychological support	
<p>KNOWLEDGE He/she is able to:</p> <ul style="list-style-type: none"> recall options and strategies to provide basic motivational, emotional and psychological comfort and support to care recipients; <i>e.g. stress management strategies, kinaesthetic mobilisation techniques</i> 	<p>SKILLS He/she is able to:</p> <ul style="list-style-type: none"> communicate with care recipients to find out whether they would like or need or rather dislike psychological comfort choose and use best fitting options of motivational, emotional or psychological support in cases where such support is welcomed by care recipients consult with care recipients whether to use professional psychological help in more severe cases
<p>AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to:</p> <ul style="list-style-type: none"> respect care recipients' wish on if and how they would like to be psychologically supported choose the type of support in consultation with care recipients autonomously or consult family members or superiors on the methods to be employed suggest the possibility to seek external psychological help in more severe cases to superiors and family members 	
<p>NOTES</p>	

COMPETENCE AREA 5: Care work
<p>DESCRIPTION</p> <p><i>Ability to provide services to support the physical wellbeing of care recipients with limitations and illnesses including body care and personal hygiene, assisting with personal eliminations and mobilisation using appropriate ergonomic working methods, technical aids and medical devices where necessary.</i></p>
<p>COMPETENCES</p> <ul style="list-style-type: none"> • CO 5.1 Assist with and provide body care and personal hygiene • CO 5.2 Employ technical aids and use adequate mobilisation techniques • CO 5.3 Provide simple medical services allowed for entry-level care jobs
<p>LEARNING OUTCOMES</p> <ul style="list-style-type: none"> • LO 5.1 Assist with and provide body care and personal hygiene to care recipients • LO 5.2a Use mobilisation techniques adequate to the condition of the care recipient and work ergonomically • LO 5.2b Use supporting technical aids (<i>e.g. orthopaedic beds with remote control, walking aids, wheel chairs ...</i>) to support the care recipients' wellbeing and to facilitate activities • LO 5.2c Use medical devices to measure medical parameters, <i>e.g., blood pressure meters, blood glucose meters, etc.</i> • LO 5.3 Provide simple medical services and perform medical interventions permitted for entry-level care jobs in the respective country
<p>NOTES</p> <ul style="list-style-type: none"> • <i>The ability to aid in medicine intake and to perform basic paramedical interventions like changing bandages shall be part of this competence area in those countries where legal regulations allow entry-level care professionals to perform such tasks.</i>

LO 5.1 Assist with and provide body care and personal hygiene to care recipients	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand the importance of working hygienically 	SKILLS He/she is able to: <ul style="list-style-type: none"> ensure optimal hygiene at all times assist and provide care recipients with oral and dental care and cleaning the denture assist and provide care recipients with hair, body and intimate care, shaving and skin care use the opportunity provided by body care situations to take note of the physical state of care recipients, <i>e.g. skin irritations, signs of decubitus, ...</i> assist care recipients with going to the toilet and with their eliminations assist care recipients with the application, removal and disposal of incontinence material when needed take note of peculiarities and irregularities in eliminations
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> always take into account culturally conditioned habits, individual preferences and sensibilities of care recipients; <i>e.g. when exposing and working on body parts regarded as sensitive, especially intimate areas</i> adjust the degree of help in consultation with care recipients or decide autonomously whether to either just observe a care recipient in his/her activity, to help a care recipient with an activity, to perform the activity with some help of a care recipient or to perform the activity by oneself (alone) take into account the needs and capabilities of care recipients in respect to body care and personal hygiene communicate sensitively, empathically and openly with care recipients, taking into account individual limitations (<i>e.g. hearing impairment</i>) apply hygienic working methods autonomously consult sensitively with care recipients in case of health-related observations during body care and if necessary, report observations to family members, superiors, etc. consult sensitively with care recipients in case of elimination problems or peculiarities and if necessary, report observations to family members, superiors, etc. and employ medical services 	
NOTES	

LO 5.2a Use mobilisation techniques adequate to the condition of the care recipient and work ergonomically	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> comprehend the advantages of working ergonomically and recall basic ergonomic working techniques 	SKILLS He/she is able to: <ul style="list-style-type: none"> apply ergonomic practices in care work to prevent weariness, injuries and accidents; <i>e.g. use the body's natural movement patterns in care work; use special techniques for transferring care recipients from a bed to a wheelchair, ...</i> involve care recipients in mobilisation and transfer activities by activating their autonomous capabilities concerning mobility if possible
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> apply ergonomic working techniques autonomously in all relevant situations 	
NOTES	

LO 5.2b Use supporting technical aids (e.g. orthopaedic beds with remote control, walking aids, wheel chairs ...) to support the care recipients' wellbeing and to facilitate activities	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand when to employ and how to operate technical aids in care work, <i>e.g. orthopaedic beds with remote control, walking aids, wheelchairs, transfer aids, etc.</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> use supporting technical aids safely in order to support the care recipients' wellbeing, to facilitate activities and foster their autonomy
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> ask and search for instructions on how to operate technical devices if needed; <i>e.g. contact family members, superiors, search the internet</i> monitor the safe usage of technical devices by care recipients 	
NOTES	

LO 5.2c Use medical devices to measure medical parameters, (e.g., blood pressure meters, blood glucose meters, etc.)	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> understand when to employ and how to operate simple devices to measure physical parameters of care recipients; <i>e.g. blood pressure meters, blood glucose meters, etc.</i> understand basic standards and critical medical parameters, <i>e.g. for blood pressure, blood glucose levels, etc.</i> 	SKILLS He/she is able to: <ul style="list-style-type: none"> use simple devices to measure physical parameters, <i>e.g., blood pressure meters, blood glucose meters, etc.</i> document values of measured physical parameters
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> follow instructions and schedules by health and care professionals for measuring physical parameters of care recipients, <i>e.g., three times a day / always in the morning and evening / before or after meals, ...</i> document values of measured physical parameters autonomously decide on how to proceed in case of worrying results from measurements in consultation with care recipients autonomously or consult with family members or superiors 	
NOTES	

Nota : the contents of the following section (LO 5.3) differ for each country since it has been defined based on national specifics. The contents are provided for the piloting countries : Spain, Italy, Finland and France. There is no pilot phase in Austria.

LO 5.3 Provide simple medical services and perform medical interventions permitted for entry level care jobs in the respective country - SPAIN	
KNOWLEDGE He/she is able to: <ul style="list-style-type: none"> • Prepare and administer oral, rectal and topical medication, as well as apply local cold and heat treatments, collaborating in the monitoring of users and complying with the guidelines established in the individualised care plan • Facilitate intake and collection of disposals from users • Apply safety and first aid techniques 	SKILLS He/she is able to: <ul style="list-style-type: none"> • Carry out prescription orders for the administration of oral, topical and rectal medication, as well as local cold and heat treatments, specifying and organising the material to be used according to the technique requested and the prescription • Analyse different types of diets and apply the most appropriate intake support and elimination collection technique, depending on the user's degree of dependence, following the prescribed administration instructions • Apply basic cardiovascular resuscitation techniques, application of compression to stop or decrease blood loss, emergency care in asphyxia, burns, poisoning, stings, and expulsion manoeuvres in the ingestion of foreign bodies
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES He/she is able to: <ul style="list-style-type: none"> • Learn about the administration of food and treatment to dependent persons at home • Implement accident prevention and, if necessary, first aid techniques 	
NOTES Spanish version	

LO 5.3

Provide simple medical services and perform medical interventions permitted for entry level care jobs in the respective country - ITALY

KNOWLEDGE

He/she is able to:

- Understand the importance of regular medication according to medical indications
- Understand the basic rules of disinfection (*small wounds, abrasions...*)
- Know the correct methods of support to the care recipient (*handling, use of devices such as wheelchair or trolley, temperature measurement, blood sugar*)
- Recognize abnormal reactions/situations in the care recipient
- Understand the rules of first aid

SKILLS

He/she is able to:

- Use pill cutters and containers to organize the intake of medications
- Solicit the regular and correct intake (*schedules, before or after meals*) of the drugs and report to the family members any forgetfulness of intake by the care recipient
- Apply for the correct handling/support according to the pathologies or the problem of the care recipient
- Use the thermometer and blood glucose meter correctly
- Activate contact with doctors and/or emergency
- Intervene in case of accident/malaise in accordance with the rules of first aid

AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- Recognize both physical and psychological critical situations
- Promptly communicate the problems to family members
- Contact medical or paramedical staff
- Provide appropriate medical support to the elderly, understanding one's own role and respecting the limits which apply to a caregiver.

