

MiCare project

Supporting migrants' professional and social
integration as carers

Intellectual Production 6 Position paper

Document information

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Abstract

This document is the last deliverable of the MiCare project, to ensure the sustainability of the project results and objective and raise awareness among key external stakeholders

Document review history

Version	Name	Status	Date	Summary of changes
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2	Marion Marty, Jaakko Tyni, Elina Pajakoski	A	June 2023	Contributions to the article
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Table of contents

Introduction	5
The MiCare project	6
MiCare project methodology	7
MiCare project deliverables.....	8
Focus on the trial phase	9
Proven impact on target audiences.....	10
Why use MiCare equipment :	11
MiCare - A response to European challenges.....	12

Introduction

This document is **the final deliverable of the MiCare project**, funded between November 2020 and June 2023 by the European Commission's Erasmus+ programme through the Erasmus+ France / Education Formation Agency in France.

Its aim is to **present the project in context**, its main results and **suggestions for the future use of** MiCare project materials.

It is aimed in particular at the networks of partners involved in the various European countries where the MiCare project took place, who would like to have feedback on the progress of the project, as well as any person or organisation interested in the following topics:

- Supporting the older people at home and long-term care services
- Integration of migrants in Europe
- Professional and social inclusion of migrants, particularly women
- Trends in the personal and household services sector and the employment market in Europe
- Innovative tools for the recognition and transparency of skills
- Training aimed at people who are far from employment

It can also be **used for recommendations** to support the integration of migrant populations within the European Union.

This document is divided into two parts. It presents a set of short fact sheets summarising the key points of the project, together with a contextual note situating the project in relation to European issues.

The MiCare project

MiCare is an Erasmus+ project designed to **support the social and professional integration of migrant women** by facilitating their access to employment in the care sector.

32 months: November 2020 - June 2023

6 partners from 5 European countries: IPERIA, coordinator. Association for the professionalisation of home-based carers in France
CESUR, training organisation in Spain
Margotta, training organisation in Italy
UDD, training organisation in France
LAUREA, University of Applied Sciences in Finland
WIAB, research centre in Austria

