Migrant Training in Caregiving Research Reports

Pérez-Cañaveras, R. M. and Vizcaya-Moreno, M. F. (Editors)

Migrant Training in Caregiving – Research Reports

Editors: Pérez-Cañaveras, R. M.
Vizcaya-Moreno, M. F.

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Author: International Projects Department, Volkshochschule im Landkreis Cham e.V. (Cham, Germany)

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R. M. Pérez-Cañaveras; M. F. Vizcaya-Moreno; K. Sarri; Y. Antoniou; E. Lazaridou; A. Mousoulidi; E. Mas Espinosa; Age Concern Birmingham (UK); DIAS Media Group (Cyprus); International Projects Department, Volkshochschule im Landkreis Cham e.V. (Germany); CESIE (Italy)

About the MiCare project

The MiCare – Migrant Training in Caregiving project, has been implemented to run from December 2019 until December 2021 and aims to train migrants in order to work as caregivers for older people and people with care needs (Grant Agreement No: 2019-1-UK01-KA204-062046).

Erasmus+ is the European Union's (EU) programme for education, training, youth and sport, with the EU committing £12 billion to the programme between 2014 and 2020. The project is funded under Key Action 2 - Strategic Partnerships for adult education.

The consortium consists of 7 partners from 6 European countries, Cyprus, Greece, Spain, Italy, UK and Germany, covering a wide geographical range of Europe. All project partners are organisations with long-standing experience in a range of relevant fields, including migration, training, caregiving and communication.

Age Concern Birmingham (UK), the leader of the project, is a non-profit organisation aiming to enrich the lives of older people through a range of services. The other partners of the project are VHS Cham (Germany), CESIE (Italy), AKMI (Greece), the University of Alicante (Spain), The Cyprus Third Age Observatory (Cyprus) and DIAS Media Group (Cyprus).

The general objective of the project is to research labour market needs and achieve a better match between the skills and demands in the EU's labour markets by recruiting new migrant workers with the appropriate set of skills, to meet the demands and shortages of the European labour market in caregiving.

The MiCARE project proposes the development of an intensive training program for immigrants who wish to work as caregivers of older people, disabled people and people with long term health conditions. MiCARE's target group are TCNs (Third Country Nationals).

The specific objectives of MiCARE are the following:

- Conduct a state of the art analysis on TCN employment rates and care needs in Europe

- Develop a comprehensive training package in care, language and social skills for TCN
- Develop an online networking platform
- Disseminate the project activities

Methodology for Intellectual Output 1.

State of the art, gap analysis, literature review and field research analysis constitute the Intellectual Output 1. In all partner countries, partners will collect and analyse data from various resources at national and European level. These resources will be: literature reviews, policy and procedure reviews, focus groups, and questionnaires for migrants.

This European report collects and summarises the information of participants' countries organised by themes.

Before starting, we want to mention that the methodology of the Intellectual Output 1 (IO1) of the MiCare project included the distribution, collection and analysis of questionnaires and the organization of focus groups aimed at stakeholders and migrants. Unfortunately, the achievement of this objective coincided with the increase of the COVID-19 pandemic in all partner countries of our European region and various periods of prolonged and significant lockdown of individuals, communities, companies, agencies of the voluntary and legal sector and the closure of all but essential utilities and workplaces.

The prolonged period of high risk for the COVID-19 pandemic situation and the resulting restrictions on normal social and economic activity have had a considerable impact on our questionnaire delivery and the focus group phase of our research. However, after positive consultation with the UK national Erasmus + agency, we decided not to request an extension of the project, but to proceed with the research phase using alternative methodologies whenever possible, for example by making 1 to 1 phone calls. 1 or using communication platforms such as Zoom, Teams and Skype to organize meetings. Obviously, these platforms have limitations compared to holding a physical meeting with a roundtable, but we are pleased that the alternative methodology has provided high-quality data and feedback to support our research findings.

During the investigation phase, we distributed electronic questionnaires by email, but the response was very slow because many organizations were blocked and services were not running or were running from home. We also promoted the questionnaires on social media but with little response. The response of individual migrants was even more difficult because services aimed directly at migrants were closed, making our access to service users difficult. Another factor affecting the response to the questionnaire was that organizations and individuals providing direct care services were

under enormous pressure during the period of the pandemic, which has recently worsened. Therefore, we collected a combination of questionnaires from migrants, as well as from non-migrant workers and some people who were both stakeholders and migrants. We also collected qualitative conversation data through phone calls and one-off discussions.

State Of The Art Analysis On Third Country Nationals.

The number of people residing in an EU Member State with citizenship of a non-member country on 1 January 2019 was 21.8 million, representing 4.9 % of the EU-27 population (Figure 1) (*Migration and Migrant Population Statistics*, n.d.).

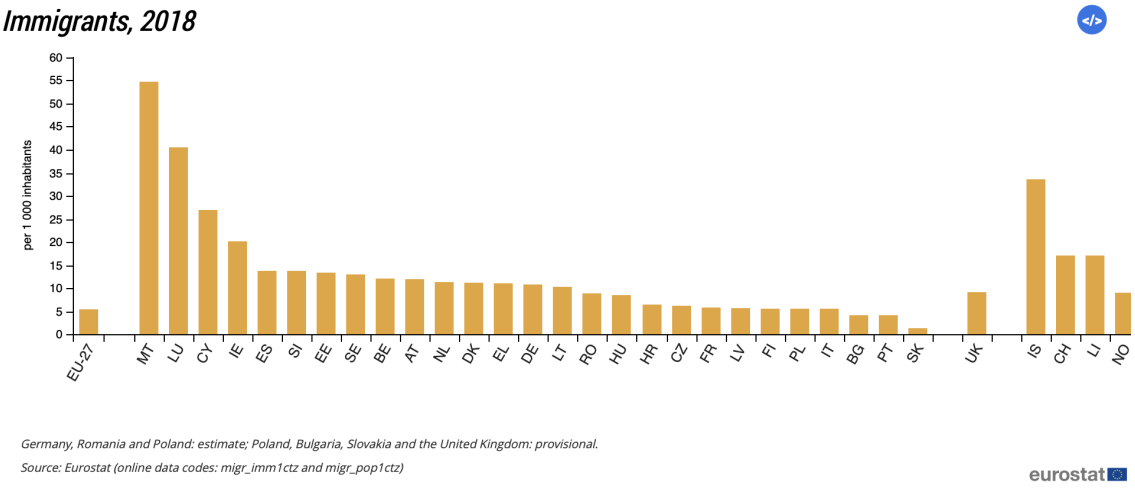

Figure 1.

Hence the EU has to effectively manage the integration policies for third-country nationals (TCN). In order to address this issue the European Commission set out in 2016 the Action Plan on the integration of third country nationals (*Europe: Integration Action Plan of Third-Country Nationals Launched*, 2019).

According to the Action Plan education, training and employment are among the most powerful tools for integration. Finding a job is fundamental to becoming part of the host country's economic and social life.

As stated by the European Migration Network Synthesis Report on Satisfying Labour Demand through migration(*[No Title]*, n.d.), in all Member States specific sectors and occupations have labour/skills shortages, among which lies the health care domain.

The Norwegian Directorate of Immigration (https://www.udi.no/en/) provides an excellent selection of updated European Migration Network (EMN) studies, see Table 1.

Report on Labour Market Integration of Third Country Nationals in the EU Member State (2019)	Labour market integration of third-country nationals is an important policy aspect for most Member States. This report aims to contribute to policy discussions in this area.
Determining labour shortages and the need for labour migration from third countries in the EU (2015)	The study provides an overview of national labour migration policies in EU and analyses whether they are linked to identified labour shortages, and, if so, in what way.
Satisfying Labour Demand through Migration (2011)	This Synthesis Report summaries the main findings of the National Reports for the EMN Study on Satisfying Labour Demand through Migration undertaken by EMN National Contact Points from 23 Member States.

Table 1. In this section we present specially selected EMN studies. Work immigration. (*European Migration Network: EMN Studies*, n.d.)

The health care domain, and in particular the demand for caregivers are increasing in Europe because European societies are ageing. This imbalance between demand and supply, leads to shortages in nurses and other professional care providers. In order to achieve a better match between the skills and demands in the EU's labour markets, this project suggests the development of an intensive training program for migrants wishing to work as caregivers for elder people and people with special needs.

MiCARE considers TCN 'any person who is not a citizen of the European Union within the meaning of Art. 20 (1) of TFEU and who is not a person enjoying the European Union right to free movement, as defined in Art. 2(5) of the Regulation (EU) 2016/399 (Schengen Borders Code)'. Any adult TCN with no or minimal care giving skills can participate. Migrant workers play a significant role in covering the needs of the market in areas where there are shortages. As the target group of the action, migrants will be able to acquire skills and qualifications in order to work in caregiving and be able to provide effective care to vulnerable groups. (Anonymous, 2016)

MiCARE should be carried out transnationally, since the integration and inclusion of TCNs is not only a national but a mutual and pan-European issue and concern. Additionally almost all consortium member states are among the high ranking member states, receiving migrants, according to the Eurostat report on 'Migration and migrant population statistics' (Figure 1). (*Migration and Migrant Population Statistics*, n.d.)

This European state of the art is outlined by means of national reports and collects the main contributions and conclusions of each participant. The national reports provide a

local vision contextualized at the European and international level. In all partner countries, partners have collected and analysed data from various resources at national and European level, presenting areas in common and some differences.

We will start by highlighting the common aspects that have been mentioned by all the participants.

Characteristics Of Immigrant Caregivers.

Three of the participating countries mention the characteristics of immigrant caregivers explicitly. However, we consider that this situation is common to all the countries studied and even to other situations.

A first fact is that the precise situation of migrant caregivers and their work needs in the care sector is not easily and frequently found in bibliographic sources.

Although there are exceptions, immigrants often fill jobs that in many cases are rejected by the country's workforce.

More and more immigrants are playing the role of family caregiver, providing full-time support to the elderly, children or dependents. More and more European countries are resorting to this measure, the factors are many and complex to analyse.

Some of the most characteristic features are that women predominate, who tend to be young, in an irregular situation and more socially segregated.

Almost all of the reports include the circumstance of unregulated working conditions, insurance and legal employment status, a circumstance aggravated during the financial crisis of the last decade and the current pandemic.

One factor to take into account is that it is a group made up of people with different socioeconomic backgrounds, countries of origin, culture, language, religion, etc. This fact can lead to a lack of opportunities to develop a sense of community among the sector's workforce and is, among other reasons, what results in a lack of ability to form unions of interest and advocate for better working conditions in the same way that workers in other sectors have done.

Only two of the countries emphasize the gender aspect of their relationship with care and immigration. Highlight the report *The Social Construction of Migrant Care Work at the intersection of care, migration, and gender (King-Dejardin, 2019)*, which specifically analyses the role of women and girls in the provision of unpaid care work. Whilst recognising the increasing demand for migrants working as domestic workers, child-minders, nurses and doctors, much of which we have recorded earlier, this report highlights the high levels of female migrants working in the informal economy under

temporary migration schemes and without employment rights or protection. King-Dejardin refers to a 'global care chain' where workers provide essential services but with inconsistent laws and policies between countries of origin and destination.

Integration In Society.

Three of the participants have revealed some basic ideas in relation to social integration or its opposite situation, social segregation.

Integration implies a fundamental adjustment in the way that migrants are recognized and structurally situated in society.

Migrants and refugees are integrated when they reasonably participate also in the economic, cultural and political aspects of the host society.

Highlight the proposal of Trimikliniotis & Demetriou (2011), according to which: the basis of the reception model must be based on a multicultural model that encourages non-racism and equality, belonging, dialogue and participation and respect for change.

Some integration strategies include group meetings to develop shared strategies in the local job market, as well as individual paths to gain experience.

On the other hand, discrimination, harassment and racism that migrant and minority workers regularly experience comes in different forms, for example: uneven career advancement, unequal pay, insufficient guidance, neglect of skills by colleagues and superiors, this was supported by a series of studies.

Many immigrants already have high skill levels, but there are still barriers to employment as has been highlighted in one report.

Administrative requirements and language can also pose difficulties for integration into society. Although there are also cases in which language is not a problem, as in the case of Spanish speakers, and despite everything, there are still difficulties for integration.

Working conditions and regulation.

Labour regulations are different in the countries analysed, some have very few regulations on the work and living conditions of migrants who provide care in a person's home.

Social assistance services provide mediation and advice on the procedure to obtain a residence permit, rights of migrant workers, guidance on the training system and promotion of self-employment for those who aspire to self-employment.

In some cases, the support of the municipalities includes information on how to hire family assistants and union offices to obtain information on contracts and calculate the socioeconomic situation.

Other cases only provide regulations on basic conditions, such as minimum wage, weekly working hours and the obligation to draw up and sign a mutually agreed employment contract.

Some of the reports specify job profiles for different professions involved in caregiving. Information has been collected on the competencies and skills, the qualifications required to carry out the tasks, the job profile, the salary, whether it is full-time or part-time, as well as whether it includes shift work, language requirements and if a background check is required.

In other countries, the fact that it is necessary to obtain a degree in order to exercise home care is not regulated.

The role of women is once again highlighted, as migrant domestic workers in terms of their poor working conditions, low wages, social isolation, psychological anguish and burnout.

Also mentioned are some associations and organizations that provide information and support to migrant workers and their families regarding procedures for employment, how to make regular contracts and fulfil social contributions.

Finally, highlighting the following text by Cohen, et al. (2013): "Having adequate employment conditions is essential to guarantee the care of dependent elderly people and guarantee basic human rights and respect for all members of society."