NOTES

Italian version

LO 5.3

Provide simple medical services and perform medical interventions permitted for entry-level care jobs in the respective country - FINLAND

KNOWLEDGE

He/she is able to:

- Understand that health care professionals take responsibility of care recipients' medication
- Know what extra education she/he needs for participating in care recipients' medication (even with education, it would be limited)
- Understand her/his responsibilities when working with health care professionals in assisting care recipients

SKILLS

He/she is able to:

- Assist care recipients in going to the pharmacy or health care professional's appointment
- Inform health care professionals or other authorities if there is any problem or suspected problem in care recipients' medication or medical condition
- Assist health care professionals when necessary
- Assist care recipients in following a special diet

AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES

He/she is able to:

- Learn about administration of food and treatment of care recipient
- Work in co-operation with health care professionals, acknowledging responsibilities in safeguarding care recipients' wellbeing

NOTES

Finnish version

LO 5.3 Provide simple medical services and perform medical interventions permitted for entry-level care jobs in the respective country - FRANCE	
KNOWLEDGE N/A	SKILLS N/A
AUTONOMY, RESPONSIBILITY, PERSONAL AND TRANSVERSAL COMPETENCES N/A	
NOTES <i>Not relevant for France, there is no medical support or interventions in any way for ADVD ("assistant de vie à domicile"), it is out of their professional limits - won't be a part of the French competence framework</i>	

5. ANNEX A

5.1. IO2 Competence Framework Kick-Off Information

Tasks

The MiCare project summary in the project proposal refers to the following main tasks:

- Develop European benchmark research to understand how migrant home caregivers are provided with basic and personal skills
- Identification of the needs of migrant caregivers, especially those who just arrived in a foreign country and require some basic training to start working
- Recognition of the elder's needs: which are the challenges families usually face regarding day-to-day support and soft skills? For instance, in terms of language skills, cultural knowledge, personal capacities, home management (meal preparation, shopping, cooking, cleaning, laundry care, personal and hygiene support), but also empathy, creation of a mutual trust, communication, listening skills, etc.
- Facilitation of the migrant workers' integration in the hosting country by upskilling their hard and soft skills related to homecare, helping them to find employment in the Personal and Household Service sector
- Recognition of workers' skills and competences with self-evaluation tools - and also the self-recognition of their skills and capacities, as well as professionalisation
- Development and adaptation of learning modules to improve workers' homecare hard and soft skills
- (...)

IO2 Aims

IO2 of the project is dedicated to the development of the *Competence Framework of migrant workers in caregiving*. It aims at the one hand to identify the needs of migrant caregivers concerning integration in the hosting country and labour market and to upskill their hard and soft skills related to homecare; on the other hand it aims to identify elders' needs in the context of care (day-to-day-care, soft skills...).

The first phase of IO2 is dedicated to the design of the competence framework based on desk and field research results that will provide the basis for defining specific competences needed for the profile to deal with the care recipient. It is foreseen to develop a common part and a country-specific part in terms of contents.

To start the development process, further input from the project partners is needed:

1. Additional input on qualifications that offer an "entrance qualification" for migrant caregivers in the partner countries and the content, skills and competences they provide (see below).
2. Interviews with (ideally experienced) migrant caregivers and older care recipients (10 per country) on their needs and skills required for providing homecare.
3. Focus group with 6 to 8 stakeholders (VET providers, social partners, public employment representatives, policy decision-makers, associations, etc.)
4. Mail consultation with experts in the field (10 per country) to collect feedback on the first draft of the Competence Framework

First task

WIAB has shared a file for collecting contact information on 12th March 2021 with all MiCare partners.

Until 9th April only WIAB has filled in contact information for the interviews, the focus group and for experts.

Please, fill in the file for contact collection until 16th of April to ensure that enough persons can be addressed for interviews, the focus group and expert consultations:

<https://drive.google.com/file/d/1rhorsHSGKy7yfvao0jRloIXHO7IDIUIN/view?ts=60703c89>

Please, store the contact information table safely at your organisation's server and with respect to private data issues.

Time schedule

IO2 activities start in April 2021 and include as main activity the collection of information via interviews and the focus group by the project partners in April and May. WIAB will develop a draft version of the Competence Framework based on the information collected by the project partners and that will be reviewed by experts in the partner countries.

WIAB will draft the templates and guidelines for the interviews with migrant caregivers and elderly care recipients. The guidelines will be shared with the project partners together with short instructions for the interviews by mid of April 2021.

MiCare partners should do the interviews (10 per country) and one focus group with 6-8 stakeholders per country in April and May. They will be asked to record the interviews and to provide a detailed transcription of the answers in English.

WIAB will analyze the collected answers, bring them together and develop a first proposal for the Competence Framework in June that will be sent to the partners to collect further expert feedback.

Based on this feedback an updated version will be created and the Learning Design will be drafted (June/July). The consultation process for collecting expert feedback for the Learning Design and the finalization of the Learning Design is scheduled for August 2021.

5.2. Overview information on national “Entry Qualifications”

Background Information

MiCare aims to provide a training for migrant caregivers that offers upskilling and support on their way into the labour market in the field of homecare and helps to improve caregiving by taking into account specific needs of older care recipients. In this context it is important to know which existing national qualifications are most likely to offer an entry for migrant caregivers in the field of homecare. Furthermore, it is important to know which content respectively skills and competences are provided in the context of these qualifications. Based on this information the Competence Framework can be designed in a way that it offers a first step towards such “entry qualifications” and helps to prepare migrants interested in professional homecaregiving for related vocational education and training offers.

In a project meeting on 6th April it was agreed that partners will provide input as specified by WIAB.

Task

Please, provide the name and a link to 2 qualifications offering at present the most promising entry qualifications for migrant caregivers in the field of homecare in your country (qualifications at a lower **EQF level, e.g. level 2 or 3**). **Insert a link to a training description or Curriculum for these qualifications and provide an English translation of the training subjects together with information on the training units required for each training subject.** Please, provide detailed information on the amount of theoretical and practical training in terms of hours/learning units and training content.

Please, have a look at the examples from Austria and provide the information on your country in the same way.

Table 1: Curriculum content of entry qualifications in partner countries

Country	Degree name (as in Benchmark Report)	Degree name in EN (as in Benchmark Report)	Link to a training description /Curriculum	Training/Curriculum Training Subjects with Unit Information in EN
Austria	Heimhilfe (applies also to 24-Stunden-Hilfe)	Home aid (applies also to 24-hours-care)	https://www.isl-akademie-noe.at/seite-1/ausbildung-zur-heimhilfe/	Theoretical Training Units (200 Units): Documentation (4 U) Ethics & professional studies (8 U) Housekeeping (12 U) First aid (20 U) Basic care and observation of elderly, disabled and chronically ill people (60 U) Basics of applied hygiene (6 U) Basics of applied nutrition and dietetics (8 U) Basics of Pharmaceutical Science (20 U) Basics of Ergonomics and Mobilization (20 U) Basics of Gerontology (10 U) Communication and conflict management (26 U) Practical Training Units: 80 units in inpatient care (e.g. retirement home)
Austria	Soziale Alltagsbegleiterin	Social everyday companion	https://www.isl-akademie-noe.at/seite-1/soz-alltagsbegleiterin/	Theoretical Training Units (100 Units): Documentation (4 U) Ethics & professional studies (4 U) Support in Life activities (56 U) Basics of applied hygiene (4 U) Communication and conflict management (20 U) Transfer Theory-Practice (8 U) Basics of Social security (4 U) Practical Training Units: 40 Units in outpatient care
Finland	Lähihoitaja	Practical Nurse (Vocational Qualification in Social and health care)	https://eperusteet.opintopolku.fi/#/en/esitys/3689879/reformi/tiedot	180 competence points, cp (1 competence point = 12 hours) Following parts are compulsory to all: <ul style="list-style-type: none"> Promotion of growth and social inclusion, 25 cp Promotion of well-being and functional capacity, 30 cp