Target groups: migrant women, trainers, guidance professionals

1 multilingual website: <https://www.micareproject.eu>

1 contact email address: contact@micareproject.eu

MiCare project methodology

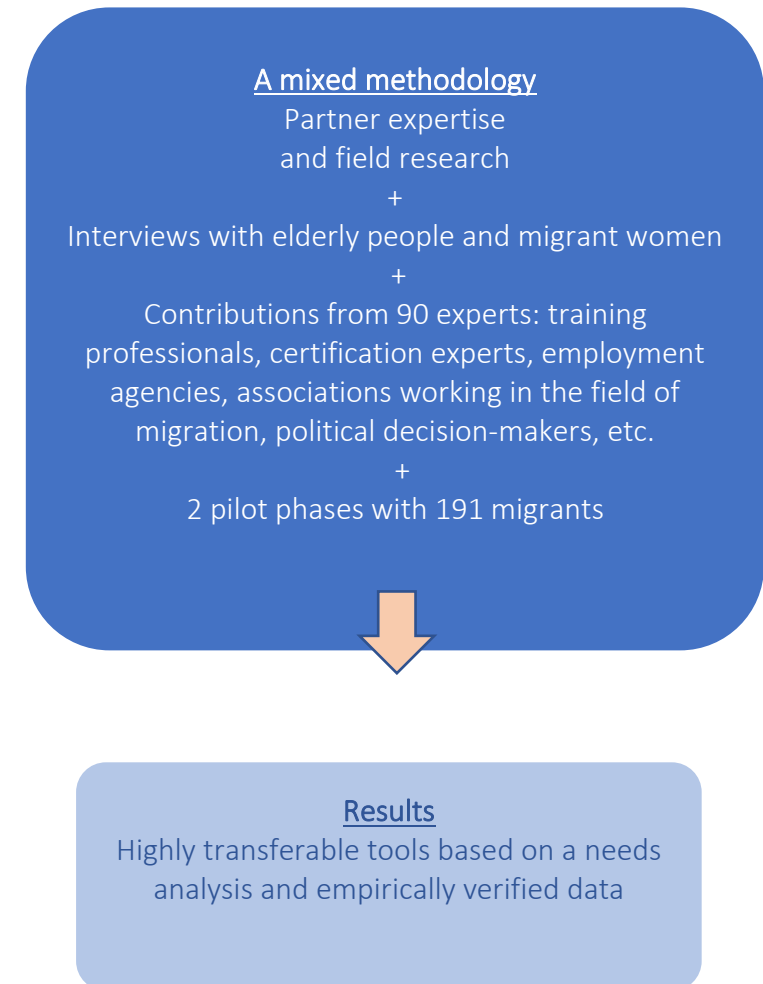
Four project phases

Phase 1: November 2020-August 2021: preparation of a **European comparative study** to identify the levers and needs for integrating migrant women into employment.

Phase 2: September 2021 - September 2022: development of tools: a **competence framework** identifying all the skills and knowledge required to work as a professional carer with older persons, , an **assessment tool** to identify training needs, and a **blended training toolkit**.

Phase 3: October 2022 - March 2023: **trial phase** to test the tools in real-life conditions in each of the partner countries.

Phase 4: March 2023 - June 2023: data feedback and analysis, development of **guidelines** to use project **tools** and organisation of seminars.





MiCare project deliverables

6 main deliverables :

1. **Benchmarking report**

Transnational study identifying the enablers and obstacles to the social and professional integration of migrants in the home care sector.

2. **Competence Framework**

A technical tool for identifying the skills and aptitudes needed to work as a carer for the older people.

3. **Assessment tool**

Online assessment tool to evaluate experience and knowledge carers working with the older people. A paper version is also available

Tested in real-life conditions

4. **Training kit**

Blended training kit including teaching contents, exercises, etc. and resources, with a trainee section and a trainer section. on a Moodle platform.

Tested in real-life conditions

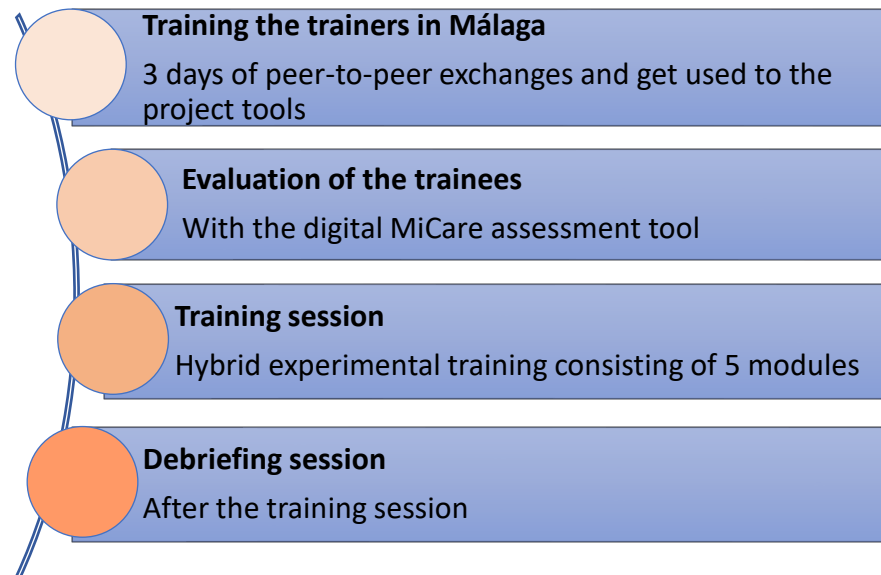
5. **Guidelines** for re-using project materials - a practical guide to getting to used to the assessment tool and training kit quickly, aimed at trainers and guidance professionals

6. **This document**

Focus on the pilot phase

An **initial pilot phase** was organized to test the assessment tool to be tested with 73 people from a migrant background and to be adapted with particular attention to accessibility.

A **second phase of experimentation** was designed to test the assessment tool in combination with the training kit. In each of the pilot countries (France, Italy, Spain and Finland), women from a migrant background tested the MiCare tools in real-life conditions.