Regarding working conditions, it should be noted that the idea of precarious work appears in several of the reports, we reflect here some of them:

High unemployment rates among disadvantaged immigrants is one of the most vital problems facing the EU these days.

Generally, it is not easy to estimate the impact that immigration has had on domestic work.

There is talk of an increase in migrant workers to fill jobs that workers from the host country do not want to occupy because they are considered to be low-skilled, under-paid and have low status such as domestic care.

Lack of guidance in terms of care guidelines was identified as a contributing factor to the appearance of feelings of overload, emotional anguish, insecurity and stress in caregivers.

As mentioned elsewhere in this report, not all in-house caregivers are legally registered or mandatorily insured.

Types of people who are cared for.

Regarding the type of people being cared for, older people, totally or partially dependent, are referred to more frequently. However, home care often also includes caring for children or disabled people.

Requested types of care.

Regarding the type of work requested, it is common that there is no clear distinction between domestic support and personal care activities.

From the data obtained, the following activities should be highlighted as the most requested:

- Help people with their bathroom routines

- Administering medication.

- Communication techniques.

- Coping strategies.

The two least common tasks were cooking and helping the cared-for person with daily purchases.

Other examples of requested activities include: An older person may need help with tasks involving the house, such as cleaning, preparing meals, and arranging medical services or transportation. Those who have higher levels of impairment may need help with activities of daily living such as dressing, bathing, or going to the bathroom.

Places where care is provided.

Regarding the places where care is provided, it is often at home, hence the name of home care or assistance.

This care can be provided by formal programs, through agencies, or directly by informal caregivers.

In addition, it is also possible to carry out care activities in social health institutions.

Nationalities of immigrants.

The nationality of immigrants varies greatly in the countries studied, in fact, it is possibly one of the greatest difficulties that we will have to face in the development of this project. Since we have to provide training according to the needs of immigrants, it is important to take into account their countries of origin. Often this information is not sufficiently up-to-date or specific enough in migration indicators and statistics.

Information on the origin of third-country nationals is collected in each national report, but data on employment in care for the elderly or dependent, when available, is usually not current.

The following web page we can find updated information on the origin of immigrants by country and other information of interest:

https://www.un.org/en/development/desa/population/migration/index.asp

Up-to-date information on immigrants who choose to work in care is more difficult to obtain. The report of each country collects the pertinent information.

Training and information for migrants.

This topic is the one that contains the greatest amount of information and all the countries have contributed to the discussion, we summarize here the most important points which can be seen developed more fully in the reports of each country:

In **Italy**, third sector organizations have played a fundamental role in supporting domestic workers of migrant origin, providing them with legal assistance, language courses and professional training, helping them to find accommodation, access to general, psychological and job adaptation information services.

Counselling is also provided on assessment of competencies and skills, guidance on training systems, information on employment and the employment relationship with the host family, intercultural mediation, free courses for family assistants and inclusion in a specific registry.

Another approach to effective labour integration of migrant caregivers is 'home tutoring' as a service performed by healthcare professionals / caregivers to support the family assistant in starting work in the family, for example in the organization and management of the care provision to be delivered.

We find this final paragraph of **Italy's** proposal especially inspiring, as this situation may also be true in other countries, although it has not been highlighted in other reports.

According to the **Cyprus** report, workers working in the care-giving sector are not trained in basic care-giving skills, so it is very important that migrant domestic caregivers receive adequate training and improve their skills and knowledge in the caregiving industry.

In **Cyprus**, although there are many training programs for people working in childcare, none of them so far have involved migrants and refugees who occupy a large part of the labour market in **Cyprus**.

A challenge for these migrants is that most do not know the Greek language and this causes discomfort for the older people they might care for and many misunderstandings subsequently arise. Many migrant care workers in Cyprus do not have the basic skills to help older people.

A key aspect of **Cyprus'** contribution, common to almost all countries, is that domestic workers are often not differentiated from carers, with a tendency to perceive these two roles as being the same.

The **Greece** report reminds us that no special provisions are being adopted to facilitate access to the training and employment market, taking into account the growing barriers that third-country nationals may encounter and that may hinder their access to professional education programs, such as the host language skills and a lack of information on training opportunities. As a result, offering tailor-made vocational training that meets the needs of third-country nationals relies primarily on the development of relevant initiatives and interventions by non-governmental organizations.

The report from **Spain** reiterates several of the issues already raised, such as the improvement of working conditions through training and focuses on the practical and emotional aspects of caring for older people as a way to improve the quality of care provided. It echoes an observational study on the relationship between formal care and rehospitalization of patients, which indicates that the assistance of a migrant caregiver could contribute to increasing the rate of use of hospital resources. This finding raises the need for educational efforts directed at this group before assigning health-related tasks to provide optimal care in complex patients.

Another essential idea in the report from **Spain** is that not everyone has the same level of literacy, so training should be adjusted, whenever possible, to the level of the person for whom it is intended. It collects proposals from different authors, in the sense of proposing that this provision of information will be done individually, that is, that it is adapted to the situation and skills of the caregiver since each one lives a unique and different situation.

The **Germany** report indicates that it will be vital to include a language course that focuses on general language topics customized for the healthcare sector, that is, specialized vocabulary, grammar, reading and writing skills, as well as social and cultural aspects of the language.

Learning materials to help migrant caregivers communicate effectively should include advocacy, legal and ethical issues, clarifying drug dosages, filling out forms, comparing charts, negotiating, or informing families and colleagues about the status of patients and also arranging small talks with patients and colleagues.

The **Germany** report suggests that it will be important to share knowledge and exchange information on topics such as: cultural differences in care; neglect due to violence or sexual harassment; physical and emotional abuse; stress management; organizational and time management skills; understanding and working with people with dementia; basic first aid; risk assessment in the process of care provision; care for different target groups (i.e. people with dementia, wheelchair users, etc.).

The **UK** report agrees on many of the aspects of the reports from other countries and emphasizes that there are many specialized courses available, often based on specific impairments or health conditions, such as dementia or autism, others around practical skills such as moving and lifting people, or health and safety, while other training revolves around topics such as safeguarding, end of life or leadership and management.

In summary, we could say that there are several factors affecting the employment and unemployment of migrants:

- Education and skills
- Spoken English
- Family and care responsibilities
- Social networks
- Qualifications and recognition of qualifications
- Discrimination

Characteristics and contents of the training.

In this section we highlight the more specific questions related to the characteristics and contents of the training proposed from the different countries in a summarized way and eliminating duplicate aspects of the proposals or considerations:

- Long courses are rarely compatible with the workplace.
- The schedule should be organized in the hours when migrant caregivers do not work.

- Training courses should be offered in cooperation with local networks to easily reach the target.
- Refunds or discounts must be given to use public transportation.
- Bonus payments to families that allow their attendees to participate in the courses.
- Replacement or cover of workers during the course time.
- Subsidies.
- Childcare service for participants who have children.
- Adequate communication campaign: information channels, both formal and informal, to reach more potential beneficiaries.

Contents about key policies and procedures, can be summarized as follows:

- English as a Second Language
- Migrants and legal advice
- Advice on compliance with permit criteria and ability to work
- Support for installation and integration
- Career counselling
- Training and Certification
- Support in hiring
- Advice and ongoing support to employers

In regard to the contents, the different reports state that it would be necessary to address the following priority topics:

- Useful skills, for example, how to move people from a chair to a bed safely or how to help a person to bathe.
- In addition, older people, but also caregivers, should be informed about the community resources available to them.
- To support the healthcare sector under the MiCare project, it is necessary to create language learning materials that take into account not only the necessary medical jargon, but also provide relevant language that can be used in conversation, in times of crisis, for mediation and to communicate clearly with colleagues, managers, cared-for individuals and their families.

There are formal courses in caring for the elderly or children, but many are generic or only aimed at family caregivers. This makes training for migrant care-givers difficult because these courses do not focus on the key learning points that immigrants require or else do not adapt the source language or content.

For these barriers, the reports of the partners offered possible solutions on how to facilitate and deliver the training, since it is a fundamental aspect in offering quality care. These measures included: individual or group training via telephone or internet to

avoid leaving the home base; offering hours outside of work and adapting the training to caregivers based on their own health needs and relationship with the cared-for person.

Additionally, some are inaccessible to these people because of their price or because the migrant workers are internal caregivers and do not have the opportunity to attend training courses due to their work.

One study recognized the main barriers to training, such as transportation or distance from the workplace to the training site or the high demands of work without the possibility of free time.

Initiatives of interest.

In this section we summarize some of the initiatives collected by the reports from various countries that may be of interest or inspiration for the development of our project.

In 2006, the Friuli Region started a training project aimed at training family assistants directly in Moldova and then employing them in Italy. With the aim of evaluating their caregiving skills, the Liguria Region has promoted the project “Lavoro doc. Buone prassi nel lavoro di cura”(good practices in care work). The identified skills were assigned to three different levels:

- Basic: know the rights and duties of the employee, the family and the person they care for; know the people and the services to which they refer; know the Italian language;
- Technical-professional: handles bureaucratic papers, knows how to administer diet and treatments, takes care of personal and household hygiene, is able to collaborate with medical personnel;
- Multilevel: ability to listen, communicate, mediate and adapt; build relationships of trust, manage intimacy and distance, have an attitude of flexibility, promote independence, be positive and able to face an emergency, finally combining private and work life.

In addition, employers who provide care have a special status in Germany, as the care sector is seen as a profession with few staff. This implies that employers can search for and hire future employees from countries outside the European Union. Prospective employees must receive special privileges from the Federal Government to practice a profession.

Initiatives must adhere to the "WHO Code of Practice on the International Recruitment of Health Personnel". The Code aims to establish and promote the ethical international

recruitment of health personnel and facilitate the strengthening of health systems. Member States should discourage the active recruitment of health personnel from developing countries facing a critical shortage of health personnel. Member States designed the code to serve as a continuous and dynamic framework for global dialogue and cooperation. (World Health Organization)

In addition, over time, specific training or recruitment programs have been developed for this purpose (e.g. Triple Win, which prepares carers from Serbia, Bosnia and Herzegovina, the Philippines and Tunisia for the German labour market). Germany currently houses and employs many caregivers from Russia and Eastern European countries. However, since the demand cannot yet be covered, other measures are necessary.

In terms of recruitment and support for workers choosing a career in welfare, we have already seen from our review of the literature that a starting point in the UK is JobCentre Plus, which prioritizes guidance and support for job seekers and asylum seekers, as well as being a source to access support for all job seekers. Organizations like the National Career Service and Skills for Care are also good starting points for information on careers in care, welfare benefits, training, qualifications and pathways to employment.

Eldicare Project is an Erasmus + project that runs simultaneously with the MiCare project and aims to combine skills in a growing European silver economy, responding to the latest *findings of the CEDEFOP Skills Panorama (12/2016) on the mismatch of skills in the elderly care sector.* Eldicare has a wider focus on all carers regardless of migration status, whereas the MiCare project explores additional issues such as:

- Language skills
- Qualifications from other countries and if they are transferable
- Cultural differences and culturally based ethical values that affect caregiving
- Legal and migration processes that affect migrants and refugees
- Challenges of relocation, travel and housing for new migrants
- Integration in the host community, employee rights and discrimination experience

The results of the Eldicare project include the development of two separate, online and openly available curricula aimed at professionals working in the elderly care sector who want to improve their competencies and skills or anyone interested in the field. The training program developed consists of the following two study plans: “Typical Elderly Caregivers (EQF Level 4)” and “Sectorial Elderly Care Providers (EQF Level 5)”. While the curricula are not tailor-made for third-country nationals as students, the training modules that address basic knowledge about caring for the elderly, ICT skills and

interpersonal and social skills to Caregivers for the elderly could be used as complementary practices to a tailor-made training course for migrant carers.

However, our study would also include people who work as personal care workers both in hospitals and at home, as it is here that there is most likely to be a skills gap and a need for training for migrants.

Our review is more concerned with the prevalence of less skilled migrant workers who may or may not have existing skills and qualifications. So we can turn to the UK national organization *Skills for Care* to help us review the position of this part of the workforce. Skills for Care indicates that migrant workers are attracted to lower-skilled adult social care system jobs, working for local authorities, independent sector providers and those working for direct pay recipients (people who employ their own caregivers and support workers with direct payments).

Resources Links EU.

Resource	**Link**
European Social Survey	https://www.europeansocialsurvey.org
Irregular Migration Research Database: Europe	https://gmdac.iom.int/research-database/search?page=1
Eurostat Migration and migrant population statistics	https://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics
International Organization for Migration (IOM). Definition of migrant	https://www.iom.int/who-is-a-migrant
European Migration Network (EMN)	https://ec.europa.eu/home-affairs/what-we-do/networks/european_migration_network_en
Migration Data Portal: The bigger picture	https://migrationdataportal.org/about
Employment, Social Affairs & Inclusion	https://ec.europa.eu/social/home.jsp?langId=en

Repository of promising practices	https://ec.europa.eu/social/main.jsp?catId=1208&langId=en&refugeeId=1
Migrant Integration Information and good practices	https://ec.europa.eu/migrant-integration/public/main-menu/eus-work/actions
EU Skills Profile Tool for Third Country Nationals	https://ec.europa.eu/migrantskills/#/ https://audiovisual.ec.europa.eu/es/video/I-145869 https://ec.europa.eu/social/main.jsp?catId=1412&langId=en
EU Immigration Portal	https://ec.europa.eu/immigration/
Glossary: third-country national	https://ec.europa.eu/home-affairs/what-we-do/networks/european_migration_network/glossary_search/third-country-national_en

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Cyprus Report

K. Sarri; Y. Antoniou
Cyprus Third Age Observatory (Limassol, Cyprus)

Literature Review Cyprus.