				<ul style="list-style-type: none"> Working in home care, 40 cp Promoting the participation of older people, 35 cp Communication and interaction skills, 11 cp Competence in mathematics and natural sciences, 6 cp Citizenship and working life competence, 9 cp Optional studies, individually chosen, 24 cp Clinical practice: Included always, amount of cp's is always individually decided <p>Can be completed fully as apprenticeship training.</p> <p>It is possible to complete only parts of the degree. Then the student can work in assisting tasks, but is not awarded with the degree.</p>
Finland	Hoiva-avustaja	Care Assistant	https://eperusteet.opintopolku.fi/#/en/esitys/3689879/reformi/tutkinno nosat/3708462 https://eperusteet.opintopolku.fi/#/en/esitys/3689879/reformi/tutkinno nosat/3708247	<p>60 competence points = 6-12 months depending on personal study plan (1 competence point = 12 hours)</p> <p>Degree consists of 2 competence areas of Vocational Qualification in Social and Health Care (Practical nurse);</p> <ol style="list-style-type: none"> Promoting growth and participation, 25 cp and Promoting the participation of older people, 35 cp <p>Also common studies are included according to student's personal study plan. The completed parts of the degree do not result as a degree or title.</p> <p>Studies are completed mainly in practical training. Can be completed fully as apprenticeship training.</p>
France	Assistant de vie dépendance 3EQF	Life assistant	https://www.francecompetences.fr/recherche/rncp/34690/ https://certifpro.francecompetences.fr/w	<p>8 blocs</p> <ol style="list-style-type: none"> Developing multi-employer activity Managing multi-employer activity Prevention and safety at home Home work and laundry: eco-friendly practices. Personalised support to an older

			ebapp/services/enregistrementDroit/documentDownload/20085/125704	dependent person 6 Personalised support to a disable person 7 Daily activities for a dependent adult 8 Preparing meals for dependent adults
France	Employé familial 3EQF	Domestic housekeeper	https://www.francecompetences.fr/recherche/rncp/34692/ https://certifpro.francecompetences.fr/webapp/services/enregistrementDroit/documentDownload/20087/125733	8 blocs 1 Developing multi-employer activity 2 Managing multi-employer activity 3 Prevention and safety at home 4 Home work and laundry: eco-friendly practices. 5 Personalised services to families 6 Support to older people 7 Daily activities for a +3-year-old child 8 Preparing meals at the private employer home
Italy	OSS Social Healthcare Operator, Certificate of Qualification EQF Level 3	OSS Social Healthcare Operator, Certificate of Qualification EQF Level 3	formazione lavoro.roregione.emilia-romagna.it/qualifiche/approfondimenti/srq/oss/formazione	Path (Qualification) for people with no experience in the sector: 1000 hours of which 450 hours internship in social health structures Main contents: Competence unit 1: Promotion and psychological and relational well-being of the person. - relationship of help and maintenance of family relationships - support for socialization processes - stimulation of expressive and psychomotor 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

				<p>- use of simple medical devices - know the vital parameters</p> <p>Unit of competence 4: Care for the primary needs of the person</p> <p>Main contents:</p> <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
Italy	<p>OSS Social Healthcare Operator, Certificate of Qualification</p> <p>EQF Level 3</p> <p>Path (Re-qualification) for people with previous experience in the sector (one year in the field)</p>	<p>OSS Social Healthcare Operator, Certificate of Qualification</p> <p>EQF Level 3</p> <p>Path (Requalification) for people with previous experience in the sector (one year in the field).</p>	<p>formazione lavoro.oro.regione.emilia-romagna.it/qualifiche/approfondimenti/srq/oss/formazione</p>	<p>300 hours of which 120 hours internship in social health structures.</p> <p>As regards the 300-hour retraining course, the topics covered in the 4 units of the complete path are explored starting from the needs of the students.</p>
Spain	<p>Atención sociosanitaria a personas en el domicilio</p>	<p>Social and health care for people at home</p>	<p>https://sede.sepe.gob.es/es/portaltrabajo/recursos/pdf/especialidades/SSCS0108.pdf</p>	<p>Theoretical training modules (480 hours)</p> <ul style="list-style-type: none"> • Home hygiene and health care (170 hours) - 3 units • Home care and psychosocial support (210 hours) - 4 units • Home support and family means (100 hours) - 2 units

				<ul style="list-style-type: none"> • Practical training at the workplace/Internship (120 hours)
Spain	Atención sociosanitaria a personas dependientes en instituciones sociales	Health and social care for dependent people in social institutions	https://sede.sepe.gob.es/es/portaltrabajo/recursos/pdf/especialidades/SSCS0208.pdf	<ul style="list-style-type: none"> • Theoretical training modules (370 hours) • Support In organising actions In the Institutional environment (100 hours) - 2 units • Intervention In healthy food care In Institutions (70 hours) - 1 unit • Intervention In socio-health care In Institutions (70 hours) - 1 unit • Psychosocial support and relationships and communications care In Institutions (130 hours) - 3 units • Practical training at the workplace/Internship (80 hours)

If there exist official documents such as Certificates or Certificate Supplements (see: <https://europa.eu/europass/de/national-inventories-europass-certificate-supplements>) in EN for the listed qualifications, please, send them to WIAB via e-mail.

The comparison of national training descriptions/Curricula of entry qualifications will help to identify overlaps and differences between the countries and to define based on the interview input areas where more training or specific additional training is required.

This information will be taken into consideration when drafting a first version of the MiCare Competence Framework of migrant workers in caregiving.

6. ANNEX B

6.1. Template for Collecting Contact Information

Project partner	Contributing Organisation	Website	Contact: name of the person	Function within the organisation	E-Mail	Phone number	Area of expertise

6.2. Interviews with Caregivers and Care recipients - Guidelines for Partners (EN)

* Before conducting the interviews, the interview guidelines should be translated into the language of your country, as this significantly facilitates the interaction during the interview. You may store your translations in the folder provided of your country at the HiDrive platform of WIAB: <https://my.hidrive.com/share/dc4a693nwe>

* All interviews shall be recorded. Please, store the records of the interviews safely at your computer and use a pseudonym (e.g. care recipient1_Italy).

* Please, make also sure that the contact information of your interviewees is safely stored at your computers.

* The transcripts do not have to be precise word-by-word transcripts, but they should contain everything that was said, as even minor details mentioned by the interviewees can be important for the MiCare Competence Framework development. Therefore, when transcribing the interview, no editorial changes or omissions should be made. An English translation of the transcripts must be provided. Please store the English translation of the transcript in the relevant folder (care recipient or caregiver) of your country folder at HiDrive by using a pseudonym (e.g. caregiver1_Spain). The link to your country folder will be provided by WIAB in a separate e-mail.

* Adapt your style of conducting the interview to the interviewee, his/her language level and their health and care situation.

* For the interviews with caregivers only female migrant caregivers should be interviewed.

* For the interviews with care recipients men and women are equally eligible. Caregivers should already have enough work experience to be able to provide substantial information; A minimum of half a year with care-experience is recommended.

* Interview duration: approx. 30 minutes for interviews with caregivers, approx. 20 minutes for interviews with the care recipients.

6.3. Focus Groups Discussions - Guidelines and General Information (EN)

- The "MiCare - Guide for Focus Group Discussions" should be translated into the language of your country prior to the focus group meeting, as this significantly facilitates the interaction during the discussion. You may upload the translations of the Guide at the HiDrive platform of WIAB in the folder provided for your country: <https://my.hidrive.com/share/dc4a693nwe>

After the focus group discussion, please provide a transcription of the discussion in English. Use the structure of the "MiCare - Guide for Focus Group Discussions" and please, store the English transcript at HiDrive in the folder provided for your country. The link to your country folder will be provided by WIAB in a separate e-mail.

- All interviews shall be recorded. An audio recording might suffice, but given the group setting a video recording could be more helpful when transcribing the discussion, as it will be easier to identify the speakers. Please, store the records of the discussion safely at your computer and use a pseudonym.

- Please, make also sure that the contact information of the participants is safely stored at your computers.

- We have added a short information on the MiCare project at the beginning of the "MiCare - Guide for Focus Group Discussions" and also a proposal for referring to the data protection and privacy issues applied. Please, feel free to adapt this text to keep it in line with your national and/or organizational requirements.

- The transcript of the focus group meeting does not have to be a precise word-by-word transcript, but it should contain everything that was said, as even minor details mentioned by the participants can be important for the MiCare-framework development. Please, use no names for the participants, but rather refer to them as participant 1, 2 and so on. Therefore, when transcribing the discussion, no editorial changes or omissions should be made. An English translation of the transcript must be provided.

- When leading the discussion support the participants by providing sufficient time and an atmosphere of intellectual freedom to present and discuss their professional experiences and insights. At the same time make sure to get as much information as possible supporting the creation of the MiCare-Competence-Framework. The questions in the "Focus Group Guidelines" are the access points to topics particularly of Interest to MiCare. Below you can find suggestions, which aspects of these thematic fields to discuss in greater detail.

- The following target group of stakeholders should be invited to participate in the focus group (6-8 persons):

- Representatives of AE or VET in the field of homecare
- Representatives of retirement homes and institutions who organize homecare
- Representatives of institutions who support migrants and/or the integration of (female) migrants (e.g. into the labor market)

- Associations e.g. of caregivers
- Social partners and political decision makers ...
- Focus group discussion duration: approx. 90-120 minutes.
- You can send the "MiCare - Guide for Focus Group Discussions" to participants before the actual meeting.
- We suggest that you do not send this paper ("MiCare Focus Groups - General Information for the discussions") and the more detailed questions included below to the participants.