The main themes of the training kit

- Basic concepts related to care professions
- Communication with the care recipient
- Identifying the needs of care recipients
- Housework and meal preparation
- Safety rules
- Drawing up CVs, interviews and job searches

Tested in real-life conditions: 86
people from a migrant
background, including 79 women

Proven impact on target audiences

During the experimental phases, the partners collected quantitative and qualitative data through reports and satisfaction surveys. The data was collected from the professionals who supervised the pilot phase and from the trainees.

The impact on the target groups has been very positive.

A very high level of commitment: MiCare has generated enthusiasm among people of migrant background who have taken part in the experiment: no defection has been reported once they have entered the protocol (*apart from individual reasons external to the project*).

A high level of satisfaction: 94% of people who followed the combined positioning tool and training course were satisfied.

The trainers who supervised the course noted an **improvement in the following** areas: professional skills related to care work with older people, language skills and digital skills.

A lever for professionalisation: in all cohorts, trainees who completed the MiCare training have enrolled on other training courses related to care work with older people in order to improve their technical skills, some have undertaken further training related to other care-related jobs, some have enrolled on cross-disciplinary training courses related to basic skills (office automation, language).

A positive effect on confidence: the trainees reported an immediate effect on their self-confidence in general, and in their own abilities to work as professional carers for older people.

A direct impact on employability: in all countries, the scheme has had a positive impact, with direct recruitment of some trainees after they completed the training.

Why are MiCare tools useful?

Professional tools

3 types of tools are freely available: a competence, an assessment tool and a training kit, translated into all the languages of the partnership and into English.

No previous experience is required to follow the MiCare training

The only prerequisites to be able to follow the training are A2 language skills and the ability to use the basic functions of a computer. The trainees do not need to have any previous experience as a professional carers.

Personalised, flexible support

The MiCare system is flexible, as the kit is designed as a toolbox, with teaching content and exercises that can be adapted to suit the needs of the trainee. From a minimum of 20 hours, it can be extended to 42 hours or more. It includes group and individual activities. It is linked to the assessment tool, which is an individual diagnosis used to identify training needs.

A privileged meeting space

The course was tested with female trainees from a migrant background and a small group of men from a migrant background. A safe space to meet and exchange ideas between peers.

Improved care for the older people

A direct positive impact on the quality of home-care services delivered to the older people.

Tools that can be adapted to different contexts

The project tools have all been designed using European standards and methodology. As such, they are adaptable and reusable in any European context.

MiCare - A response to European challenges

Note: this section was published in Austria as an article in a specialist journal. It was written under the direction of Heidemarie Müller-Riedlhuber (WIAB), with the contributions of Marion Marty (IPERIA), Jaakko Tyni (Laurea UAS), Elina Pajakoski (Laurea UAS) and entitled: **MiCare - A European example of good practice to improve home care for the older people and the integration of migrant women into the labour market.**

Demographic developments, trends and challenges in long-term care

Eurostat, the European statistics portal, forecasts a 43% increase in the number of older people in the EU between 2019 and 2050: from 90.5 million people aged 65 and over in 2019 to 129.8 million in 2050. The number of people aged 85 and over will more than double over this period, rising from 12.5 million in 2019 to 26.8 million in 2050. On the other hand, according to Eurostat, in 2050 the number of people aged under 55 in the EU will fall by 13.5%. ¹

This demographic change, the growing number of older people and the decline in the number of people of working age are also having a major impact on the demand for care services and on long-term care systems. ²

EU Member States are particularly challenged to fill vacancies in the long-term care sector, due to the need for sufficient and appropriately qualified staff. While the sector employed a total of 6.4 million people in Europe in 2019, a further 7 million nurses and healthcare professionals are expected to be needed by 2030. Many people who currently need support do not have access to long-term care services. ³

¹ Source: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing_Europe_-_statistics_on_population_developments#Older_people_.E2.80.94_population_overview (22.3.2023).

² According to OECD data, in 2019, 26% of long-term care recipients in OECD countries were aged 65 to 79 and 49% were aged 80 or over. Source: <https://www.oecd-ilibrary.org/sites/4c4694a2-en/index.html?itemId=/content/component/4c4694a2-en> (24.3.2023).