Medical Subject Headings terms (Keywords) https://www.ncbi.nlm.nih.gov/mesh/advanced	**Equivalent _____ terms from_____**	**Name of the bibliographic databases consulted and links:**
Caregivers long-term care home care services neurocognitive and cognition disorders cognitive dysfunction	**caregivers**: φροντιστές **caregiving**: φροντίδα **long- term care**: μακρόχρονη φροντίδα **home care services**: υπηρεσίες κατ'οίκον φροντίδας **neurocognitive and cognition disorders:** νευρογνωστικές και γνωστικές διαταραχές **cognitive dysfunction:** γνωστική δυσλειτουργία **elderly**: άτομα τρίτης ηλικίας	

Search strategy in Cyprus:
For our search strategy we used the given key words translated in Greek as follows: φροντίδα ή φροντιστές και υπηρεσίες κατ'οίκον φροντίδας ή μακροχρόνια φροντίδα και άτομα τρίτης ηλικίας και γνωστική δυσλειτουργία ή γνωστικές διαταραχές ή νευρογνωστικές διαταραχές.

Methods:

For the reasons of the literature review we have searched in the following electronic databases: PubMed, Google Scholar, Jstor and Core. Most of the articles were found in Google Scholar. We did not manage to find any articles from the Jstor and PubMed using the abovementioned keywords.

We have also used the Demographic Statistics Results until 2018 for migrants in Cyprus. We thought that it would be a good source to find recent and historic data for migrants and refugees in Cyprus from previous years.

The inclusion criteria for our search were: articles in English and Greek published in the last decade (2010-2020) especially the most recent ones, which mentioned the pre-selected and above-mentioned keywords. The exclusion criteria were: failure to mention the terms ''migrants'' and ''caregivers'' and very old articles (before 2009). Many titles were found and a lot of article abstracts with keywords in the title were reviewed.

Selection of articles:

Out of all selected for further review based on the relevance to the study purpose, a lot of articles were finally selected which met the following inclusion criteria:

- Articles published in the last decade (2010-2020).
- Articles that were available in full text (access to read them) and issued by universities/ academic centres

For the definitive selection of the articles the titles were checked first, followed by the abstract of the articles that met the inclusion criteria and the essential keywords.

List for literature review:

Migrant workers in Cyprus and care:

- https://www.researchgate.net/publication/310439690_Labour_integration_of_migrant_workers_in_Cyprus_A_critical_approach

- http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.894.8795&rep=rep1&type=pdf

- https://d1wqtxts1xzle7.cloudfront.net/50234404/Access_and_effective_use_of_healthcare_s20161110-29650-14ej0u9.pdf?1478794025=&response-content-disposition=inline%3B+filename%3DAccess_and_effective_use_of_healthcare_s.pdf&Expires=1593505996&Signature=cbwc~i-s7xPVd2ve~aSixVhFPiSoQAZKx3jzHSgJeQPU18bTZt4kVj~6Qmph5EkXOvn8b0f5JF1HEzfEzahF~NZyzusDQA-6x31MZy9JKdTm0zsbe0BnS4HSw7ss6xTeu7k~4bGU5IEF7ejjhJjKHav2nLnA0rO9g6UcHMoVQpqBtWLpeH8-GN8NcsuydB-IL8LS7Y6a3unhvqWMCVHahZxXhPs8QQuLiKzQXgNEbNw2wbJRPnVS4~eXVbiy~1c

LWSIkIzTi68~bgjR2qnxTOBaFYwd4W-fKw2KfhgVeeR2uXkSazIlmIVOhUMOAS2Va10rPIhHo01hfUWhOkyvl7A__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA

- https://core.ac.uk/reader/45683721

- http://journal-ene.gr/wp-content/uploads/2011/07/TOMOS4_TEFXOS2-dragged2.pdf
- http://www.moi.gov.cy/moi/crmd/crmd.nsf/All/5314ED0D3F68CA9EC2257D2C003A4DC2?OpenDocument

- https://kisa.org.cy/wp-content/uploads/2014/04/The_Position_of_Migrant_Women_in_Cyprus_September_2009.pdf

People of third age and long term care in Cyprus:

- http://hypatia.lb.teiath.gr/bitstream/11400/6005/3/%CE%95%CF%85%CF%81%CF%89%CF%80%CE%B1%CE%AF%CE%BA%CF%8C%CF%82%20%CE%A7%CE%AC%CF%81%CF%84%CE%B7%CF%82.pdf

- http://nestor.teipel.gr/xmlui/bitstream/handle/123456789/12907/SDO_DMYP_00885_Medium.pdf?sequence=1

- https://apothesis.lib.teicrete.gr/bitstream/handle/11713/1180/Ioannou_Pakkouti.2011.pdf?sequence=1

Demographic Statistics for migrants in Cyprus:

- https://www.mof.gov.cy/mof/cystat/statistics.nsf/All/70008808DEA438F8C2257833003402FB/$file/Demographic_Statistics_Results-2018-EL-291119.pdf?OpenElement

Elderly home care:

- https://ap.isr.uc.pt/archive/AAL%20Forum%202012%20-%20SocialRobot%20Extended%20Abstract.pdf

- https://eprints.mdx.ac.uk/17636/1/15_kouta.pdf

- http://cncjournal.cyna.org/wp-content/uploads/2019/02/Factors-affecting-the-health-level-of-elderly-people-in-Cyprus.pdf

- https://ktisis.cut.ac.cy/bitstream/10488/6237/1/jocn4052.pdf

- https://ktisis.cut.ac.cy/bitstream/10488/5403/2/%CE%B4%CE%B9%CF%80%CE%BB%CF%89%CE%BC%CE%B1%CF%84%CE%B9%CE%BA%CE%AE%20%CE%B5%CF%81%CE%B3%CE%B1%CF%83%CE%B9%CE%B1%20-%20%CE%9D%CE%91%CE%A4%CE%91%CE%A3%CE%91%20%CE%9B%CE%9F%CE%A5%CE%97.pdf

- https://caregivingfoundation.org/Caregiving%20for%20the%20Elderly.htm

Training and caregivers:

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3728281/

- https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002948

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6547146/

- Pavlou V., (2015), Migrant domestic workers, vulnerability and the law: immigration and employment laws in Cyprus and Spain.

Literature Review Cyprus

Limassol, July 2020

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SUMMARY

ABSTRACT

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Summary

Introduction: Demographic trends in Europe show an ageing population and a declining youth cohort and point to a scissors effect of high demand for elderly care, against a limited availability of labour to meet current and foreseen needs. Evidence shows that a high level of migrant domestic workers come to Cyprus every year seeking a better job and life, so a training course which enables them to become better educated and equipped to perform in the care-providing workplace, is essential for them to practice their caregiving career safely and competently.

Objectives: The main objective of our project is to emphasise the importance of training migrant domiciliary caregivers on the basic elements of care for older people who live in their own homes. Secondary objectives are to increase the visibility of the care work being provided to older people by migrant workers, so that the hidden part of the workforce can be supported and helped to enhance and improve their skills and knowledge and overcome obstacles that they may face.

Methodology: Bibliographic review in databases such as Google Scholar, and Demographic Statistics in Cyprus from the Cyprus Government. The chosen articles were published between 2010 and 2020 written in English or Greek.

Results: After a complete reading of the chosen articles we came to the conclusion that it is very important for the migrant domestic caregivers to receive appropriate training and improve their skills and knowledge in the caregiving sector. Also, because a common experience for caregivers is stress and burn out, our training will enable workers to overcome their difficulties, both job related and also on a personal level as migrants.

Conclusions: We can affirm from our research, that the majority of migrant workers in the caregiving sector in Cyprus are of low education and very few are employed as carers for older people. This leads us to consider whether migrant workers can be provided with basic skills in caregiving so that they may contribute to the healthcare needs of older people in Cyprus. If the migrant workforce is delivering care support without training and skills, there is a strong implication that older people living alone at home will not be receiving an appropriate standard of care.

So, in order to provide optimal home-care it is important to educate caregivers in basic aspects of care. This education can be in the form of a training course adapted to the people for whom it is intended. In addition, caring for dependent elderly people may be one of the work options for migrants who come to Cyprus for a better future.

1. Introduction

This work arises from the bibliographic review that has been carried out for the Erasmus + project Migrant Training in Caregiving (MiCare) in which various entities participate including our organization. Below we will focus on the caregiving process provided by the migrant caregivers who are employed in Cyprus in home care services or in the houses of older people.

Cyprus Statistical Service published a report which showed that for the year 2008 Cyprus faced a problem highlighted in its population and demographic data. More specifically, it is observed that there is a progressive rise in the ageing population and a decrease of the amount of the younger people. Also, according to newer data from the Statistical Service it seems that the ageing population of Cyprus (65+) will increase from 11,7% in 2002 to 17,0% in 2022 and will increase gradually until 28,7% in 2052 (Cyprus Statistical Service (CyStat), percentage distribution by age, 1.1.2002-1.1.2052 and Demographic Indicators of Period).

It seems that Europe has the highest proportion of people aged 65 and older (16%) (World Health Organization, 2007). The WHO states that from 2000 until 2050 the world's population aged 60 and over will increase from 600 million to 2 billion. That is taking place mainly in countries which are developing faster, where it is expected that the number of people of third age will increase from 400 million in 2000 to 1.7 billion by 2050. Specifically, a very high population increase of older people is expected to be found in Cyprus (+66%).

This evidence helps us to understand that as time progresses older people, as capable as they may be as individuals, will increasingly and collectively need a workforce of people to help them with their needs and their increasing dependency. So it is important that we increase the number of specialized caregivers in order to promote healthy ageing.

According to the definition, dependent people are people who rely on others for aid, support etc.:

(https://www.dictionary.com/browse/dependent#:~:text=noun,on%20her%20income%2Dtax%20form). As people grow older, they are more likely to lose their abilities so it is more likely that they will seek help from other people, professional caregivers or from their family members.

It is very important for caregivers to have knowledge and skills for caring in order to provide it safely and competently. Caregiving is the regular provision of care by one person to another. Each individual is different and so care has to be personalized. For example, an elderly person might need assistance with tasks connected to their home

such as cleaning, preparing meals and obtaining medical services or arranging transportation. Those who have a higher level of impairment may need help with day-to-day personal living activities such as dressing, bathing or toileting.

People of third age who have memory deficit due to Alzheimer's disease or similar conditions need assistance with tasks that have to do with thinking processes: decision making, money management and moving from place to place. The emotional needs of older people being cared for are very common as a natural result of increasing disability and dependence. People in this situation often experience fear, depression or anger. In many such situations, they may take these emotions out on the people who are closest to them - their caregivers.

Caregivers perform better at their caring work if they have knowledge about the care recipient's condition, the strategies and alternatives which are available to them in order to help the cared-for person appropriately and using best practice. As with all situations that cause anxiety to people, caregiving can have a negative impact on the physical and/or psychological health of the caregiver. The physical challenges on caregivers can exacerbate pre-existing health problems or expose the carer to new infections and diseases. The emotional needs of caregiving can be considerable, causing sadness, depression, anxiety or anger.

In Cyprus, there are nursing care homes where people of third age receive support from trained nurses and/or caregivers and there are also home care services. In home care services, caregivers offer personal hygiene, house-cleaning, washing of clothes, shopping etc. but compared to the nursing care home sector, these carers are less likely to have appropriate training or knowledge on caregiving.

For many years in Cyprus, family members were the main providers of care to their older relatives living at home, but in recent years families in Cyprus increasingly need support to fulfil these duties, so the caring duty for these people has progressively moved to the government (Sergides, 2004). As a result, in 2004 the Ministry of Health created the home nursing care programme which is offered by the Nursing Services of the Ministry and by different non-governmental (Kouta & Kaite 2013).

Homecare nurses are requested to assess the health of older people, always taking into consideration the home environment in order to be more ready to identify specific needs and to help solve these needs or provide relief (Kouta & Kaite 2013). Unfortunately, this programme is only offered in a few places of Cyprus (Kouta & Kaite 2013; Katsioloudes 2007), so a lot of elderly people living in their homes are not able to use this service. The abovementioned demographic trends concerning the ageing population of Europe highlight the increased need for people of third age to receive appropriate care, however there are a limited resources to meet all of these growing

needs. One market-based reaction by private housing agencies is the hiring of migrant women as caregivers.

It is a fact that the increasing need for care for older people has led to a rise in the amount of domestic workers being hired. This excessive need has led to the hiring of domestic workers from foreign countries who come to Cyprus for work and this established the circumstances that have transformed the economy of Cyprus from a labour-exporter to one that gradually depends on immigrant labour.

Cyprus has a specific visa scheme in order to attract and hire domestic workers in private houses of elderly people. At the moment there are around 30,000 TCNs who have a domestic work visa. This calculates to 50% of all workers from third country nations in Cyprus, making domestic work the biggest sector of employment for these people who come to work in Cyprus from non-EU-nationals. Female immigrants from South Asia dominate in the caregiving domestic work area. Women from the Philippines are the most numerous ethnic group in Cyprus, followed by Sri Lankans, Vietnamese, and Indians (Pavlou V., 2016).