Suggestions for topics to discuss which are of particular interest to MiCare:

Questions 2) and 3)

- * Level of language skills (everyday language, technical/professional language)
- * Level of communication and conflict management skills

Question 5)

5a) Which skills and competences should be Included in a very basic first training for future caregivers? Which skills and competences do you think a caregiver (on a basic level) absolutely needs?

- * House holding, performing everyday tasks?
- * Basic care-related professional knowledge (Support/assistance with basic needs (eating, drinking, personal hygiene ...; Basic principles of work-ergonomics and care-recipient-mobilisation; Dealing with aid and medical equipment)?
- * Basic social and psychological knowledge (simple activation strategies; everyday psychological support; Support with social activities; Accompaniment and support outside the home)?
- * Knowledge of first aid?

5b) Which job-specific skills, which generic skills would be good to already have basic knowledge about when starting an education/training in the care sector?

- * Self-organisation (planning work and organising time)
- * Documentation of the work and the condition of the client(s)
- * IT-skills/computer literacy

5d) How important is a general understanding of legal aspects of their work?

This question aims at various legal aspects, from social security obligations (in some countries it is compulsory to pay into the national social security system), to workers' rights (entitlement to holidays, social security benefits, pension schemes etc.) to regulations regarding what a caregiver with a specific level of qualification is allowed/not allowed to do under the respective national laws.

6.4. MiCare - Interview Guidelines Caregivers (EN)

Introduction to the project

MiCare is a European project which aims to provide basic training for migrants in the area of care for elderly people. We collect information from five partner countries of the project (Finland, Austria, Italy, Spain, Portugal) in order to identify the learning needs of migrants and care needs of the elderly. Your contribution through this interview will help us to better understand those needs and provide an adequate training program for future caregivers.

Privacy Rights

Is it okay for you, if we record the interview in order to summarize your answers afterwards?

The interview will be transcribed and summarized in English afterwards without referring to your name (we use a pseudonym). Your input will be used only within the project and will help us to develop a competence requirement description and the MiCare training. Publication is currently not planned. If publication should be planned at a later point, we will explicitly ask for your consent. The record file and your contact information will be stored safely at our computers and only we will have access to it. The interview summary with the pseudonym will be stored at a secure platform of our project partner WIAB. When the project has been approved by the European Commission, all files will be deleted.

Questions

- 1) Please provide a short overview of your daily routine. Which activities are you usually performing on a daily basis?

.....

.....

.....

- 2) Which activities do you perform only rarely / on special occasions / only for a small number of care recipients?

.....

.....

- 3) What do you like about your job?

.....

.....

- 4) What is stressful, burdening in your job? How do you deal with that?

.....

.....

5) Are you in contact with other caregivers to talk about job-related difficulties, practices, ideas and solutions?

.....

.....

6) Do you receive any kind of mental, psychological support and/or supervision? If yes, is this helpful to you?

.....

.....

7) In general, what is working well?

.....

.....

8) What is not working well? What is (very) difficult?

.....

.....

9) Where would you need support in order to provide better care ?

.....

.....

***** Note to the interviewer:** For each of the below listed areas/topics of care work in the list, the interviewee shall rate the following two questions:

A) How often do you deal with it?

Rate the questions with: 1 - very often; 2 - often; 3 - seldom or never;

B) Have you been sufficiently trained in that particular area?

Rate the questions with: 1 - very well; 2 - sufficient; 3 - not good

10) General professional knowledge	A	B
Communicating with care recipients and relatives of care recipient (talking everyday language)		
Communicating with superiors, other care and health professionals (talking professional language)		
Responding to and managing conflict situations		
Planning the work directly with the care recipients, organising and planning other tasks such as housekeeping		

<i>Working with technical devices (e.g. tablet, smartphone) to keep record of care work</i>		
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11) Care-related professional knowledge	A	B
<i>Knowledge of First Aid</i>		
<i>Observing general health condition and exchange with others in case of deterioration</i>		
<i>Recognising signs of mental decline</i>		
<i>Preparing meals, taking health needs (dietetics) into account</i>		
<i>Taking care of care recipient: body hygiene (washing)</i>		
<i>Assisting with basic needs, like eating, dressing</i>		
<i>Lifting and moving care recipient</i>		
<i>Working with medical equipment, like wheelchairs, helping with respiration aids, measuring blood pressure ...</i>		
<i>Supporting care recipient with taking their medicine (if permitted for the profession in the respective country)</i>		
<i>Encouraging activities by the care recipient (mental and physical activation)</i>		
<i>Supporting care recipient with psychological or emotional problems and challenges</i>		

12) With your current work experience in mind: What would you wish, you had known or had received training at the beginning of your care work?

.....

.....

13) Do the care recipients share the same cultural background as you? If not, how does this difference influence your work?

.....

.....

.....

Would you like to add anything?

.....

.....

.....

General information on the interviewee:

* Approximate age

.....

* Duration of residence in current country

.....

* Duration of work experience in the current care-job (and number of care-recipients):

.....

* Care-specific education/training:

.....

* Contract situation: hired by whom, self-employed/employed ...

.....

-> *Are you aware of the professional responsibilities and limitations you have as a caregiver, e.g. do you know which medical interventions you are not allowed to do? Or in which cases you should contact a health professional?*

.....

-> Are you aware of your legal rights as a caregiver (e.g. social security obligations, rights and entitlement to benefits; holiday regulations; workplace harassment regulations; any existing professional licence requirements etc.)?

.....

ADDITIONAL NOTES

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.....

.....

6.5. MiCare - Interview Guidelines Care Recipients (EN)

Introduction to the project

MiCare is a European project which aims to provide basic training for migrants in the area of care for elderly people. We collect information from the five partner countries of the project (Finland, Austria, Italy, Spain, Portugal) in order to identify the learning needs of migrants and care needs of the elderly. Your contribution through this interview will help us to better understand those needs and provide an adequate training program for future caregivers.

Privacy Rights

Is it okay for you, if we record the interview in order to summarize your answers afterwards?

The interview will be transcribed and summarized in English afterwards without referring to your name (we use a pseudonym). Your input will be used only within the project and will help us to develop a competence requirement description and the MiCare training. Publication is currently not planned. If publication should be planned at a later point, we will explicitly ask for your consent. The record file and your contact information will be stored safely at our computers and only we will have access to it. The interview summary with the pseudonym will be stored at a secure platform of our project partner WIAB.

When the project has been approved by the European Commission, all files will be deleted.

Questions

- 1) Who has organised your care? Could you choose/where you involved in selecting the caregiver(s)?

.....

- 2) What can you do yourself, where do you need assistance, where are you largely/completely dependent on the caregiver(s)?

.....

- 3) In general, what is working well?

.....

- 4) What is not working well? What is (very) difficult?

.....

5) What would you like to improve with regard to the care/services you receive?

.....

***** Note to the interviewer:** The following questions are of particular interest to MiCare;

You may either choose to ask these questions directly,

OR:

* if you feel the care recipient is uncomfortable with this structured approach, you may as an alternative go through one typical day with its common routines (getting up, washing, having breakfast ...), and try to get answers for the following questions that way.

Rate the questions with: 1 - very well; 2 - sufficient; 3 - not good

7) Interaction with caregiver	Rating
Is your caregiver easy to talk to? Does he/she understand what you are saying/what you need (sufficient language skills)?	
Are you satisfied with the services provided by your caregiver, e.g. doing laundry, body care, meal preparation?	
Have there ever been conflicts/difficult situations with your caregiver? Did your caregiver handle them well?	
Do you feel that your caregiver organizes his/her time and tasks well and in line with your needs?	
Is your caregiver able to handle basic medical equipment, like wheelchairs, helping with respiration aids, measuring blood pressure?	
Does your caregiver encourage you to stay active in your daily life (reading, listening to music...) or to keep contact with friends and family?	
Is your caregiver supporting you with regard to psychological and emotional problems and challenges?	
Does your caregiver understand age-related problems and challenges?	
Where else would you like support from your caregiver?	

8) Do the caregivers share the same cultural background as you? If not, how do you experience this difference?

.....

.....

Would you like to add anything?

.....

.....

General information on the interviewee:

* Care recipient (older people in care situations): male/female, approximate age

.....

* Current living and care situation (fully at home; partly at home - day care centre / night-time at care home ...; in a care institution (type, approximate size))

.....

* In care since:

.....

* Learned/trained profession, practiced profession:

.....

Cultural background of interviewee:

* Country of birth / origin

.....

* If from other country, duration of residence in current country:

.....

NOTES

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6.6. MiCare - Guidelines Focus Group Discussion (EN)

Introduction to the project

MiCare is a European project which aims to improve the training possibilities and the labour market access for female migrants in the area of care for elderly people. The project supports migrants' professional and social integration as caregivers by developing a competence framework, a short training programme and a self-assessment tool for migrant care workers. The project also aims to improve the quality of care delivered to elderly people.