³ Source: European Commission (DG EMPL) and Social Protection Committee (2021), p. 89: European Commission (DG EMPL) and Social Protection Committee (2021), p. 89.

The long-term care sector has been suffering from a labour shortage for some time. Jobs in long-term care are often seen as unattractive. This can be explained by social stigma, difficult working conditions, less attractive salaries and limited career prospects. The COVID-19 pandemic has made the situation even worse. By 2020, all European countries are predicting a major shortage of qualified nurses, general practitioners and long-term care workers. Data published by the World Health Organisation show that the shortage of healthcare workers in the EU is structural and is expected to worsen by 2030.⁴

Alongside these trends, migrants represent an important workforce pool for Europe's professional care sector. Many high-income countries, such as Austria, rely on labour migration to meet their needs for care staff for the older people. In the OECD, on average, more than 20% of workers in the long-term care sector are migrants.⁵

In the long-term care sector, a large proportion of workers are women (90%). In addition, in many European Commission Member States, informal care is provided by family members, most of whom are also women.⁶ The Covid-19 pandemic has highlighted the importance of women in the long-term care sector, and has raised society's awareness of the invisible work - paid and unpaid - of women as a central pillar of the care economy.⁷

Research carried out by the International Centre for Migration Policy Development on the integration of refugee women into the labour market in Austria, Germany and Norway highlights structural and individual obstacles that pose greater challenges for refugee women than for men in terms of integration into the labour market. For example, from a structural point of view, women are less likely to have received formal education in their country of origin or have difficulty in having their educational qualifications recognised. In Austria, the latter is linked, on the one hand, to the high number of regulated professions and, on the other, to the lack of modular procedures dedicated to the recognition of skills acquired informally. Lack of knowledge of the national language, a generally low level of education and a lack of knowledge of the labour market and professional profiles are often obstacles for migrant women.⁸

⁴ Source: <https://www.eurofound.europa.eu/nb/publications/blog/the-pandemic-aggravated-labour-shortages-in-some-sectors-the-problem-is-now-emerging-in-others> (22.05.2023)

⁵ Source: <https://www.oecd-ilibrary.org//sites/92c0ef68-en/1/3/2/index.html?itemId=/content/publication/92c0ef68-en&csp=50980b2bb9059e51e350f213ee338dac&itemIGO=oecd&itemContentType=book#boxsection-d1e1333> (22.05.2023).

⁶ Source: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396&furtherPubs=yes> (24.3.2023).

⁷ Source : European Parliament 2021, S. 11 : European Parliament 2021, S. 11

⁸ Source: International Centre for Migration Policy Development, S. 9f and S. 57 International Centre for Migration Policy Development, S. 9f and S. 57

In September 2022, the European Commission published the "Care Strategy", which aims, among other things, to close the gender gap in care by combating stereotypes and introducing measures for better working conditions and a better working life. In addition, the strategy recommends that EU Member States improve the availability and accessibility of long-term care services and strengthen social security, as well as defining quality assurance guidelines to ensure that the care services provided are of high quality. Care staff should be offered more opportunities for qualification and retraining, and working conditions should be improved in both the formal and informal care sectors. Finally, the strategy aims to address staff shortages not only by recruiting new professionals, but also by retaining those already working in the sector. Initial training and professional development (e.g. also in digital skills) should be accessible to all.⁹

Objectives and results of the MiCare project

The Erasmus+ MiCare project, which runs from November 2020 to June 2023, aims to provide tools for responding to changes in the long-term care sector and for integrating migrant women into the labour market. It aims to improve the quality of home care for the older people while promoting the professional and social integration of refugee and migrant women, by offering employment or further training opportunities in the home care sector.

A transnational competency framework for homebased carers working with older people has been defined, based on a comparative study providing examples of good practices in supporting the integration and training of migrant women in the care sector, interviews with carers and care recipients, five national focus groups with experts and an analysis of the technical and interdisciplinary skills required. This competency framework served as the basis for defining learning outcomes, which were included in a MiCare learning architecture. On the one hand, the MiCare scheme aims to provide basic training for homecare workers in countries where no formal qualifications are required (e.g. Italy and Spain¹⁰), thereby improving the quality of care. On the other hand, in countries such as Finland, France and Austria, it can offer pre-qualification for a qualification in homecare, thereby providing direct access to vocational training and the labour market.