Concerning the length of stay of those domestic workers who are migrants the maximum length of stay is 6 years (the original licence is for 4 years+ 2 years for the renewal). If the domestic worker wants to keep working in the same employer he/she has the opportunity to renew his/her visa after the 6th year (http://www.moi.gov.cy/moi/crmd/crmd.nsf/All/5314ED0D3F68CA9EC2257D2C003A4DC2?OpenDocument)

It is very common nowadays in Cyprus, for families to employ migrant women as domestic helpers to offer caregiving to their relatives or parents. Unfortunately, a very large number of these workers do not have the appropriate skills to provide care in these circumstances. So, this project is very important if we are to teach new skills to migrant caregivers and through this knowledge and their experience to ensure an appropriate care service is delivered to those people in need.

2. Objectives

2.1. General Purpose

The main objective of this work is to verify the importance of training migrants in basic care for dependent people at home.

2.2. Secondary Objectives

- Visibility of the care provided to elderly people by migrant workers
- Incorporation of migrants in the labour market in order to find interesting positions and develop their careers

3. Methodology

The type of work that has been carried out is a systematic review of scientific articles related to the care of people of third age with dependency and difficulties. In order to find out which are relevant to these issues we have used the scientific platform of Google Scholar. Unfortunately, we did not find any articles in Pubmed, Scopus or other platforms. The search for the articles was conducted from May to June 2020. In order to find specific articles we have used the following keywords: migrants, caregiving, elderly people, long term care etc.

After careful consideration and proof reading of the titles of the articles found in Google scholar we have selected 7 articles that have relevance to migrants, 3 articles relevant to long term care, 1 article from the National Statistics service of Cyprus about the demographic data of migrants in Cyprus and 6 articles connected to the home care of older people.

3.1. Inclusion Criteria

- Articles published from 2010-2020 (however, we have also used some historic articles from previous years which we consider important to include
- Articles that address the objectives to be addressed
- Articles written in Greek or English.
- Full text articles available

3.2. Exclusion Criteria

- Articles published before 2004
- Articles not found available in full text and those which did not have free access
- Duplicate articles

4. Results

Regarding our topic, following the bibliographical search we did not manage to find any articles referring to migrant caregivers, domestic workers for elderly people and the training provided in Cyprus to them.

We have found only a few articles which refer to these important issues but very little commentating on the precise situation that exists for migrant caregivers in Cyprus and their training.

Demetriou C. and Trimikliniotis N. (2011) state in their article that the provision for allowing the hire of TCNs and issuing entrance licences to migrants in Cyprus is influenced by the tendency to hire migrants for jobs that Cypriot people do not want or wish to do, which are usually low-skill, low-status and poorly paid. Migrant workers in Cyprus have little, if any chance for training and improvement and not even given a chance for promotion or progression in the employment hierarchy, as they are dependent on their employers on how much time they will stay working in Cyprus.

Also, the same article states that away from the judicial adjustments that have been made, a lot of additional measures are expected to be offered in the next years for migrant workers in Cyprus such as:

1) Activities for provision of specific data, awareness-raising and training for these people
2) Language classes
3) Equal treatment at work
4) Access to justice

Regarding the language courses it was found from research that language training remains inadequate in response to the migrant worker model and policies in Cyprus have not changed significantly in the past three decades. From this research it was shown that language is a barrier for TCN migrants who work in Cyprus and this obstacle makes it difficult for them to access the labour market (Drousiotou and Mathioudakis, 2017).

All of these above mentioned issues are very important to migrants and refugees working as caregivers in Cyprus, and issues which we will try to address with our training and generally through our project. With the questionnaires which we will provide to the migrants we will have the opportunity to review their working conditions, their language level in order to help them improve their use of Greek language to be more ready and confident to work. From the questionnaire data we aim to identify the specific training that is most important for them to provide the appropriate care to older people.

Something which occurs frequently in Cyprus, but also in other EU countries, is that people seeking to employ care givers, do not differentiate house-maids and caregivers, believing that these two jobs are the same. It is very important for people to know the difference between the two. A lot of families hire migrant women as house-maids (to do domestic tasks in the house) but then also require them to work as caregivers. It is our view that if households require these women to also provide personal care, they must enable them to do further training in order to be ready to face caregiving challenges.

From our experience in Cyprus Third Age Observatory and as we have completed different seminars for Cypriot caregivers for elderly people we have reached the conclusion that Cypriot caregivers do not have the appropriate training to help older people. This is alongside the concern that migrant workers also have language difficulties. So, it is very important for us to offer specific training to those people in order to improve the caregiving services provided.

5. Discussion

With the quick expansion of the population of the elderly, especially those who are 85 years old and above, a lot of these people will feel a loss of independence. Despite the fact that the elderly people have the option of institutionalized long- term care, many prefer to stay at home. Staying at home regularly requires assistance which may be offered by programs which are formal (agencies) or caregivers who are informal. Informal caregivers and generally the caregivers of these people often feel anxious,

have financial difficulties and experience burnout which increases the risk for elderly people to be admitted to nursing homes (Van Houtven et al., 2010). From the articles which we have read for this literature review but especially from our experience, it seems that the training for caregivers of elderly people and specifically for migrant caregivers is essential.

As Van Houtven et al., 2010 states in their article caregiver training has to be designed in order to overcome the existing obstacles. Overcoming these obstacles may be feasible via in-home phone or internet training beyond the usual hours of business work, and by customizing training to assist in reducing the levels of health problems experienced by caregivers.

Also, Thiyagarajen et al., 2019 states that caregiving can be challenging and caregivers of vulnerable people frequently experience isolation and are at high risk of suffering distress or depression. Given guidelines contain evidence-based suggestions to help caregivers. Further to this, caregivers need fundamental information about the health conditions of the people they are working with (the elderly) but also support to build a variety of useful skills, for example, how to move people from a chair to a bed with safety or how to help him/her with bathing. Additionally, elderly people but also the caregivers should be provided with information concerning the community-based resources available to them.

As Burgdorf et al., 2019 states in their article, low levels of training for the caregivers are a missed chance for the health care system. Previous work indicates that training is very important to caregivers because it might improve their health and decrease the need for health care by the care giver themselves. Also, there is an emerging model of a learning health system, together with developing a partnership where caregivers and clinicians collaborate in the caregiving process, and this may help in the overall condition of the patient but also it may help the family caregiver and generally the caregiver to feel that they are part of quality improvement attempts.

Additionally, absence of data is a main factor in the vulnerability of domestic caregivers, especially migrants who may face extra barriers with language and other obstacles, while attempting to steer complicated legal systems to understand their rights and responsibilities as personnel. No precise data on crucial facets of their employment can precede to lenient implementation of protecting law and to misuse (Pavlou V., 2015).

6. Conclusion

From the above mentioned articles we can come to the conclusion that the training for the caregivers is a very important aspect and a must in order to be ready to provide the appropriate care for elderly people and people in need generally. Especially for migrants who come to Cyprus most of the time without knowing even the language and have a lot of difficulties in their work due to this, it is very important to learn the language and be trained in the basic knowledge and practical skills of care.

Having general knowledge about different issues guarantees being able to provide optimal care in elderly dependent patients. From our experience it was found that there are some barriers when carrying out training programs such as lack of transportation and lack of conception of need for this. So, it is very important to provide solutions to them by offering alternatives and promoting the usefulness of care counselling.

It is a fact that, caring for the elderly without having the appropriate knowledge of care can be very risky both for the elderly people but also for the caregivers. It is very dangerous for the elderly people because they will not receive the appropriate care specific for their needs and their situation may worsen. Also, it is dangerous for the caregivers because they will not have the knowledge or the skills to provide the appropriate care and they may be responsible for the worsening of the situation of the elderly people. Also, they may not control their emotional distress so it would be more possible for them to experience, overload, burnout and gradual resignation.

Likewise, and as life expectancy grows at a very fast pace, the number of dependent people at home who will need care will also increase. For this reason, the next few years and in the future, there will be a rapidly increasing need to hire caregivers to help and care for elderly dependent people at their houses. Unfortunately, employment in the caregiving sector in Cyprus is not a highly valued job, and many Cypriots do not choose it as work. So, there is a lack of caregivers, that's why the families of dependent elderly people hire migrant caregivers who come to Cyprus in search of work and a better future.

In order for care provision to become safer for both caregivers and older people, it is essential for caregivers to attend training courses. But if we want them to be ready to attend training courses we have to adapt this training to their existing skills, to their language, resources and abilities in order to be more successful.

It is very important for the caregivers before they start working in the caregiving process to train in the basic knowledge and appropriate techniques of care in order to minimize any possible risks. Both for them and for the elderly people. Initiating community based training courses to these people will also make the care profession more attractive in the labour market. This support to health staff will provide guidelines based on scientific evidence and offer help to caregivers in order to avoid burnout and stress issues and be more ready to give the appropriate care specific to the needs of elderly people.

- **Migrants' employment/unemployment rates and educational status in Europe**

Over the last 60 years, international migrants have preferred all countries of Western Europe as destinations for work. From research it was found that naturalized citizens of the EU working and living in Europe are financially more integrated than those who can be considered as third country nationals.

It was found that naturalized immigrants are being employed in better positions and have higher employment rates than legal foreign citizens. The employment of third country national migrants is gradually appearing as the principal way of reacting to the increasing need for high skilled or medium skilled jobs in the labour market. At the

same time, the EU encounters an ongoing demand for labour that is considered as being low-skilled. For these reasons, all present EU candidate countries, and EU+EEA member states during the period of the 21st century, will either remain or become countries for immigrants. In 2005, comparative to the size of population, Cyprus had the largest balance of migration (+27.2 per 1,000 inhabitants).

It was observed that a lot of third country national migrants have high education (25.8%). Migrants with low formal education are only 36.3% of the total migrant population, while people with medium formal education are shown to represent 37.9% of the total population. This fact is mainly a consequence of the demand that the EU labour markets are creating for employment of high and low skilled migrants (Münz, R. (2007). Migration, labour markets, and integration of migrants: An overview for Europe (No. 3-6). HWWI policy paper).

The high unemployment rates amongst unprivileged immigrants is one of the most vital problems which the EU is facing today. It is a fact that countries systematically differ with respect to labour market regulation, the chances of immigrants seeking employment will therefore differ between two institutional syndromes or regimes: the syndrome of movement, honesty, flexibility and inequality and the syndrome of safety, closure, fairness and severity.

In recent years, the preference of migrants all over the world to work in European countries has gradually increased. Inadequate financial integration of immigrants, their frequently low participation in the labour force, wellbeing dependence and beyond all their high unemployment rates are the top barriers that migrants are facing in these countries. Current male and female third-country immigrants, compared to the native-born population, are facing higher unemployment in European countries (Kogan I., 2006, Labor Markets and Economic incorporation among recent immigrants in Europe).

From the research it was noticed that migration boosts unemployment in countries with emigrants. The differences in skills between the migrant people and the people who stay in the country are important: it is vital whether the skills of migrant people replace or fill in those workers who stay. If the migrant population are mostly those who were hired (or who were expected to be hired), migration might increase the unemployment

rates. If migrants were not employed prior to their leaving, or if those who remained got the jobs before taken by hired migrants, migration might have effectively eased migrant countries of extra labour, and contributed to reducing unemployment and improving salary increase. Though, if migrants seized related skills, labour deficiencies may have been magnified (Škuflić, L., & Vučković, V., 2018).

The legal foreign migrants who work in Cyprus are 21.6% of productively hired people. It was observed that the growing number of workers in Cyprus who are from foreign countries reduces labour expenses for businesses. Nevertheless, it is frequently argued that it increases unemployment for household (domestic) workers, particularly those who have comparable skills with those of the migrants. Also, the usage of low-cost labour could boost employment for workers who have high skills or encourage domestic workers to take higher positions.

Generally, it is not easy to estimate the impact that immigration has on domestic work. Apart from the differences that exist for the education level and the skills of the immigrants, the subsequent effect is based on other elements, such as how many migrants are working in the country, changes in immigration waves, and other individual migrant features like country of origin, age, gender and if they are legally working in the nation or not. Additionally, over time these results may change as the immigrants usually develop new skills and gain experience in the labour market of domestic care. As well as changes in relative salaries, individual capital assets by domestic workers are influenced. In previous years, a growth was observed in Cyprus in the foreign migrant workers which was especially high for areas where it was not required for someone to have high skills, such as domestic care and the tourist services.

The fact that the Cypriot people want to have more leisure time and more time for themselves, increases the need for the employment of migrant workers in domestic care. Additionally, because there is an increase in the number of women who have higher education, salaries received by female workers are therefore higher which gives them the opportunity to pay for the costs of employing a domestic carer. More generally, the increase in the number of Cypriots who have higher education skills, resulted in deficiencies for workers who are unskilled and this also caused the increase

of foreign migrant workers into the market of Cyprus. A growth in the share of foreign workers does not influence the possibility of labour force involvement in Cyprus; the fact that the foreign migrant workers in Cyprus are increasing and are getting the low paid jobs does not have to influence Cypriot citizens to stay inactive.

The increase of the foreign workers affects each age group. If the person is between 20 and 24 years old, then despite any degree he has, one percentage group rise in the share of foreign workers in the relevant employment sector raises the chance that the person has an unemployment percentage of 0,28%. Moreover, a rise in the share of foreign workers by one percentage unit raises the probability of unemployment for people who are between the ages 25-29 by 0,35% if they have basic education, 0,26% if they have secondary education and if they are tertiary education graduates 0,39% (Christofidesa, L. N., Cleridesa, S., Hadjiyiannisa, C., Michaela, M. S., & Stephanidesb, M., 2009).

The official amount of people who are not from Cyprus and are residents in the area under the control of the Republic of Cyprus, whom the majority of which are migrant workers, is expected to be around 180,195: 97,638 EU citizens, the other 66,187 are TCNs, and the other 7,803 are students. From the TCNs, the most of them (about 35,000) are domestic carers and a lot of them are employed in agriculture areas. 3,413 TCNs are employed in different global enterprises and another 9,123 with work licenses. Also, from this group are 2,270 are asylum seekers and refugees. Also, there are around 25,000–30,000 irregular migrants.