In order to identify the learning needs of the migrants, difficulties they face with regard to training requirements and challenges in fulfilling the care-needs of the elderly, expert input from five partner countries (Finland, Austria, Italy, Spain, Portugal) will be collected. Your participation in this focus group will help us to better understand the needs, challenges and possible improvement scenarios, so that we can provide an adequate preparational training programme for the future caregivers.

Privacy Rights

First of all, we would like to ask you if it is okay for you that we record the focus group discussion?

We need the recording for the transcription and the creation of an English summary. Your contributions to the discussion will be summarized without referring to your name (we use a pseudonym). Your contributions will be used as input for the development of the MiCare competence framework, the training offer and the self-assessment tool. Publication is currently not planned. If publication of the pseudonymized summary should be planned at a later point in time, we will explicitly ask for your consent. The record file and your contact information will be safely stored at our computers and only we will have access to it. The English summary will use also pseudonyms and will be stored separately on a secure platform of our project partner WIAB. After the project has been approved by the European Commission, all files will be deleted.

If you wish, we can send you the English summary of the discussion so that you can check it.

1) Personal background

Please briefly introduce yourselves in 2-3 sentences and describe your experience with care and/or female migrants.

2) Labour market and training entry options

What are the main challenges for female migrants entering into care jobs?
Are the challenges the same for female migrants when starting a training/ education in the field of care?

3) Support and preparation needed for starting an education and training offer for homecare/care of the elderly

Which additional support, preparation or training of basic skills would be needed to help female migrants starting and finalizing a training offer for homecare/care of the elderly?

4) Learning approach

Which form of education or training is particularly well suited for future migrant care workers (face-to-face-courses, online courses, blended learning, work-based-learning, apprenticeships or internships within care institutions, ...)?

5) Skills and competences

The MiCare-project aims to develop a program for pre-/basis-qualification in the care-sector (approx. 40 hours of training):

5a) Which skills and competences should be included in a very basic first training for future female caregivers? Which skills and competences does a caregiver (on a basic level) absolutely need?

5b) Which job-specific skills (e.g. care support in dressing and personal hygiene) and which generic skills (e.g. national language skills, digital skills) should have been acquired at a basic level by female caregivers when starting an education/training in the care sector?

5c) How important are cultural aspects, such as good knowledge of customs and habits of the country for the care of the elderly? How important is the knowledge of cultural differences specific to care and health issues (e.g. different openness about illnesses, personal limitations, different sense of shame ...)?

5d) How important is a general understanding of legal aspects of their work?

5e) Which care skills and competences are most important from the point of view of the care recipients? Which care skills and competences do female caregivers see as most important for care of the elderly?

5f) Which skills and competences should be trained to support migrant women in the long term and sustainably in their care job? How important is empowerment?

6) Training for caregivers - improvement of relationship with care recipients

In general, which aspects of care work are usually easily and well performed by migrant caregivers? What is often (very) difficult or not working well? Would an additional training help to improve the relationship between caregiver and care recipient?

7) Training for caregivers - support for managing difficult situations at work

Which skills and which training are needed to enable female migrant caregivers to manage difficult situations in the care of older people successfully? Are there any skills and competences that should be trained more intensively (e.g. problemsolving strategies for everyday care)?

8) Training for caregivers - support for stress reduction at work

What is particularly stressful and/or burdening for migrant care workers? How could education and training help to improve that?

9) Has everyone been able to share their experience, or would you like to add something or let us know something else that might be important for the development of the competency framework and the training programme?

7. ANNEX C

7.1. Short Summary Report of Interviews and Focus Groups

7.1.1. Interviews with Caregivers

Over the last few months, the six partner organisations from 5 different countries conducted interviews with a total of 32 migrant caregivers. The interviewees were contacted in different ways. Some were contacted through various organisations working in the care sector, others through family and friends of the staff.

Caregivers' age varied between 22 to 68 years. They came from different cultural backgrounds. The duration of their residence in the 5 different countries varied between 2 to 40 years. All the caregivers had some previous training in care sector. Most of them started their education only in their countries of residence and had other professions in their home countries. Sometimes, however, there were also participants who had already worked in care in their home countries.

The daily tasks were mostly the same across countries, basically they consist of assisting the care recipients in their daily live. Most of the participants enjoyed their job. The most important reason was that they love the contact with their clients. For many helping their elderly clients made them feel fulfilled, they liked creating bonds with them and some of them called their profession a vocation. In Austria all participants agreed, that without love for the care of other people, you wouldn't be able to do this job for a longer period of time. Only one caregiver interviewed in France clearly expressed her wish to change career. Other reasons the interviewees enjoyed their job were gratitude, the feeling of being useful and furthermore in Finland, the job was mentioned as a good way to learn language and local lifestyle and culture.

The main source of stress are the care recipients themselves. Sometimes it is difficult to deal with the deterioration of the clients. Especially when you are assigned new clients, you often don't know what to expect and you have to handle new situations. So it's very important to get used to the care recipients and their habits and need of assistance. Language barrier and the physical hard part of the job were also

mentioned as difficulties by some of the caregivers. Additionally, the families of the clients were also identified as stress factors across the 5 participating countries. For example some of the Italian interviewees complained of the difficulty of making family members understand the fatigue of this work. This problem occurred mainly with those who also live directly with the family and have difficulty in disconnecting.

In general, the caregivers usually could ask their colleagues or a supervisor if they needed some help. However not all of them had colleagues with whom they could contact to talk about the work. In Austria, the caregivers mentioned the importance of regular team meetings as a psychological support. In Spain and France, the participants said, that they never received any mental support. In Italy, the caregivers said that none of them have ever had psychological support to cope with periods of greater stress and fatigue.

The caring assistants interviewed in Finland were not used to ask for mental support, and none actually considered it important or necessary.

Generally most of 32 caregivers interviewed felt competent and well prepared for caregiving. Even though the majority said that the training they received was sufficient, some of them had improvements in terms of support for better care. In Austria and Finland carers would like to have more support in learning the language, because language was a hurdle for many of them. Furthermore an Austrian carer said, that the German courses that already exist, should be more affordable for carers with a migration background.

Positive feedback was gained across countries, when asked about possible problems due to the different cultural backgrounds of the caregivers and their clients. Most of the respondents noted that their origin did not play a role during their work. However, all interviewees thought that it was important to learn the cultural traditions and the everyday language.

To conclude, it should be mentioned that the caregivers were very happy to participate in the MiCare project, as many of them wanted to be heard and also wanted to provide better care.

7.1.2. Interviews with Care Recipients

During the MiCare project, a total of 19 care recipients, who are cared for by carers with a migration background, were interviewed. In some countries, the identification of elderly people proved to be a hurdle. The reasons for this were the COVID 19 pandemic on the one hand, but also the health conditions of some older people on the other. In Austria, the partner organisation suggested that the interest of the care recipients in the project was smaller than of caregivers who could benefit more from the training or an improvement of the work situation.

The ages of the care recipients varied from 70 to 88 years. 17 of the interviewed elderly persons were cared for at home. Only 2 participants were living in senior housing. While all the care recipients in Italy, Spain and France were involved in the selecting procedure of their caregivers, it was different in Austria and Finland. Only one of the participants in Finland was involved in the selection of their caregiver. In Austria, the elderly people all said that they could not choose their caregivers themselves, they were assigned to them.

Some of the respondents mentioned that they would like to have even better relationships with their caregivers. A basis of trust was always especially important for good care for all involved. In Austria, Spain and Finland, the care recipients also mentioned that they wished the caregivers could spend more time with them. Some said that it was noticeable that their caregivers were under time pressure. In Austria one woman mentioned, that it would be good if the caregivers stayed the same and did not change so often.

The care recipients also felt that the different cultural backgrounds of them and their caregivers would not be a problem. However, all agreed that learning the language was essential for good care. From time to time, some commented that some caregivers could not communicate well and therefore could not always respond to all the needs of the elderly persons. One finish interviewee also pointed out, that sometimes the caregiver's limited language skills can even compromise safety of a care recipient.

Furthermore, in Italy the care recipients and their family members present during the interviewees, underlined the difficulty in managing the holidays of carers. It often takes longer to find a replacement.

7.1.3. Results of the Focus Group Discussions

7.1.3.1. General information

A total of 31 experts and stakeholders were interviewed for the five focus groups. Most of the focus groups took place online in group discussions. Some experts were interviewed individually via video interview, some gave their opinion on the topic in writing.

The professional background of the Focus Group participants varied from VET experts to care professionals and representatives from home care organisations and organisations offering guidance and information on labour market entry and vocational education offers migrants. The largest part of participants had a VET background.