The project's target group is made up of migrant and refugee women who are having difficulty entering the labour market and who have some initial experience in helping and caring for the older people, or women who are already working in this

⁹ Source : European Platform for Rehabilitation 2022, S. 3ff : European Platform for Rehabilitation 2022, S. 3ff

¹⁰ In Spain, a qualification is required for carers working in retirement homes. However, home carers who are not employed by a recruitment company can work without this certificate.

field without appropriate training, as well as women who have already started or completed training abroad. As part of the MiCare project, these people were provided with information on the various entry-level professions relating to care jobs in each country, and were then invited to use an assessment tool to assess their existing skills and previous work experience as professionals carers with older people.



Figure 1: Main results of the Erasmus+ MiCare project

MiCare assessment tool

The MiCare assessment tool is a digital tool that can be accessed from a computer or other simple digital devices such as a mobile phone, and can be used in the national language. It provides an overview of the main requirements and skills of the profession and enables an initial evaluation of a person's pre-existing skills and training needs. It requires a CERL A2 language proficiency level in the national language and basic digital skills.

The assessment test can be taken in German, English, Finnish, French, Italian and Spanish. It consists of 45 questions to be answered in around 45 minutes. The questionnaire is divided into six parts. The first part is devoted to the learner's self-assessment. It is designed to measure learners' confidence in their own abilities. The other five parts correspond to the competence areas identified in the MiCare competence framework. The scoring system automatically calculates the percentage of correct and incorrect answers for each skill area.

- Care for older people and care as a profession
- Legal regulations (varies nationally)
- Household and everyday help

- Personal help
- Care for older people and care work

The questionnaire also includes self-assessment questions to measure learners' confidence in their own abilities.