Cyprus represents the fourth best unemployment rate in the EU. Cypriot unemployment was mostly influenced by unemployment in the construction and tourist areas due to the economic crisis. Some trade associations are calling for more limits in the hire of TCNs, though the employers' association is strongly in favour of additional migrant workers to fill in the jobs that Cypriots do not want to take. The pre-condition for giving migrants jobs and permits for their entrance to Cyprus is the fact that they are employed in jobs that Cypriots do not want to do because they are low-skilled, pay and low status. TCNs have few chances to develop their skills through training and no chance to progress in the employment hierarchy in terms of career change or

promotion, as their stay in Cyprus depends on the specific employer and their jobs (Trimikliniotis and Pantelides 2003; Charakis 2005).

Given that it is a requirement for a TCN migrant to be employed in order to get a work license, it is not likely to create a connection between unemployment and TCNs, although migrant young people whose families existence is not stable in Cyprus may be facing unemployment. Given the current anti-immigration and xenophobic discourses linking migrants the increase of unemployment, a study published in 2009 (Christofides N., Clerides S., Hadjiyiannis C.,Michael M.,Stephanides M., 2009), which despite the fact that does not deal with unemployment of migrants as such, it explores the influence of migrants on unemployment, participation in the labour force and employment which is not full-time. The results of the study showed that, despite the fact that in the last fifteen years, the sharp rise of the number of workers in Cyprus are migrants, the participation of migrants who work in Cyprus has not affected the general unemployment rates or total participation in the labour market; Migrant workers in Cyprus are considered as ''groups at risk'' from the National Action Plan for Social Inclusion for the period 2004–2006 published by the Cyprus Ministry of Labour and Social Insurance in July 2004 (Trimikliniotis, N., & Demetriou, C., 2011).

The assessment of existing successful theoretical and methodological approaches in the integration of TCN's in the labour market

Integration is a term that is used to define cultural, political, social and financial procedures that arise when migrants come to a new society. Integration problems are not particular to migrants and a lot of migrants do not have integration problems. Migrants are not considered as a homogeneous group. This can be prevented by some easy adjustments. Instead of bringing about the integration of migrants, someone might help to develop a society which is consistent and better integrated out of many different parts of which these people are only one.

As integration is an academic concept that is disputed and as there is not a long term idea of an EU integration model, it might be profitable to describe integration as a reasonable contribution to target people in the economical, social, political and cultural fields of the host European groups. In this viewpoint, a level (which can be considered as

satisfactory) of migrant integration is achieved when migrants have related participation forms as non–migrant people. For example, this means similar labour-market involvement (financial aspect), similar election turnout models (political dimensions), related structure of views in the direction of basic democratic principles (cultural dimension) and a similar access to social benefits (social dimension). Migrants and refugees are integrated when they reasonably participate also in the economical, cultural, and political aspects of the host society. Undoubtedly, sometimes migrants are better integrated than local citizens when not all of them are being integrated in the host society.

When migrants arrive in the host country from all over the world, they bring with them patterns of migration that are new. Some of them adjust and settle culturally to their new environment whilst at the same time enhancing the regional culture and the range of ethno-cultural characteristics. Other people keep international activities and connections. It is important to attempt to develop new policy tools to merge cultural and ethnic multiplicity, political and social cohesion and equal chances for all the people.

In conditions of responsibilities and duties, the theory of equal opportunity among all local people requires that TCN's must respect the rules and the statute of their host country. They must also, as all the EU people, respect the Universal Declaration of Human Rights, European law, the Charter of Fundamental Rights of the European Union and tomorrow, the EU constitution. These documents reproduce the set of essential standards (democratic system, the rights of people, no racism, gender fairness, respect for the psychological and physical truth of the person, respect for diversity in the culture and identities that are not flexible and that have to be shared by all EU citizens whatsoever their ethno-national individuality and belief (Martiniello, M., 2006).

Cyprus, due to its strong economy and rewarding labour market and as a member of the EU from 2004, is being considered as a desirable migration destination. The elevated migrant arrivals in the last 15 years came to an end only in 2012-2015, due to the extraordinary economic crisis that hit the republic. Though, migration movements have increased again since 2016, especially in the last six months of 2018, for a lot of

different reasons including the quick improvement of the market. A lot of newcomers from non-European countries are coming mostly from Sri Lanka, India and Philippines (Republic of Cyprus, 2017), including labour deficiencies particularly in the low-skilled areas of the labour market. In 2017, the share of the TCN's was extremely high, accounted for 7% of the total people of Cyprus (Koutsampelas, C., Theodorou, M., & Kantaris, M., 2020).

The National Report on the Strategies on Social Protection and Social Integration 2008–2010 lists the integration of third country nationals as a measure for the advancement of effective presence of groups which are considered as vulnerable. This contains references to full integration into Cypriot society, entry to social services, employment training for refugees, safety of children who are alone, and training of the Greek language. Considering the most important challenges that these people face, goals and priorities, the Report mentions the need for urgent actions to fight social exclusion and poverty: -among the groups who are considered to be at risk are also included the third country nationals.

Integration entails a fundamental adjustment in the way in which migrants are recognized and are structurally situated in society. More specifically, it involves a drastic transformation of the existing model for migrants and refugees which have to change from the short-term interim model to a strategy of awarding long-term status to these people who have a conferred interest to be produced and adjusted in Cyprus. The basis of the reception model must be a model which is multicultural that discourages racism and promotes equality, belonging, dialogue and participation and respect for change (Trimikliniotis, N., & Demetriou, C., 2011).

Identification and evaluation of previous or ongoing initiatives with similar objective at national and international level

The EU Integration Action Plan of Third-Country Nationals has been adopted at the 7th of June 2016. The Plan offered a complete context to assist Member States' attempts in creating and improving the policies of migrants, and defines the specific strategy, effective and economic actions the Commission will execute. Whilst it focuses on all third country nationals in the EU, it includes measures to focus on the exact challenges

encountered by refugees (https://ec.europa.eu/migrant-integration/news/europe-integration-action-plan-of-third-country-nationals-launched). This plan will help these people with the language, will train them and will help them overall with their residence in the country.

Also, a newer report on Labour Market Integration of Third Country Nationals in the EU Member State was developed in 2019 that confirms the importance of the training and employment of the third country nationals, which are the most vital tools for integration. For these people it is very important to find a job in their host country in order to feel that they are members of this country and they have a voice in the economical and social life.

From our research, we have found that the International Organization for Migration (IOM) has an association with HomeNet Thailand and the National Catholic Commission on Migration to give training on skills on the caregiving of elderly people for female migrants. The course has a 10 week duration and is 80 hours training and it happens every Sunday. This program is likely to help thirty two migrant domestic workers from Myanmar. Components will be specifically customized to the requirements of the group and will cover a wide variety of issues. These consist of meeting everyday demands of the people of third age such as dressing, bathing and personal grooming. The focus will also be set on giving essential training in medical skills such as chronic disease management, first aid and nasogastric intubation. (available at: https://www.iom.int/news/iom-launch-elderly-caregiving-training-migrants-thailand).

Instead of this training program that is developed in Thailand the training programmes developed for migrants and refugees in European countries are limited or not existing. In Cyprus, despite the fact that there are a lot of training programmes for people working in caregiving none of them until now, has involved migrants and refugees who occupy a very large part of the labour market in caregiving in Cyprus. Only Migle Program from MMC company in Cyprus is helping these people and third country nationals to adapt and find a job that they like and can do based on their qualifications. They also help them with the Greek language, but the program is not based in the training of basic skills about caregiving, which is a very important factor.

So, it is fundamental for trainings to be developed to help these people to adapt more easily, teach the Greek language (which most of the time causes a lot of misunderstandings) and develop their skills in the caregiving sector in order to be more ready to face any difficulties they find in their work and help appropriately elderly people who have an extremely need.

- **The caregiving status, and policy and procedure reviews in Cyprus**

From the researches it was found that the number of people who are above 60 years old is likely to increase from 962 million in 2017 to 21 billion in 2050 in EU. This worldwide phenomenon affects a lot of countries all over the world, although the speed of growth and therefore the percentage of people of third age varies among countries. The older that people become the higher is their morbidity and this makes them more dependent on care from other people. An estimation about the people in need of care in EU between the years 2007 and 2060 showed a very extreme increase to 115%. Studies have shown also that in the EU, a very big percentage of care (60%) is offered by workers in the caregiving sector who are not formal. Modifying structural and social factors will underline this condition and will possibly lead to a change from non-formal to professional care. These facts together with the increase of the number of people of older age and people who need care as well as the lack of qualified and formal caregivers create an extreme challenge for the next years concerning the composition and organization of care which is long-term for a lot of countries.

Caregivers hope for protection as well as reliability and trust from the relatives of the dependent people. A few helpful impacts, for example, decrease of low mood and anxiety were linked with the use of relieving techniques. An absence of being flexible as well as bad quality were mentioned in studies as excuses for the non-use of the caregiving services. The identification of the caregiving role was also recognized as a need of non-formal caregivers in the existing review. Recognition was an expressed desire, need, or belief from society members. Caregiving has to be identified as a stressful situation that requires a lot of time. The asserted necessity for recognition of the role of caregivers, gratitude, and knowledge indicate this. The absence of this recognition by the government may lead to lower assistance and cause dissatisfaction

with the caregiving role, social loneliness, self-neglect, and worry for own protection. Recognition from government for non-formal caregiving can be obtained from strategy programs or specified advantages for non-formal care. The styles and ranges of state accountability vary globally. Differences can be found in economic maintenance commitments, sharing of duties between the state and the family, measures of support, economical support actions and in-kind services (e.g. monitoring, home support devices).

It is essential to reduce time in work or have working hours which are flexible in order to form the long-term care for a relative who is care-dependent to similarly fulfil the obligations at the workplace. Consequently, it is important for the caregiver to have a balance at his work. A division should exist between a job which is functioning and life balance. Respite in this situation allows a chance to rest or to follow the preceding leisure events (Plöthner, M., Schmidt, K., De Jong, L., Zeidler, J., & Damm, K.,2019). In terms of needs assessment, there are frequent inconsistencies in perceptions. Usually, people with dementia state a substantially lower number of needs that are not met than the people they are being cared for. The reasons for this difference might be an absence of understanding of obstacles, absence of information about the services that exist and obstacles to the access of these services (Bakker et al., 2014; van der Roest et al., 2009). An analysis of the literature examining self-rated demands noticed that the areas in which demands are expressed by people with early to mild dementia are not related to instrumental activities but to their well-being (van der Roest et al., 2007). For instance, demands were described in the fields of obtaining respect and a wish to face their issues.

To report and recognize these needs may be linked to the commitment to participate in formal care. The division in the viewpoint of the person with dementia and the carer might in fact lead to differences in decision-making concerning the approval of care (Wolfs, de Vugt, Verkaaik, Verkade, & Verhey, 2010). From previous researches it was found that isolation has a bad impact on one's overall health (Holmen & Furukawa, 2002) and dementia onset can be predicted if the person is feeling lonely (Holwerda et al., 2012). This underlines the value of a lot of interventions. Meeting needs regarding company is crucial for a further reason: in the present system of healthcare, the social

system is progressively implicated in offering care (Dam, de Vugt, Klinkenberg, Verhey, & van Boxtel, 2016). Investing in a stable and consistent social system is so vital both to reduce isolation and to develop your care system (Kerpershoek, L., de Vugt, M., Wolfs, C., Woods, B., Jelley, H., Orrell, M., & Handels, R., 2018).

Policies and procedures in migrant caregivers in Cyprus

The necessity for the employment of domestic workers is linked with the increasing requirement of living of some families in Cyprus. In other cases, domestic workers are hired by people who are in need and most of the time people of third age, and this indicates the fact that social services for the people of third age and the people who have disabilities in Cyprus are undeveloped. There are not any procedures controlling caregiving work, except for the hire procedure of domestic helpers. The process of releasing work licenses is controlled by Laws on Aliens and Migration and by Decisions of the Council of Ministers and of the Ministries Commission for Alien issues. The applicants should submit them to the District Labour Offices that examine and prove if the criteria for employment of migrants and refugees are met (i.e. the review into the probability of pleasing the wishes of the employer by local labour force, European citizens or Cypriot).

The submission forms are forwarded to the Civil Registry and Migration Department of the Ministry of Interior, the liable authority for releasing work licences.

Employers could hire domestic workers if the following situations occurred:

(a) When both partners are hired and thus contribute to the Social Insurance Fund, and are parents of children under 9 years old;

(b) When the family has a yearly taxable salary higher than 32.000 Euro;

(c) In case there is necessity for care for people of third age, people in need or with severe diseases and more generally people who cannot take care of themselves alone

(d) When the migrants are going to work in the houses of managers or in the houses of political people in foreign embassies based in the Republic of Cyprus.

The employer should also submit a letter for bank assurance of 300 to 700 Euro (the specific amount depends on the country of origin of the employee) to cover the costs of expulsion; (Trimikliniotis and Souroulla., 2006).

Regarding the minimum salary wage that a third country national worker in Cyprus can take every month this amounts to €460. 15% from this amount is being removed for diet, 10% for accommodation, 8,3% for social insurance and 1,7% for the national health system. The health insurance of the employee is paid in half from both sides. However, in case that the contract has been set and a different salary has been agreed which is above the minimum wage then the salary that is indicated in the contract applies. Another very important issue is the annual leave that a TCN worker has the right to take. As these people work in a 6-day week basis (they have off often every Sunday) they are entitled to 24 days a year annual leave (Cyprus Government, Department of Employment Relations).