7.1.3.2. Challenges for labour market entry

Even though there were country-specific differences, some commonalities could nevertheless be made clear from the results of the various focus groups. First, the importance of learning the language was one of those transnational points. Many women interested in training fail to meet the required language levels even before they start the training. Language is not only enormously important for education, but also in the relationship with the clients and their families. For many, the lack of language skills is a stigma and thus also becomes a psychological obstacle. Migration is a process that demands a lot of strength from women. Often, they have also experienced a lot in their home countries, which they first must come to terms with. Then they are often confronted with prejudices in their new homes.

The Spanish partners have summarized very well the two basic starting points of most of the obstacles that migrant women must overcome on their way into the caring profession. According to them the biggest challenge is linked to two important facts. In first place, being a woman, then, being migrant. They believe that ending with stereotypes is the major difficulty but also the level of preparation plays an important role.

Getting to know a new culture and settling in can be stressful. Furthermore, the Austrian experts also pointed out that it is especially important to get to know the political system of the new home country. The structures of the education and social or health care sector, the institutions, and the labor market must be understood so

that one can settle in.

The organisation of childcare is also an important point that was brought into the discussion by partners from different countries. Many of the women must take care of their families with children in addition to their education. Cultural aspects affect greatly migrant women's possibilities in working life. In many cultures there are traditional gender roles for women as wives, mothers and caretakers of home and children.

The 24-hour-carers who come to Austria from neighbouring countries just for the period of work (rotation every two weeks between two caregivers from abroad) are a country-specific issue.

7.1.3.3. Support needed for starting a training

In any case, learning the language is one of the cornerstones for successful preparation for further training. The language is not only important for the job itself, but also to understand the political system and structures of the new home country. Earlier language training would also help with migration and getting to know the new culture better and faster.

Support with childcare is also perceived as important by most experts. There definitely needs to be more support regarding childcare. Childcare should be organized, even for short courses.

The teaching of generic skills should also be a cornerstone of initial training. Interested people need to learn how to cope in their new home country, how to acquire new skills to be able to survive in the respective labour market.

Perhaps one of the most effective preparations for working as a caregiver would be trial periods or practical days before and during the training courses. The stakeholders mentioned that trial days always strengthen the self-confidence of migrant women and help them to acquaint themselves with the profession at an early stage.

Besides this another obstacle that was mentioned by experts from different countries was the lack of a driving license and knowledge of the road network.

Experts consider particularly important to raise awareness of migrant women explaining what it means to be a caregiver before their training starts. Everyone agrees that it should be clearer that this is a profession that requires professionalism and preparation. According to the Austrian stakeholders many people already failed the entrance examinations because of their lack of knowledge about the various vocational training programs in caring. To solve this problem, it would be important for the participants to learn what they are allowed to do as a home aid and what they are allowed to do as a caring assistant. They need to learn about the profession beforehand at information events. As it already takes some language skills to understand this information, thus it should also be available in the mother tongue of the interested persons.

7.1.3.4. Skills and competences

In summary, it can be said that empathy and genuine motivation to take care of elderly people definitely form a basis for the profession. Language is of course also important for the job. Speaking, but also reading are perceived as important. Writing skills are not so much needed in this type of work. But the future caregivers must not only have linguistic knowledge, but also know how to communicate with the elderly and their relatives in an appropriate way. Terms like open mindfulness and respecting attitude were also mentioned.

De-escalation, conflict management and how to deal with stress and frustration are another main topic of interest for the pre-qualification of migrant women who are interested in becoming a caregiver. Womanspecific issues should be integrated into the training as well. How female caregivers can protect themselves e.g., from harassment, verbal violence, and the like. Besides the ability to take care of oneself, self-reliance is particularly important for the caregivers.

Another ability that was reported across countries was the knowledge of the patient's handling and how to proceed with personal hygiene. The caregivers need to be aware what it means to be regularly in physical contact with the clients. Here it is also important to always maintain professionalism and deal with clients properly. In relation to professionalism in this career, being aware of basic legal aspects like knowing the code of ethics, explicit and implicit were also named by the experts.

A basic knowledge of the fundamentals of medicine and first aid are also decisive for a successful career in the care sector. These medical skills were all mentioned in the focus groups: Care of aseptic, basic knowledge about most common memory

diseases and how they may affect the clients, knowledge of the patient's handling and dietary knowledge, e.g. how to assist another person with eating and how to prepare meal based on dietary restrictions.

One of the Austrian experts mentioned, that to learn how to acquire new skills and how to deal with obstacles in everyday working life are also basic skills needed for any profession. She said that this fundamental but extremely relevant part is often underestimated in professional trainings.

Computer skills become more and more important for caring professions, for example for the documentation of work. They are also essential for online training offers and digital examinations. The future caregivers also must have technology and care instrumental knowledge for the use of digitalized care devices.

The mentioned soft skills and preparing caregivers for this aspect of work can help to lower the dropout rate.

7.1.3.5. Training for caregivers

Experts from all countries agreed that practical relevance should play a greater role during training. Trial days and work - based learning are buzzwords that keep falling on the subject. Skills can be learned while working under supervision as well and training should be organised in close collaboration with working life. To support the language skills, the Finnish experts underline that the working life mentor (supervisor in work-based learning) should be a native. Alternatively, the approach of the Italian focus group would be a good idea: Trainees could use a role-playing technique to simulate situations close to reality.

Additionally, the participants of the focus groups agreed that the blended - learning mode for training delivery has a lot of potential. However, some requirements are necessary for the blended - learning: a good internet connection, a device and some basic IT skills.

The French experts made some concrete suggestions for distance learning: trainers can record themselves explaining the contents to be presented in face-to-face sessions. These videos can be available during the training and afterwards, so trainees can come back and watch them again if needed.

Even though the importance of the blended - learning mode was mentioned, as regards the structure of the training, face-to-face was considered essential for this kind of target group, to facilitate peer exchanges, etc.

Often the caregivers are the only regular social contacts for their clients. So, it is important that caregivers can install a trustful relationship with the care recipients. Therefore, the Austrian experts highlighted, that the caregivers must be aware of their own resources and their own health condition as well. The Spanish focus group included this fact as well. This point is vital because the carers can only do their job for a longer period if they are able to care for themselves. Therefore, it is also important that the carers can always turn to a confidential person during their training. This also strengthens the women's self-confidence.

An Austrian stakeholder mentioned that at his/her institution they continually develop solutions in focus groups based on case studies. The caregivers exchange ideas with the head of operations. This helps to offer support and encouragement for the caregivers.

7.2. Conclusions for Austria, Italy, Finland, France, Spain

7.2.1. Most relevant skills and competences

After all the interviews and focus groups, a conclusion can be drawn at the end. In general, caregivers and care recipients were satisfied with the overall situation and only had small suggestions for improvement. However, these should be addressed in order to ensure an improvement in care.

First and foremost, language skills are one of the most important pillars for successful care. Communication between caregivers and their clients ensures that both can establish a pleasant relationship with each other. A relationship of trust forms the basis for everything else. Furthermore, the caregivers also need to communicate with their care recipients' families.

Social skills are very much in demand in care. Language also plays an important role here. Often the caregivers are the only social contact of the elderly. Therefore, it is also important that the caregivers know how to communicate with the elderly, but also how to deal with their possible illnesses due to their age.

This point also leads to another cornerstone of good care: basic medical knowledge. The caregivers must always have the health status of their clients in mind and know what to do if they notice deterioration. In addition, first aid skills, the handling of the care recipient how to proceed with personal hygiene and the nutrition of their care recipients are health-related knowledge that is relevant for care work. Of course it's also vital for careworking, to assist the care recipient in basic activities of daily living, hence it is needed to know how to assist an elderly person in basic care.

Digital skills, as in other professions, are becoming increasingly important for caregiving. Both for documentation and operation of technical equipment, but also for education. After all, during the focus group, most of the interviewed experts have pointed out how much potential lies in the blended learning approach.

Another point that was mentioned again and again across countries is getting to know the job descriptions of the different jobs in the care sectors. Women interested in a caring profession need to know what they are allowed to do and what they are not allowed to do, what they must face in their work and how to deal with any

obstacle. An appropriate level of information about their future work and the right preparation will not only empower the future nurses but also improve the care in general.

7.2.2. Potential national specifics

While all the care recipients in Italy, Spain and France were involved in the selecting procedure of their caregivers, it was different in Austria and Finland. Only one of the participants in Finland was involved in the selection of their caregiver. In Austria, the elderly people all said that they could not choose their caregivers themselves, they were assigned to them.

The Spanish country summary underlined that in Spain, all the care recipients' services have been managed by their family relatives. For that reason, they suggested to include a bigger participation of the family and to take family communication more into account in the trainings.