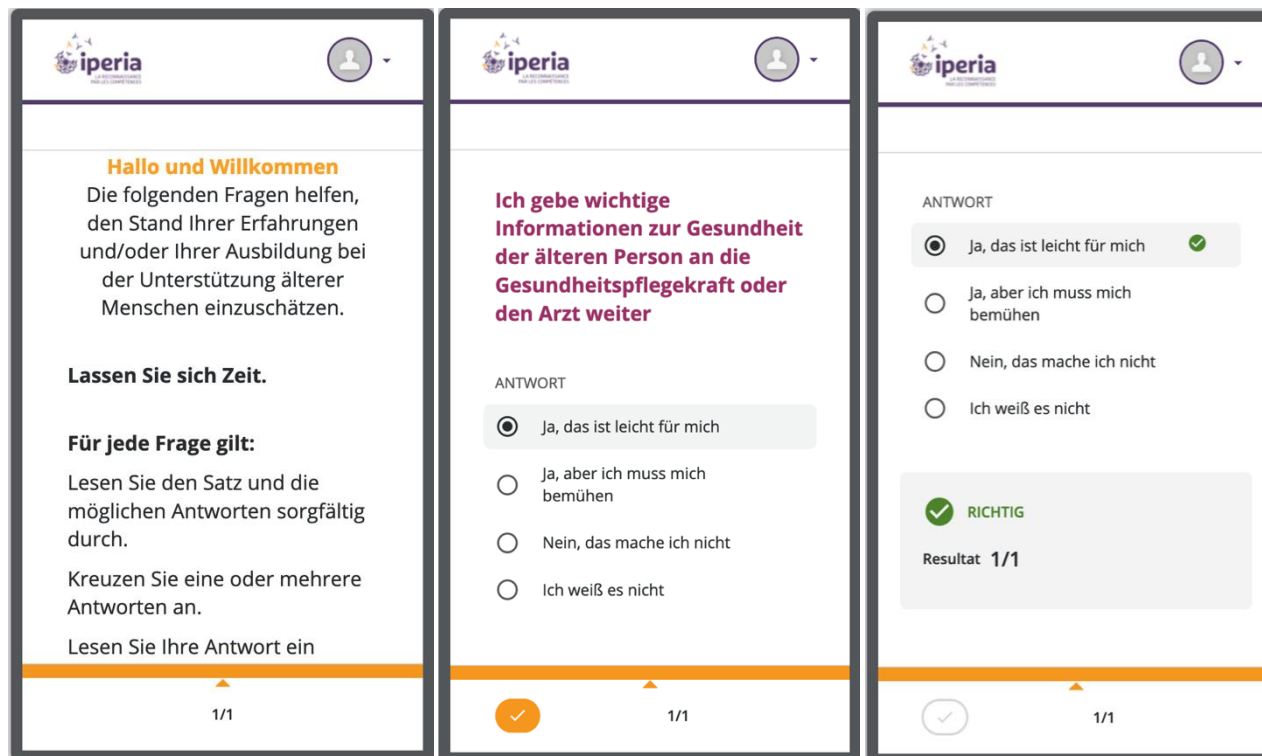


Figure 2: introduction page, example of a question and answer from a mobile assessment tool

The assessment test can be used by counsellors at the start of a career guidance or coaching process, or by vocational trainers to get a better understanding of training needs before starting a training course. It can also be used at the end of the course to monitor progress achieved by the trainee.

MiCare training toolkit

The online assessment tool, which has been specially adapted to the needs of migrant women with poor language and digital skills, is part of the MiCare training toolbox, which will also be made available to external training providers.

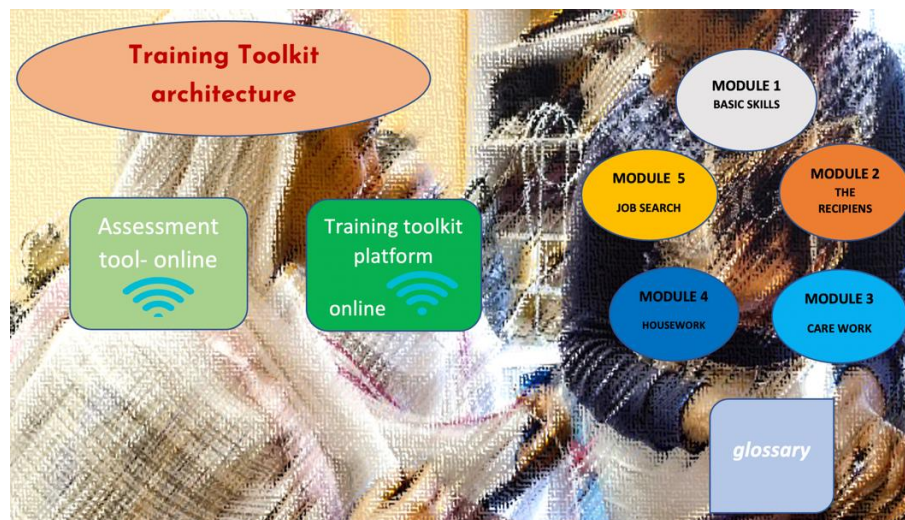


Figure 3: Architecture of the MiCare training toolbox

The online training platform is the main tool in the training toolbox. On the one hand, it provides trainers with the appropriate material and tools to train migrant women working as professional carers with older people,, particularly for those who speak little of the language and have only basic digital skills; on the other hand, it provides the learning content for learners. As a result, the training platform is divided into two sections: one for trainers and the other for learners. Trainers will find in their area an introduction and information on training methodology, lesson plans and pedagogical content for each module, as well as additional online activities to use during lessons. The platform also allows learners to access simplified pedagogical contents for each module as well as online activities, which must either be completed online or printed out and worked on face-to-face. In addition, a glossary is available to learners: it provides and explains the most important technical terms in the field of homecare work in the respective national language. The course content can also be downloaded and printed.

The training was tested under real conditions with migrant women and lasted between 20 hours (in Finland, Italy and Spain) and 42 hours (in France). It consists of five modules, each requiring four to eight hours of work:

Module 1: Caregiver: basic knowledge

o Module 2: Identify the different groups of care recipients


o Module 3: Care areas covered by caregivers

o Module 4: Housework: different tasks

o Module 5: How to find work

The training modules were adapted in the pilot countries according to the needs of the target group and specific national specificities (e.g. legal framework). In all countries, however, great importance was attached to the flexible nature of the training kit, the simplicity of the language (understandability of the teaching material) and accessibility for migrant women with poor digital skills. The training was delivered in a blended format, combining online training with face-to-face activities.