The need in Cyprus for high-skilled caregivers who can help elderly people are enormous. From our experience we have observed this from our members, who want a person to care for them who is skilled and can manage difficult situations. Most of our members and their relatives prefer to employ caregivers who are nationals and speak the same language as themselves. However, the caregiving domain is not a choice that the Cypriots prefer as it is considered as a low-paid and low-skilled job. That is the reason, elderly people and people in need employ third -country nationals who come to Cyprus for work. The problem with these people is that most of them do not know the Greek language and this causes discomfort to the elderly people and a lot of misunderstandings and some of them do not even have the basic skills to help elderly people. To conclude, it is fundamental for these people to be trained and learn the language to help appropriately people in need as much as they can and learn basic caregiving skills in order to be more ready to face the challenges that the caregiving domain may present.

Even though the migrant population from third- country nationals in Cyprus consists of a large amount of the labour market there are not a lot of recent articles that explain the experience of these people, their educational rates, the opportunities that they have in

training etc. It seems that in recent years there are not a lot of bibliographical references for these people and that is why the last part of our report were based on articles from previous years. However, the information does not seem to have changed from these years so we can base our report on this data and findings to give an image of what is happening with these people who come to work in Cyprus in the caregiving sector.

Resources links Cyprus

Resource	**Link**
Move to Cyprus	**https://movetocyprus.org/relocation-guide/immigration-residency-in-cyprus/?gclid=EAIaIQobChMI7aPQwPPY6wIVg-FRCh3EKQI-EAAYASAAEgL69_D_BwE** **Main points of the article:** 1)The EU Nationals have to apply for a yellow slip to live and work in Cyprus while non EU nationals have to apply for a pink slip (Temporary Residence Permit). 2) Non EU citizens who plan to travel to Cyprus for business or leisure time need to get a short - stay visa (valid for 90 days) - Stay for more than 90 days - pink slip. 3) Visitor's visa (pink slip): It applies only if a non-EU resident is married to a Cypriot, is a child who is born in a foreign country, has a citizen parent in law or if is a person who does not need a work permit because he has funds not to work in Cyprus. 4) If EU or non EU residents legally resided in Cyprus for more than 5 years can be granted as permanent residents.
Asylum Information Database	**https://www.asylumineurope.org/reports/country/cyprus/statistics** **Main points of the article:** The most asylum seekers in Cyprus in 2019 were from Syria, Georgia and India.
Civil Registry and Migration Department	**http://www.moi.gov.cy/moi/crmd/crmd.nsf/index_en/index_en?OpenDocument**
Department of Labour	**http://www.mlsi.gov.cy/mlsi/dl/dl.nsf/page5j_en/page5j_en?OpenDocument** 1)Foreign students in Cyprus can work in some fields but under specific conditions

	2) TCN's students of recognised universities or university programmes are allowed to work up to 20 hours per week, in specific occupations and specified sectors of economic activity (have to be full time students and enter Cyprus after 10th of May 2019) 3)Areas that TCN's students can work (trade-repairs, health and social care (home of elderly people or elderly home centres, household activities, agriculture, food industry, hotels and restaurants)

Field Research Cyprus

1. Questionnaires

1.1. From stakeholders

MiCare – Questionnaire Results for Stakeholders

PART A: Companies that train, hire or support migrants

We have used thirteen participants who employ migrants and refugees to see their point of view about the situation that exists with them in Cyprus and if they know basic things about their employers. Almost all of our stakeholders are employers of migrants and refugees who work in homecare or the relatives of these people. We have collected only one questionnaire from a stakeholder who works in an elderly home care service. From our communication with the Labour of Immigration office we were told that the managers of nursing homes are now allowed to employ migrants and refugees except if they are students or if they have a special licence. The manager that filled our questionnaire has a special licence from the responsible departments in order to be allowed to employ third country nationals.

Additionally, we were informed that the nursing homes can employ students that are third country nationals as part time employees and their working hours must not coincide with the time of their lessons at the university (20 hours per week) or in case their lessons are interrupted they are allowed to work 38 hours per week.

All of our participants gave their consent to complete our questionnaire. All of them answered that they are employers in home care or nursing homes.

PART B – Organisation in the care sector (Applicable only for those in care)

In part B, when they were asked about the nature of their organizations the most of them (53,8%) answered that they employ migrants and refugees in order to provide care at homes of people in need. Two out of thirteen answered that they employ migrants and refugees who provide care that is based in home and social care (15,4%) and four of them answered that the provided care is not in the categories that are displayed in our questionnaire.

All of our participants (100%) answered that they employ migrants and refugees. The main basic roles of them are the care of elderly people and the treatment of wounds, the cleaning of houses, the personal care of the elderly people, rehabilitation, the preparation of their food and shopping etc. When they were asked if they know the social and working conditions and issues arising with the migrants/refugees the most of them (9 out of 13 – 69,2%) answered that they know about them while four out of thirteen (30,8%) answered that they do not know about the issues arising with third country nationals migrants and refugees who work in Cyprus. The next question was about the gaps they have in their knowledge about migrants and refugees. The majority of them answered that they do not have a lot of information about the health system that is provided for these people. It is very important to help these people find out more information because health is very important especially for these people who work with vulnerable groups.

The next question was whether as stakeholders they provide guidance to their employees, either before their arrival, during their stay in the host country or after their accession. The vast majority of our participants answered that they provide guidance to their employees (10 out of 13-76,9%). Only three of them answered that they do not provide this guidance (21,1%). As examples of this they shared that they explain to them the differences between Cyprus and their home country, the obstacles and risks that may be found in their stay in Cyprus and more generally about the conditions that exist in Cyprus. The next question of this part was whether they provide skills recognition and validation of non-formal/informal competencies of caregivers. Ten out of thirteen stakeholders (76,9%) answered that they do not provide this recognition while only three of them answered that they provide it. The majority of them leave comments that they do not know the process in Cyprus in order to help their employers with this recognition. So, it is of fundamental importance to update them about this and make them understand the importance of sending these people for further training and education to the appropriate organisations. Connected to this and as they do not have any knowledge about this information, the majority answered that they want to be

informed about the development of future training, peer support and knowledge to support their employees in their caregiving work force (92,3%).

PART C – Caregiving at the time of a pandemic

Part C of our questionnaire was about the caregiving in the period of Covid-19. All of our participants were asked if they think they are resilient to care effectively for their employees during the period of the pandemic and all of them answered that they think they know how to protect their employees from this situation. Finally, regarding the measures taken for the pandemic the majority of the stakeholders stated that they did not allocate the work for their employees (8 out of 13) while only five of them answered that they have done it. Regarding the workforce growth due to the pandemic, almost all our stakeholders answered that they did not take the necessary actions for this. However, the stakeholders who took part in our research the majority of them, agreed that they help in the team cohesion and commitment about the pandemic and they have provided special training to their employees about the pandemic of Covid-19 and how they should protect themselves and the people for whom they care.

All of our participants answered that they have provided their employees about special equipment for safety reasons such as masks and gloves and they have given specific guidelines and information about how they can provide their care to dependent people and people in need with safety. Finally, almost all of them (12 out of 13) answered that they provide social support to their employees about such as help to access hospitals and health, services, financial support, awareness raising etc.

From the answers given from the stakeholders we can come to the conclusion that a lot of them do not have the appropriate approach and information in order to help their employees in basic areas of their living in Cyprus, such as training programmes that exist in Cyprus, their national health system etc. This is something very important that can make us consider the fact that some people care about their employees only in the matter of work and they don't care about their living and the more humanistic part. They may see them only as workers and employees and nothing more than this.

1.2. From migrants

Questionnaire for migrants and refugees

Questionnaire:

The questionnaire was collected from 30 migrants working in Cyprus. 29 answered the questions in paper form and only one answered them using Google form. From 30 migrants that have filled our questionnaire all of them have agreed to participate in our project (100%).

The first question was about their age group and you can find below their answers:

18-25 years old	4
26-35 years old	10
36-50 years old	10
Above 50 years old	6

Concerning their gender, all of our participants were female (30 out of 30 - 100%). The third question referred to the educational background of the participants. 1 of them answered that she has completed the primary school (3,3%) another 1 participant answered that she has completed only four years of school (3,3%). Four of our participants answered that they have completed gymnasium and this is an amount of 13,3% of our total sample. The most of them have answered that they have completed the lyceum or ordinary level (12 out of 30 and 39,9%). 11 of the 30 participants have answered that they have completed the college level (36,6%). Finally, 1 out of the 30 participants answered that she has studied housekeeping in technical high school (3.3%).

Nationality: Regarding the nationality of our participants the most of them were from Nepal (10 out of 30 – 33.3%) and from Sri Lanka (10 out of 30 – 33,3%). 7 of them were from Philippines and this amounts to 23,3% of our total sample. Only two of them were from India (6,6%) and only one of them was from Vietnam (3,3%).

PART A- Language and workplace culture

1. How would you rate your level in understanding and conversing in the language of your welcoming country (from 1 to 5)?

	Level 1	Level 2	Level 3	Level 4	Level 5
Oral Comprehension	9	9	7	3	2
Reading Comprehension	18	3	4	1	4
Oral Expression	9	9	6	1	5
Written Expression	16	4	3	3	4

The first part of our questionnaire was about the language and the workplace culture of these people. Regarding the Greek language which is very important to know in order to

work properly in Cyprus, it seems from the results that the most of them have a lot of difficulties and do not know how to communicate.

The second question was about how settled they feel in their hosting community. The overwhelming majority of the participants (26 out of 30 – 86,7%) answered that they feel good and settled in Cyprus. Only two of them answered that they do not feel settled in their hosting community (6,7%), one of them answered that she prefers not to say anything about this (3,3%) and one of them answered that none of the answers cover what she feels (3,3%). Two of the participants also left comments for this question. The first participant answered that she likes it very much and she feels good and the second participant answered that unfortunately she cannot communicate.
The third question was about the experience of prejudice in their new community. Just over half of them answered that they did not experience prejudice in Cyprus (16 out of 30 – 53,3%), while nine of them answered that they experienced prejudice (30%). This is a fairly large percentage if we assume that also the participants that answered that they do not experience prejudice in Cyprus may not share all of their personal experiences, and they may be biased from the questionnaire. It is interesting that five of the participants answered in this question that they prefer not to say anything about that. This makes us suspect different things about their experience of life in Cyprus and it is something that would be good to investigate further. One of the participants also left a comment about this and said that there are some people who are racists, especially the locals.

The fourth question was about the discrimination that they experience in their workplace. Nineteen of our participants answered that they do not experience discrimination (63,3%) while nine of them answered that they experience discrimination (30%). Two of the participants preferred not to say anything about this question (6,7%). One of the participants left a comment that her employee is not that kind of person meaning that he behaves well to her without any form of discrimination.

The final question of part A was about the intercultural challenges that these people face in their workplace. From the results it was found that 16 out of 30 participants (53,3%) answered that they do not face any of these challenges but also a lot of the participants answered that they face intercultural challenges in their workplace (13 out of 30 – 43,3%). Only one of them answered that she prefers not to say anything about that (3,3%). This makes us believe that the intercultural challenges do exist in a very large amount of migrants working in Cyprus so it is very important to stop them with the awareness of the employees for the rights of these people and general more actions that tend to protect these people.

Part B: Caregiving

Part B has to do with caregiving. The questions were about their experience in the caregiving, their skills and some problems they may face. Their answers can be found in the tables below:

1. How much experience do you have in the field of caregiving?

0-6 months	3
6 months to 1 year	4
1 year to 3 years	5
More than 3 years	13
Other	5

2. What skills from 1 to 5 have you developed so far in the field of caregiving?

	1 Poor or no skills	2 Some skills	3 Good skills	4 Very Good skills	5 Excellent skills
First aid	8	5	11	3	3
Hygiene	0	4	2	20	4
Skin care	4	3	3	17	3
Mobility	2	3	4	18	3
Medication	6	5	6	9	4
Blood pressure control	10	6	3	8	3
Temperature control	4	6	3	14	3
Rehabilitation & support towards independence	6	3	2	15	4
Supporting medical team	7	5	4	9	5
Diet & food (meal preparation)	4	4	2	10	10
Mental health support	5	10	2	10	3
Brain injury, stroke and dementia	10	7	2	9	2
Physical exercise	5	6	4	11	4

	1 Poor or no skills	2 Some skills	3 Good skills	4 Very Good skills	5 Excellent skills
Stress management	5	10	3	10	2
Domestic care (cleaning /washing dishes /ironing)	3	0	0	8	19
Planning a budget	5	1	9	3	12

3. Do you experience any of these problems in the role of caregiving to your clients and/or relatives?

Difficulty with communication	11
Feeling emotional pressure or stress	4
Difficulty in performing caregiving activities	1
Managing difficult relationships in caregiving	11
Other	3

Part C: Enhancement of other skills

The part C of our questionnaire was about the enhancement of other skills and about what other support they need for their role as caregivers. Their answers can be found in the table below:

Stress management: handling responsibilities	1
Organizational skills: care planning	0
Personal/interpersonal skills	0
My rights as employee (leave, wages, harassment/discrimination policies, working hours etc)	11
National health care system	3
Activities to prevent isolation issues	2
Maintain a daily nutrition and exercise program	1
Assistance for skills validation	0
Language skills	12

Part D: Caregiving at the time of a pandemic, such as Covid-19

The final part of our questionnaire was about the caregiving work at the time of a pandemic such as Covid-19. It is a fact that the Covid-19 pandemic has affected the whole world and the caregiving as such. The people that need care are most of the times elderly people, who are considered vulnerable groups. So, the very first question of this part was whether they feel able to protect themselves or the people they care for from the pandemic. All the participants answered that they feel able to protect themselves and the people they care from Covid-19. The next questions was whether they know how to protect themselves and the older people from the pandemic. The results can be found below:

1. Do you know how to protect yourself during a pandemic such as COVID-19?

Yes	28
No	2

2. Do you know how to protect older people during a pandemic such as COVID-19?

Yes	24
No	6

The answers to these questions should concern us because the people they care for are considered to be vulnerable groups, so it is of paramount importance to know how to protect these people in real need especially during these times.