The time pressure that Austrian caregivers are under is due to the shortage of staff that exists in the Austrian care sector. Additionally, 24-hour-carers who come to Austria from neighbouring countries just for the period of work (rotation every two weeks between two caregivers from abroad) are also a country-specific issue.

In Finland, the employment rate of migrant women is low compared to Finnish women and to migrant men. This is due to the fact that most of the migrant women are typically young and tend to have many children. Because of this, they are isolated from the labour market. The family obligations prevent women from furthering their education. The Finnish partner organisation suggested, that childcare needs to be organized, to enable women to participate in the training.

In France all the interviews and focus groups were conducted with stakeholders involved mostly on direct employment. In France there are 4 possible caregiving options delivered by a caregiver:

- directly employed by the care recipient or his/her family (direct employment),
- employed by an organisation but on behalf of the care recipient (so the care recipient remains legally the employer and the organisation just takes care of the bureaucratic part),
- employed by an association or a private enterprise,

- employed by a public administration.

8. ANNEX D

8.1. Competence Framework v2 (sent to external experts)

Competence Areas	Description	Competences	Key Activities / Learning Outcomes
CA 1: Care work as a professional service	<i>Ability to perform care work as a professional service (as opposed to caring privately e.g. as a family member), specifically observing basic forms of work organisation, forming and sustaining good relationships with care recipients, their families and other health and care professionals while maintaining one's own health and wellbeing.</i>	Differentiate between caring as a family member and care work as a professional service	* Be critically aware of the main differences of caring privately / as a family member versus care work as a professional service (includes awareness of potential cultural differences)
		Identify the principal goals of care work	* Maintain and support the physical, mental and psychological wellbeing of care recipients, their autonomy, their mobility and their participation in various areas of life (e.g. social, intellectual, artistic...) * Provide a safe environment to care recipients.
		Organise the professional activity / work in a proficient manner	* Apply basic concepts and techniques of work organisation to care work (e.g. time management, task selection and prioritisation, organise work for tasks ahead...)

	<p>Create and maintain good working relationships and employ basic communication techniques</p>	<ul style="list-style-type: none"> * Create and maintain good relations with care recipients, family members and other care and medical professionals * Collect information concerning the needs and expectations of the care recipients * Apply basic communication strategies and techniques to care work (e.g. practice active listening) * Apply basic conflict management techniques when needed
	<p>Care for one's own health and wellbeing as a caregiver</p>	<ul style="list-style-type: none"> * Identify professional risks related to home care: physical, psychosocial, chemical and infectious risks * Apply strategies and techniques to reduce stressful, burdening and difficult situations in care work * Apply strategies and techniques to maintain one's own health and wellbeing * Identify personal conditions and situations where third party support (super-vision...) could be helpful to deal with stressful and burdening occurrences in care work

Competence Areas	Description	Competences	Key Activities / Learning Outcomes
CA 2: Legal regulations relating to care work (in respective country)	<i>Ability to respect and integrate country-specific legal regulations concerning care work and basic medical interventions into the daily work practice and to observe the required work and social security related regulations.</i>	Observe general professional obligations and exercise your personal and professional rights	<ul style="list-style-type: none"> * Observe general professional obligations * Exercise one's personal rights * Exercise one's professional rights
		Respect the care recipients' and their relatives' privacy and rights	<ul style="list-style-type: none"> * Respect the care recipients privacy, rights and personal security at all times * Use social media and other IT-services in a responsible way, always respecting privacy and security concerns of all involved
		Be aware of different employment options, working contracts and the relevant labour law and social security regulations regarding entry level care jobs	<ul style="list-style-type: none"> * Be aware of the difference of full-time and part-time employment and self-employed work * Be aware of the benefits/importance of clearly/well defined working contracts * Be aware of the most important labour law regulations with regard to various entry level care jobs
		Observe the limits of care related activities allowed in entry level care jobs	<ul style="list-style-type: none"> * Observe the country-specific limits of care related activities allowed in entry level care jobs
		Observe the limits of medical interventions allowed in entry level care jobs	<ul style="list-style-type: none"> * Observe the country-specific limits of medical support and interventions allowed in entry level care jobs

Competence Areas	Description	Competences	Key Activities / Learning Outcomes
CA 3: Household and Everyday Help	<i>Ability to plan, organise, assist with and perform standard/everyday household work like laundry, cleaning, shopping and preparation of meals using appropriate methods and in accordance with the wishes, habits and specific needs of care recipients.</i>	Perform household work / housekeeping and laundry cleaning	<ul style="list-style-type: none"> * Household cleaning * Do the laundry * Apply household accident prevention practices
		Prepare and cook meals in line with the care recipients' wishes and needs	<ul style="list-style-type: none"> * Acquire everyday goods for the care recipient and the household * Prepare and cook meals respecting the care recipients' habits and needs
		Provide everyday help and basic assistance and assist the care recipient's in their leisure activities	<ul style="list-style-type: none"> * Assist the care recipients in their everyday activities, e.g. dressing, moving around, cooking, etc. * Provide basic activation to care recipients (<i>e.g. talk, read, propose and take part in recreational activities</i>) * Accompany care recipients outside their homes (<i>e.g. when visiting family members, friends, cultural offerings, medical appointments, shopping ...</i>)
		React appropriately to standard critical situations	<ul style="list-style-type: none"> * Identify standard critical situations and react appropriately (<i>e.g. in case of household accidents (falls, cuts, burns, ...), insect bites, standard medical conditions (dehydration, stroke, heart attack, blood sugar related problems, allergic shocks, ...)</i>) * Use medical services if required by the current condition of a care recipient (<i>e.g. visit a doctor with the care recipient, call in other health and care professionals, call an ambulance, etc.</i>)

Competence Areas	Description	Competences	Key Activities / Learning Outcomes
CA 4: Personal Aid	<i>Ability to propose, discuss, plan, organise and provide assistance, support and activation for care recipients to strengthen their mental, intellectual, psychological and social wellbeing while taking into account their specific interests, strengths and possible age- and illnesses-related conditions.</i>	Observe and identify the care recipient's current medical and psychological condition and forward the information to relevant persons	<ul style="list-style-type: none"> * Be aware of the physical and mental characteristics of aging (<i>e.g. cardio-vascular diseases, diabetes, dementia, Alzheimer, Parkinson, etc.</i>) * Recognize the general condition, limitations and abilities of care recipients * Observe, collect information and document a care recipient's current condition and needs * Use external health and care services if required by the current condition of a care recipient (<i>e.g. visit a doctor with the care recipient, call in other health and care professionals, call an ambulance...</i>) * Exchange and communicate about health-related information and observations with team members and other health and care professionals
		Provide activation suitable to care recipient's abilities and needs	<ul style="list-style-type: none"> * Suggest and provide basic activation suitable for the general and current condition of a care-recipient * Support the social life of care recipients
		Provide psychological comfort and listen actively to care recipients	<ul style="list-style-type: none"> * Be aware of the most common psychological problems of care recipients * Provide basic motivational, emotional and psychological support

Competence Areas	Description	Competences	Key Activities / Learning Outcomes
CA 5: Care work	<i>Ability to provide services to support the physical wellbeing of care recipients with limitations and illnesses including body care and personal hygiene, assisting with personal eliminations and mobilisation using appropriate ergonomic working methods, technical aids and medical devices where necessary. (The ability to aid in medicine intake and to perform basic paramedical interventions like changing bandages shall be part of this competence area in those countries, where legal regulations allow entry level care professionals to perform such tasks.)</i>	Assist with and provide body care and personal hygiene	* Assist with and provide body care and personal hygiene to care recipients.
		Use technical aids and use adequate mobilisation techniques	* Use mobilisation techniques adequate to the condition of the care recipient and work ergonomically * Use supporting technical aids (e.g. orthopaedic beds with remote control, wheel chairs ...) to support the care recipients' wellbeing and to facilitate activities * Use medical devices to measure medical parameters, e.g. blood pressure, blood sugar level, etc.
		Provide simple medical services allowed for entry level care jobs	* Provide simple medical services and perform medical interventions allowed for entry level care jobs in the respective country

9. ANNEX E

9.1. Summary Report External Expert Feedback Competence Framework

9.1.1. General Remarks and Methodology

The second release of the MiCare Competence Framework has been sent to external experts from the field of VET, nursing and care, migrant support, care for the elderly, labour market and other stakeholders to collect their feedback on the following questions:

- Are the competences covered in the Competence Framework (table 01) relevant for caregivers and an initial training in the field ?
- Are there any important competences missing or are some of the listed competences superfluous?
- Are the learning outcomes listed in table 02 relevant for caregivers and an initial training in the field ?
- Are there any important learning outcomes missing or are some of the listed learning outcomes superfluous?
- Is an initial/basic training for the listed competences and learning outcomes relevant and helpful in your country?