Oireet ja tilanteet, joissa hätänumeroon on soitettava viipymättä




- **Tajuttomuus:** Asiakas ei vastaa, kun yrität kommunikoida näyttää olevan syvässä unessa eikä herättäminen ei onnis
- **Sydänkohtaus:** voimakas, äkillinen rintakipu, erityisesti jo tuntuu myös vasemmassa käsivarressa. Asiakas voi olla tajuton.
- **Aivoverenkiertohäiriö tai muu aivoihin liittyvä oire:** äkillinen, vakava päänsärky, erityisesti toispuoleinen kasvokäsivarren tai säären äkillinen puutuminen tai heikkous, äkillinen puhevaikeus tai puheen ymmärtämisen vaikeus
- **Kouristuskohtaukset:** Soita aina hätänumeroon, jos asia ei kykene vastaamaan puheeseen ja hänellä on kohtaus. Poikkeuksena voi olla erityisohjeistus hoidettavan hoitajalta lääkäriltä. Jos kohtaus kestää pidempään kuin muutaman minuutin, soita aina hätänumeroon.




Figure 4: Screenshot of sample course content from the Finnish pilot training course (Symptoms and situations in which you should call the emergency number immediately)

At the end of the course, participants from the pilot countries received a certificate of attendance.

Initial assessment results

The evaluation of the pilot phase, in which 68 people took part, revealed a high level of satisfaction with the offer in all countries and showed that a clear majority of participants would recommend the course to others. Lack of language and digital skills were cited as the main barriers to participation. This feedback led to the demand and recommendation that in future the assessment tool should only be used in an individual setting and should not be completed by the target group without any support or guidance by professionals.

Based on the recommendations made in the report, the training kit was adapted and re-tested on a smaller cohort of 10 people in France.¹¹

In some countries, such as Italy, the main purpose of the MiCare toolkit is to enable people, who would otherwise work in care without training, to obtain a basic qualification. In other countries, such as France and Finland, training represents an initial qualification intended as a springboard for access to more advanced professional qualifications. In France, for example, several trainees decided to take language training tailored to the care sector following the MiCare experiment. In addition, the high demand for home-based care for older people has already resulted in concrete job offers. For example, at the multiplier event in Finland, nurse managers from public health care organisations expressed an interest in hiring trainees as nursing assistants in the future.¹² In addition, because they were so inspired by the pilot training, some of the participants in the Finnish pilot project have already started their nursing studies.

Further use of MiCare tools

People working in the field of vocational guidance and/or counselling for migrants who have difficulty entering the labour market and who wish to work as professional carers for older people can test and use the MiCare assessment tool in the languages available. The test can provide an initial indication of the skills already mastered by the person and their previous professional experience as a carer. The results of the assessment test can be used as a basis for discussion and tailored advice on career guidance and training. The trainees can also benefit from in-depth support in understanding and interpreting the results of the test.

The training kit can be used either as a stepping stone or transition to a qualification in the homecare sector, or as basic initial training for people working in home care without any formal qualifications (depending on national legal regulations). The course is currently only available in English, French, Finnish, Italian and Spanish. If another language version is required, it will have to be translated by local providers and some questions will have to be adapted to national specificities before being

¹¹ Note: a total of 86 people from a migrant background tested the scheme, both men and women.

¹² Reference : <https://journal.laurea.fi/approaches-to-services-of-seniors-enhancing-wellbeing-services-in-western-uusimaa/#beda718e>

implemented. More detailed information for interested parties and access to the assessment tool is available on the project website.

The MiCare partners finalised guidelines for vocational trainers or guidance counsellors who wish to use the MiCare material. They contain a description of the toolbox and general recommendations on how to use the assessment tool and the training platform, based on the lessons learned from the pilot experience. The guidelines are available in all partner languages on the MiCare website, <https://www.micareproject.eu>.

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