The third question refereed to how the pandemic of Covid- 19 has affected their caregiving work in 2020. The participants gave a lot of answers. The most common of them are that they had to work less hours, that they had stayed at their house for two months and that now it is very demanding and they have to be very careful with the measures but also with the equipment they use. Some of our participants answered that the pandemic did not affect their work so far.

The fourth question of this part was about in factors around which they want more information in order to be better and more prepared at their work through these times of the pandemic.

4. I want more information about:

Social support for older people through the pandemic	17
How to inform people without panicking them	13

The next question in this part was to assess their level of self-stress management in a scale from 1 to 5. The answers can be found in the below table:

5. Assess your level of self-stress management in a scale from 1 to 5

Level 1: 1 answer

Level 2: 6 answers

Level 3: 10 answers

Level 4: 8 answers

Level 5: 5 answers

The majority of our participants seem to manage their stress very well. Most of the answers received were above 3 which is the average level. This is especially important because these people need to have skills and psychological resilience to cope with the difficult parts of the caregiving role and work.

The next question was about something very important. It was about whether they know the signs of burn out. The vast majority (80%) of our participants answered that they do not know the signs and only 20% answered that they know them. It is of paramount importance for these people (caregivers) to know the signs of burnout in order to know where to put their boundaries and understand when their brain or their body complains about the physical or psychological fatigue that may get from their work with people in need.

In the next question, the participants were asked to assess their level of resilience during Covid-19 on a scale from 1 to 7. The majority of participants seem to have good resilience through the pandemic.

Level 1: 0 answer

Level 2: 2 answers

Level 3: 5 answers

Level 4: 7 answers

Level 5: 8 answers

Level 6: 3 answers

Level 7: 5 answers

The next question of this part was to evaluate their coping skills in different aspects from a scale from 1 to 5. **Results:**

	1 Poor skills	2 Some skills	3 Good skills	4 Very good skills	5 Excellent skills
Reduce tension	3	10	6	8	3
Maintaining relationships	1	1	10	8	10
Preserving a routine and maintaining schedules	1	1	9	12	7
Keep yourself active/healthy	2	1	6	11	10
Coping with your own feelings	4	7	6	5	8
Knowledge and application of hygiene and PPE	2	3	8	6	11

The last question was about their digital skills. As the years go by, technology occupies a large part of our lives. It is especially important for these people to know how to interact with technology especially these times of the pandemic when the technology helps us connect with the people around us. From the answers we got, the vast majority of migrants do not seem to have digital skills.

Level 1: 6 answers
Level 2: 8 answers
Level 3: 7 answers
Level 4: 5 answers
Level 5: 4 answers

From the overall answers we gathered from our questionnaires, it seems that the most common problem that leads to misunderstanding is language skills. Also, we have observed that a lot of our participants do not have the appropriate skills that are most important in caregiving work, such as skills of first aid and how to cope with mental health issues, which are very common in the elderly population. It is of paramount importance to train these people in these very important skills in order to be more ready to face the challenges that may face in their work as caregivers.

2. Focus groups

2.1. With stakeholders

The focus group of the stakeholders was held at our organization at 14/10/2020 at 17:00 p.m. Five participants took part at this focus group and the focus group lasted 23 minutes. Four of our participants were relatives of people in need who employ migrants and refugees in their houses (home care services) and only one of them was manager of an elderly home care service. The participants of the focus groups were asked six questions.

Do you think is a good idea to train migrants for working in care?

The first question was whether they believe that there is a reason for migrants and refugees to be trained in the area of caregiving. All of them answered that it is especially important for these people to be trained to basic elements of care as they have to do with vulnerable groups and people and must know how to protect them appropriately.

Are there certain barriers making it more complicated for migrants to work in care?

The next question was about the obstacles that these people face when they come for work in Cyprus in the caregiving sector. Almost all of them answered that the main obstacle that these people face is the language, which brings to them a lot frustration and distress because they cannot communicate appropriately with their employers and the people in need with the result of a lot of misunderstandings.

One stakeholder told us that it has to be a must for them before entering to the caregiving sector to be trained in the Greek language. The manager of the elderly care home told us that it is a basic pre-condition for them before they employ migrants and refugees to be sure that they have basic skills, they take into consideration if they have any experience in the caregiving sector. But if they observe that they do not have the appropriate skills but they want them to work in their elderly home care hospital, they try to train them and teach them about basic and important skills. Also, another very important obstacle that the stakeholders stated is that these people face racism. Some people are negative about hiring migrants and refugees in their agencies. They prefer to stay alone rather than take help from these people.

Also, they have mentioned that most of them who come to work in Cyprus are being treated as slaves and not as humans and this is another obstacle they face. Unfortunately, sometimes they are not being accepted as humans but only as workers or slaves. Also, they have mentioned that is very important to give them the time to be trained and know about their obligations and their job because when they were at their host countries they may not had the same duties that we have here in Cyprus in the caregiving sector and to have with them a friendly relationship.

Legal issues: are you familiar with laws in the area of care that are concentrating on migrants? Is there a specific validation procedure for people having obtained their degree abroad?

In this question, the manager of the elderly nursing home told us that it's a must for them to have nursing skills (to know how to give injections for example or how to take blood pressure, to give the right pills, etc.,) so they want a recognition that they have at least the basic skills. However, all of them answered that they do not know if there are any laws in the care sector that specifically deal with these people from third country nationals.

Ethics: Do you think it could be problematic to employ migrants in care regarding cultural/ethical issues?

All of the stakeholders answered that they do not think it is unethical to employ migrants in the caregiving sector. However, because throughout the years a lot of situations have happened between the employers and the migrant employees (to make them unethical proposals and accept it for different reasons) they have to be trained about the risks that may obtain these actions in order to be ready to protect themselves. Concerning the cultural aspects and the theme of religion all of the stakeholders answered that nowadays with the multi-culturalism there is not such a concern and they do not take into consideration if someone has a different religion from them.

Training in caregiving: which topics are covered during the training? Are there special modules dealing with sensibilisation?

The stakeholders stated that it is very important for migrants to be trained in the language of their host country, secondly to be trained about the basic skills required for the care of elderly people (first aid, etc.) and about their behaviour to these people (to have an anthropocentric approach). Also, they think that it is very important for these people to firstly join our society and to be more connected with our culture but also Cypriot people to try to understand their different manners and customs, their culture etc., and accept them, in order to build equality. One of our stakeholders stated that they have to be trained especially to the special module of dementia. This requires a more specific training in order to be ready to provide specific care and it is very important because a lot of elderly people face this condition in Cyprus.

Regional level: are there specific programmes in the region that encourage migrants to work in care?

All of the participants answered that they do not know any programmes in Cyprus that support them to recruit immigrants in the care sector. They know only our organization (Cyprus Third Age Observatory) which trains people in the caregiving sector more

especially Cypriots. Finally, they have been informed that through the program of MICARE we will train these people and help them to be more ready to face the challenges and all of them gave their best wishes for the successful completion of the program and told us that is something that Cyprus really need.

2.2. With migrants

A total of 8 migrants took place in the focus groups. Interviews were conducted through phone calls. All 8 migrants were female. The 3 of them were from Sri Lanka, 3 were from Philippines and the 2 other were from Nepal. Each interview session lasted between 10 and 15 minutes. All of the migrant workers did not do any training about care before. Three of them answered that they have worked before in their native country and during the last few years are working in Cyprus. All of the other migrants are working as caregivers and domestic helpers but they have not got any certificate from their native country nor from Cyprus.

Part A: Language and workplace culture

All of the migrants have no knowledge of the Greek language. Only a few of them answered that they can understand only a few words in Greek. They work in the caregiving sector without any skills in the Greek language and the majority of their employers talk Greek. They all mentioned that this causes a lot of misunderstandings and causes them a lot of difficulties. They have also stated that they do not know where they can find language/ training courses in Cyprus.

Regarding the question about whether they feel welcomed, the majority gave positive feedback. Only the woman from Sri Lanka answered ''not so much''. She answered that she had to face many problems here in Cyprus with her work and that she had experienced a lot of racism. As an example, she said that Cypriots were racism because of her colour (black), they do not want her to sit with them and talk, eat together and they see her as a slave and not as a human. Also, she has mentioned that a lot of them tell her about her job and that she is not doing it well and sometimes she is obliged to do a duty repeatedly in order to gain their pleasure. Overall, the behaviour she experiences is not good.

Part B: Caregiving

From the migrants who took the focus groups, four of them answered that they have experience in care from their native country and the other four of them answered that they gained their experience here in Cyprus. The most of them have above three years of experience overall while one girl from Philippines has only one year of experience and one woman from Nepal has two years of experience (two at her native country and another two in Cyprus).

Almost all of them answered that the main problem they face in caregiving is the difficulty with communication as they cannot communicate and do not have any skills in the Greek language. Also, two of them stated that they feel a lot of emotional pressure and stress at their work which they cannot handle sometimes because they have to work with vulnerable groups and elderly people and they have to be very careful. The woman from Sri Lanka answered that concerning the obstacles she is facing here in Cyprus in her work she has a lot of stress because some of the patients and their relatives are very demanding and a lot of times they put her in bad situations. She said that she is trying to have patience and most of the times she does not show her stress. Also, she has mentioned that she has a lot of difficult relationships with the relatives of people she cares for because they are never pleased with anything she does.

We have observed both from the questionnaires and the focus groups that the majority of them did not have any skills in important parts of caregiving such as first aid and blood pressure control.

Part C: Enhancement of other skills

All of the migrants that took part in the focus groups answered that they want to improve their skills in all the topics that were mentioned in the questionnaire. The most important topic for them that they want to improve is language skills but they also want to know more about the national health system of Cyprus and especially their rights as employees in order to be more prepared and know what they are allowed to do and what are not allowed to do. Also, they have agreed that it is very difficult for them to attend a training course because they have only one day off (Sunday) and only a few hours so it would be very helpful for them to speed things up, in order to be able to participate and learn new things. All of them answered that they do not know any training courses here in Cyprus that they can attend in order to be improved in their work in Cyprus.

Part D: Caregiving at the time of a pandemic

All of the migrants answered that the Covid – 19 pandemic affected their work as now they have to be very careful with the measures taken by the government and they have to know how to protect older people, vulnerable groups and people with high need.

When asked what they would need more of during the pandemic it included “social support for older people through the pandemic”. They have stated that these people are the only people sometimes that can help elderly people in need since their relatives or other visitors avoid visiting them in order to protect them from the virus. So, it is very important for them to know how to help them socially to be active at their houses and help them improve their psychology. Regarding the management of their stress the majority of them answered that when they are feeling emotional pressure or stress they

use a lot of techniques. Some of them answered that they take deep breaths, they go for a walk or they are calling their friends to chat and talk. One woman from Nepal answered that when she is not feeling very well she is drinking hot water in order to relax and calm down. Concerning their digital skills, all of them answered that they do not know how to use a computer but they know how to use their mobile phones. They have stated that is very important to have computer skills because in the future they may need it in their work as caregivers.

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Italy Report.

CESIE (Italy)

Literature Review Italy.

Medical Subject Headings terms (Keywords) https://www.ncbi.nlm.nih.gov/mesh/advanced	**Equivalent _____ terms from_____**	**Name of the bibliographic databases consulted and links:**
caregivers long-term care home care services neurocognitive and cognition disorders cognitive dysfunction	Caregiving: accudimento Caregivers: badanti home care services: servizi di assistenza domiciliare long-term care: assistenza a lungo termine elderly: anziani cognitive dysfunction: disfunzione cognitiva cognition disorders: disordini cognitivi neurocognitive disorders: disturbi neurocognitivi	

Search strategy in Italian:

For our search strategy we used the given key words translated in Italian as follows: accudimento o badanti e servizi di assistenza domiciliare o assistenza a lungo termine e anziani e disfunzione cognitiva o disordini cognitivi o disturbi neurocognitivi.

Methods:

A search of the literature was conducted on electronic database: PubMed, NCBI, Google and Jstor in an exploratory way. Inclusion criteria were: articles in English and Italian published in the last couple of years (2010-2020), therefore recent ones, which mentioned the pre-selected and above-mentioned keywords. The exclusion criterion was failure to mention the word "caregivers" and "immigrants". Many titles were found and a lot of articles abstracts with keywords in the title were reviewed.

Selection of articles

Out of all selected for further review based on the relevance to the study purpose, numerous articles were finally selected for inclusion in this literature review.
For the preparation of this work, those articles that met the following inclusion criteria were included:

- Articles published in the last decade (2010-2020)
- Articles that were available in full text and issued by universities/ academic centres.
- Articles not too scientific

For the definitive selection of the articles the titles were checked first, followed by the abstract of the articles that met the inclusion criteria and the essential keywords. We also avoided duplicates and papers focusing on strictly health problems.