The consultation process with external experts took place from end of July 2021 until October 2021 in Austria, Finland, France, Italy and Spain. The project partners contacted the experts by sending them the MiCare Competence Framework and the above listed questions via mail. Afterwards the project partners have sent the answers and/or a summary of these answers to WIAB, the responsible partner for finalizing the Competence Framework and developing the Learning Design based on the external input. WIAB summarized the received national results in the given short report.

9.1.2. Feedback from External Experts - Austria

WIAB the partner organization in Austria received 10 feedbacks from experts from the caregiving sector.

The various experts agreed with the competence framework to a large extent. Some emphasized the importance of basic training for migrant caregivers.

In terms of the legal regulations related to care work one expert underlined the importance to teach the future migrant caregivers to know how and where to find support in legally critical situations concerning the employer as well as client concerning working hours as well as any kind of harassment from client..

One of the experts stated, that it is important to consider which information is necessary for the trainees in order to avoid excessive demands. Besides, they felt that it is very relevant to distinguish between the activities that fall within the scope of the caregivers and those that absolutely belong to the scope of other professionals.

In terms of the care work the experts also mentioned that they would like to include the end-of-life-care and palliative care basics. These areas should also be considered since care workers are often confronted with such situations.

One of the experts felt that the area of ethics was not sufficiently covered in the framework. She mentioned that in her point of view the ethical attitude is missing in the competence framework (appreciation, respect, etc.). According to her this is one of the most important points for practicing/learning a nursing or care profession.

Referring to the area of household and help in everyday help, two experts underlined the importance of adjusting meals to the client's diet. Care workers should be able to prepare meals according to the most frequent illnesses and also in line with the health condition.

Examples of improvement proposals from Austria:

- Add ethical attitude (appreciation, respect...) as this is most important for practicing/learning a care profession
- For CA2 add know-how and where to find support in legally critical situations concerning employers as well as clients (e.g., working hours, any kind of harassment from clients; payment methods or types of contracts, etc.)
- For CA3/C Prepare and cook meals respecting the care recipients' habits and needs add „and in line with their health condition“, since caregivers should be able to prepare meals according to most frequent illnesses
- For CA5: add basic competences in palliative and terminal care

9.1.3. Feedback from External Experts - Finland

In Finland a total of 7 experts gave feedback to the competence framework. The experts were satisfied with the potential training for future caregivers after reviewing the framework, because it does not lack any fundamental areas where training would still be important. But they also had some suggestions to improve it further. The experts felt that there is a clear need for a framework for the caregiving sector in Finland.

The importance of keeping the privacy and strengthening the self-confidence of future female caregivers were considered particularly important by the experts. And they felt that knowing one's rights is an important issue with this target group. Per example one expert mentioned that the employer has strong authority and working can be a condition for maintaining a residence permit in the country. That's why she highlighted confidentiality as an important part for a future training. Caregivers must know that they can also set their own boundaries.

Furthermore, the relevance of language skills was also mentioned by the experts. In particular, they said it was important for future nurses to know some medical terminology in Finnish as well. One expert mentioned that it is generally important to focus on language training for migrant women. Many of them are hungry for knowledge and motivated for the profession but would not progress in their education due to their lack of language skills.

The feedback also mentioned that some medical procedures are beyond the caregivers' capabilities. Therefore, it is again important to teach them what they are allowed to do and what their skills permit them to do.

9.1.4. Feedback from External Experts - France

The partner organization IPERIA received 4 different expert feedbacks in France. Generally speaking, the experts were satisfied with the MiCare competence framework, and they considered that the proposed competence areas are relevant for caregivers. The competences and learning outcomes such as described in the competence framework were described as useful for creating an initial training. It was highlighted that such a training would be relevant both for pre-service and in-service caregivers in France.

The experts emphasized the importance of the legal area of the competence framework. External experts stated for example the following: "the notion of rights and duties, of professional limits is essential for the future professional."

A concrete improvement proposal was that "be aware" is not a learning outcome. One of the experts felt, that for instance in * be aware of the difference of full-time and part-time employment and self-employed work* use instead something such as "know the differences between full-time and part-time employment", or "know the different employment possibilities in the care sector".

Furthermore, it was mentioned, that the number of hours dedicated to CA5 training should be high.

In some cases, experts proposed to add the following formulations to learning outcomes: "respecting their level of autonomy and modesty", "within the limits allowed by law and report any anomaly", and "use appropriate resources to secure transportation and activities".

Furthermore, it was proposed to add two additional learning outcomes to CA1:

- "know fundamental and specific needs of the care recipients and their categorization to be able to adapt and customize care work"
- *carry out transmissions to ensure the traceability of its intervention and set up relays (for example, the liaison book)"

It was also proposed to merge CA3 and CA5 since CA3 is not homogenous enough.¹

¹ This proposal was not taken into account in the update of the Competence Framework since in other countries and from other experts no indication for a necessary merge was received.

9.1.5. Feedback from External Experts - Italy

In Italy the partner organization MARGOTTA received feedbacks from 10 experts. In general, the experts were satisfied with the potential training for future caregivers after reviewing the framework. They also had some suggestions to improve it further. The experts recommended to differentiate between the care needs of the elderly, elderly with dementia and disabled elderly.

An expert suggested not to make an ad hoc module for the legal aspects but to insert the topic in another module to devote more space to other more important topics.

In terms of reviewing the limits of medical interventions allowed in entry level care jobs, the experts underlined the limit in pharmacological therapy especially. Furthermore, they recommended, to change the "provide simple medical services allowed for entry level care jobs" should be changed in "provide simple medical services that are permitted for first-level care work. In terms of first aid one of the experts suggested to add: elements of first aid at home. Getting too specific can be dangerous, because you risk the abusive practice of the nursing profession.

Some of the experts wanted to add conflict management and possible aggressive communication of the client to the competence framework.

Overview of concrete improvement proposals from Italy:

- CA1/C1: more on "entering another culture"; what does it mean, problems
- CA1/C3: differentiate care needs of the elderly, people with dementia, disabled
- CA1: make an ad hoc module for the legal aspects but within CA1
- CA2/C5: underline especially the limit in pharmacological therapy
- C3: split into 2 modules, 1 related to home care, 1 to personal care
- CA3/C1: add know the local services: post office, bank, supermarkets...
- CA3/C2: add prepare meals in compliance with a diet therapy suitable for the patient's needs and pathologies
- C3/C4: add elements of first aid at home
- CA4/C1: simple formulation: observe & identify most common warning signs
- CA4/C1: add ability to monitor the patient's condition (evacuation, food intake, hydration, weight...)
- CA4/C3: add conflict management & possible aggressive communication of client
- CA5/C3: simple formulation: provide simple medical services permitted for 1st-level care

9.1.6. Feedback from External Experts - Spain

In Spain, the partner organization CESUR received a total of 10 different expert feedbacks.

In summary, it can clearly be said that all experts were very satisfied with the areas covered by the competence framework. According to the experts, the framework does not lack any fundamental areas where training would still be important. The experts only gave suggestions for improvement in a few areas. They also mentioned that such training is very important for the education of future migrant care givers and that it is urgently needed.

Two experts said that it might be relevant to also provide the competence framework with country-specific content. One expert commented that it is important to cover the daily schedule of a nurse working in Spain in the training specifically. Furthermore, some experts also felt that the framework could be customized a bit more specifically for migrant women in care. They recommended to include more content on the specific situation of migrant woman. More content about the difficulties, they face in their situation (where to obtain the trainings, what are the different workplaces, payment methods or types of contract standards, etc.).

It was also mentioned that the areas of the framework may need to be more women focused. Because there are some situations and problems that only occur in this profession if you are female.

Despite these small suggestions for improvement, the experts agreed that this training program would be very helpful and relevant for future caregivers.

The output: *"Maintain and support the physical, mental and psychological wellbeing of care recipients, their autonomy, their mobility and their participation in various areas of life"*, was seen as particularly relevant by an expert since this area is often forgotten in studies and little attention is paid to it. The expert was very pleased about this part.

The part on legal regulations was also highlighted as very important by one of the experts.

Example of statements and improvement proposals:

- *"all the aspects of house care work are made visible (technical, social, psychological)"*
- *"Provide more information on migrant women and the main difficulties they are facing, e.g. more. Information on how migrants can access this work (where to obtain trainings, workplace options, payment methods, types of contracts, etc.)"*
- *"Further development of CA4/C Provide activation suitable to care recipient's abilities and needs"*
- *"More specifically address the focus on migrants and women (focus on women mentioned several times)"*
- *"Possibly include some cultural content (example normal working day)"*
- *"Add more specificity (who is addressed care workers or migrant care workers)"*