Results

We couldn't find literature in the MESH but some documents on the NCBI broad database. Here is the list:

https://pubmed.ncbi.nlm.nih.gov/?term=accudimento%20badanti&sort=date

https://www.ncbi.nlm.nih.gov/nlmcatalog/?term=accudimento%20e%20servizi%20di%20assistenza%20domiciliare&utm_source=gquery&utm_medium=search

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868556/

We also used JSTOR to tailor our research, here some findings:

https://www.jstor.org/action/doBasicSearch?Query=caregivers+italy+immigrants

https://www.jstor.org/action/doBasicSearch?searchType=facetSearch&sd=2015&ed=2020&Query=caregivers%20immigrants%20italy&acc=on&wc=on&fc=off&group=none&pagemark=cGFnZU1hcms9Mg%3D%3D

(= 31 results from 2010- 2020 with keywords: caregivers immigrants italy);

https://www.jstor.org/action/doBasicSearch?searchType=facetSearch&sd=2010&ed=2020&Query=elderly%20care%20italy%20immigrants
(564 results from 2010-2020 with keywords: elderly care italy immigrants);

We finally used Google to provide more resources, typing again some of the selected key words and being keen to pick only those sources that refer to migration and are authoritative. Here as follows:

https://www.euro.centre.org/downloads/detail/769

https://yaleglobal.yale.edu/content/modern-servitude-romanian-badante-care-elders-italy

https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_222290.pdf

https://academic.oup.com/psychsocgerontology/article/71/3/514/2605155

https://www.tandfonline.com/doi/abs/10.1080/13607863.2013.765830

http://www.jgerontology-geriatrics.com/wp-content/uploads/2019/09/03_Papa-1.pdf

http://old.iss.it/binary/publ/cont/ANN_19_01_08.pdf

http://www.seu-roma.it/riviste/annali_igiene/open_access/articoli/0c3f2676640af498e8434c85928b9def.pdf

Several other articles in pdf version were downloaded from the online databases to be further studied.

State Of The Art Report - Italy

1. Introduction

Over the last few years, European States elaborated integration policies and the EU carried out an important role for their endorsement through concrete actions. Nevertheless, in terms of employment, education, and social inclusion, those with a migrant background are still in a disadvantaged position compared to European citizens.

MICARE project aims to improve the matching between the competence and the needs of the EU labour market, developing an intensive training course for people with

migrant background who wish to work as caregivers for elders and those with special exigencies.

In order to do so, the current state of art report aims to enquire on the actual situation in Italy by combining a literature, policy and procedure review on the following topics: migrants and refugees' employment & unemployment rates, as well as their educational status, theoretical and methodological approaches of migrants and refugees' integration into the labour market; together with a field research analysis conducted through the delivery of questionnaires and focus groups among migrants, refugees and stakeholders in Sicily.

In detail, migrants and refugees were asked about personal information, language and workplace culture, their level of integration in the local community, their past (if any) experience in the field of caregiving, and which kind of support would they need for a role as a caregiver; and finally their reactions to Covid pandemic in terms of coping skills and level of their resilience, as well as whether they would need more information with regard to self-protection and working safety rules and procedures at the time of Covid-19 pandemic.

Simultaneously another questionnaire was carried out with several organisations that train, employ or support migrants and/or refugees, among which social partners, education / training institutions, employers, etc. which provide services like job internships, vocational training, volunteer work, job placements, counselling, mentoring, and/or networking, language classes and so on. They were asked which barriers and/or challenges face migrants and refugees on their pathway to the labour market, and if they know their obligations towards this category of workers and whether they need more information with regard to that. Finally how the organizations continued to provide their services during Covid-19 pandemic.

Thanks to MICARE project, migrants and refugees will be provided with new competences through an innovative blended training package, whereas relevant stakeholders (chambers of commerce, trade unions, training institutions, etc.) will be more aware about the need to integrate migrants and refugees in the labour market; both subjects will have the possibility to connect and further network through the MICARE project platform.

2. Objectives

The main objective of this research is to give a wide picture of the current state of the art with regard to the field of caregiving in Italy, in particular concerning the employment rates and educational status of migrants and refugees in Italy, together with an analysis of the successful theoretical and methodological approaches for their integration into the labour market; including concrete examples of policies and

procedures in the field of caregiving, and finally it identifies previous and ongoing similar initiatives to MICARE project in Italy.

In the final part, the current report provides migrants, refugees and stakeholders' a level of experience and knowledge in the field of caregiving at regional level by doing an accurate need analysis with the ultimate aim to develop a tailored training package which will include an Italian language course, a caregiving course and personal/interpersonal skills empowerment for migrants and refugees.

Overall the current report highlights the necessity of the enhancement of migrant and refugees' skills in the caregiving sector in order to find a job and be fully integrated in our society.

3. Methodology

The methodology that has been followed is a systematic review of the existing bibliography related to the main subject of the research, by looking for the following keywords: "caregiving", "caregivers", "elderly", "migrants", "refugees", "badanti", "Italy", and so on.

A search of the literature was conducted on the following electronic database: JSTOR thanks to a private account that gave access to several high-level articles usually not available for free on the internet. Inclusion criteria were articles in English published in the last decade (2010-2020), therefore recent ones, which included the above-mentioned keywords. The exclusion criteria was failure to mention the keywords and the very old articles i.e. before the 2000s, as well as duplicated articles or those which had different topic focus.

Many articles were found and several abstracts with above-mentioned keywords were reviewed.

4. Findings – Discussion

Migrants and refugees' employment/unemployment rates, plus educational status

In Italy the population is ageing (as a result of low fertility and life expectancy growth), and the lack of public home care services and the high cost of private ones, have increased the demand for staff in the field of caregiving (Degiuli, 2007). In addition, there is a consistently insufficient number of care workers. In 2015, nearly 70% of the major caregivers for the elderly were their family members, in particular females aged 60 and over.[1]

Overall Italy faces a lack of specialized personnel in the caregiving sector, and migrant/refugee caregivers have become a very important component of the informal home care system (Degiuli, 2016).

Economic deprivation and the relatively large difference in salaries are the main drivers of mobility of caregivers, moreover working as a co-habiting family assistant means to have free meals and accommodation along with the opportunity to have savings to send home (Caritas, 2008).[2]

In 1991, immigration was mainly from Morocco, Tunisia and the Philippines; ten years after, Albanians, Romanians and Chinese grew to the top of the list; nowadays Romania is the first country of origin and Ukraine entered the top five.[3] Looking more in detail, around half of the officially registered domestic workers come from three eastern European countries namely Romania, Ukraine and Moldova which provided respectively 26.3%, 16.1% and 7.1% of the total workforce in the domestic sector in 2008.[4] According to the 2013 – 2020 National Employment Strategy, Romanians' main destinations for work in the EU is Italy with 890.000 people (Eurofound, 2014). According to the Italian Statistical Institute, there are officially over 1.1 million Romanians in the country, more than 650.000 of whom are women and 80% are employed as care workers.[5]

Italian institutions registered an increase of workers in this sector also from non-EU countries such as Ecuador and Perú. Migrant women from Cape Verde, the Philippines or Ethiopia employed as domestic workers have been among the forerunners of labour immigration flows to Italy since the 1960s and 70s (Andall, 2000; Einaudi, 2007). A minority of migrant domestic workers come from the African continent (4.8% from North Africa and 3.1% from sub-Saharan Africa).

Until 2011 Asia and the Middle East represented the second area of origin of the migrant workforce in this sector, providing 19.6% of the overall workforce followed by Latin America (12.4% in 2011).[6] In 2013 the number of foreign nationals in Italy exceeded 4.4 million and the country has become one of the largest host countries for migrant workers in Europe.[7] The recourse to such workers is now widespread also among low-middle class where salaried caregivers are employed as live-in.[8] According to official estimates, in 2014, 77.1% of the total registered labour force in domestic work were migrants. Most of these workers, engaged in elderly care, were women from Eastern European countries, Asia and Latin America (Palumbo, 2016). With regard to the profiles of care workers with a migrant background in Italy, they are interested in part-time and hourly employment rather than in live-in care arrangements (Di Santo and Ceruzzi, 2009).[9]

The Filipinos are the third most represented national group with around 55.550 workers. Other Asian countries of origin are Sri Lanka (19.252), India (5.619), China

(5.357) and Bangladesh (4.611). The most represented Latin American countries are Peru with 22.863 domestic workers, Ecuador with 20.958 and the Dominican Republic with 4.079; while the main African countries are Morocco (15.307), Ghana (3.891), Nigeria (2.556) and Ethiopia (2.431).[10]

In a sample of foreign domestic workers interviewed by Istituto di Ricerche Educative e Formative (IREF) in 2005, 29.5% of them were employed as a family assistant to a single elderly person, whereas 19.7% taking care of couples of older people (IREF, 2007). Family assistants who arrived in Italy between 2006 and 2008 were on average 37 years old, 27.6% single and 62% with children (57% of the female workers living far from their children), 28% wished to stay in Italy and about 73% of the interviewees were interested in a training course to acquire more skills in the field of personal care. They have middle to high levels of education, 25% of the women having a degree and 46% a high-school diploma, 12% even had a post-degree qualification. A substantial number are also at an advanced age: 13.6% are over 50, 29.1% are between 41-50 years of age, 18% being under 30 years of age and 39.3% between 30 and 40.[11] Family assistants and domestic workers in Italy count for more than a fifth (21.9%) of all people enrolled in the national social security register (INPS). Many of them could or would be able to work in different areas since they have a university degree.

According to the Institute of Social Research, a change in the numbers was observed as a consequence of the regularization law of 2009. Foreign women, of non-European origin, who worked in Italy experience indeed “employment segregation”.

According to data from the National Institute of Social Security (INPS), the number of domestic workers registered in the INPS was 886.125 and 87.8% of them were women in 2015. The drastic increase in immigrant domestic workers has occurred since 2002 when regularization together with the annual quota system have triggered the high share of migrant workers.[12]

Italian migrant policy has been characterized by a rigid migration control system for the entry of economic migrants, and passive controls for foreign stayers in Italy (Einaudi 2007; Triandafyllidou and Ambrosini 2011).

In 2002, through the Bossi-Fini Law, more than 60% of foreign residents in Italy had regular legal status as a result of past regularizations. Italian immigration policies have allowed the growth of domestic workers and the development of a welfare sector where migrant women had a primary role.[13] The Italian policy for care and domestic workers with a migrant background may be called an “*ex post facto*” approval system for the stay and working permit of workers.

Additionally, with the combination of the in-cash-based care system and the direct employment of migrant workers by families, the Italian care model may be called

“family-based” and partially regularized migrant care in the market.[14] Most of them come from foreign countries, only 22.3% (less than a quarter) are Italian. Women make up 87% of all foreign care workers and 96% amongst Italian care workers.[15]

Comparing Italian and migrant domestic workers, the latter clearly shows a highly multi-tasking professional profile. Being employed more often than Italians as family assistants, they are more extensively involved in multiple activities such as night-time care (26.9% against 6.1% of Italians), assistance to an elderly person (49.5% against 21.4%), or to autonomous (36.6% against 16.8%) and dependent persons (32.4% against 15.4%).[16]

The European comparative analysis of Saraceno and Keck in 2010 classified Italy with the strongest care/welfare model nevertheless highlighting the uncompensated care for family members provided exclusively by women not in the labour force.[17] The Italian case has been identified as the private employment “migrant-in-the-family model” (Pasquinelli and Rusmini 2008; Van Hooren 2012; Da Roit et al. 2013). Bettio have described the radical transformation from a “family” to a “migrant-in-the-family” model of care in Italy.

Although that implicated a considerable saving of public resources and an effective solution for the assistance of elderly people, nevertheless this has been achieved at the expense of migrant domestic workers in terms of their poor working conditions, low salaries, social isolation, psychological distress and burn-out.[18] The live-in assistance to elderly or disabled people is the most labour-intensive, lowest paid and worst working conditions segment of the domestic work sector. Half of family assistants (54.8%) work for longer than 12 hours a day in the house where they are employed. The daily and weekly rest periods set in the national collective agreement (respectively 2 hours per day and 36 hours per week) are actually seldom granted. In some cases, the caregivers have to look after more than one person in the same family as well as having to perform several other tasks (ironing, cooking, shopping, etc.). [19]

Young, irregular and more segregated: these are the characteristics of the “new” caregivers. Their national contracts foresee an average wage of €1.350, and those without contract can earn about €850-1.000 per month if they live in the house with the elderly person. If they work four or five times a week the salary can be slightly above 50% of this amount.[20]

These women are not seeking a lifelong job in the field of caregiving, on the contrary for them care work in Italy is restricted to a limited period to gain a certain economic stability in order to find another stable job.[21]

Existing approaches with regard to the integration in the labour market

The 'migrant in the family' model of care has been facilitated by work permits and multiple regularizations which have been the opportunity for non-EU nationals to obtain a legal status as privately employed care workers (van Hooren et al, 2019).

Based on the Italian migration law, stay permits for employment are linked to the duration of the job contract therefore care workers with a migrant background are in a vulnerable position since the loss of their job may also come with the loss of their stay permit, and as a consequence they accept poor working conditions in order to maintain their legal status.

Moreover according to the Law 94/2009, entered into effect in March 2012, all new third country nationals applying for a residence permit are requested to acquire an adequate knowledge of the Italian language and of the basic norms pertaining to social and civic life in Italy, as well as to respect the Charter of citizenship values and integration and to educate their children accordingly.

The socio-economic integration of migrants and refugees in Italy is assessed also through a point-based system: a certain amount of credits has to be reached at the moment of renewal of the stay permit otherwise, in case of failure, the residence permit is revoked and the worker receives an expulsion order.[22] The general rule imposed by the law Turco-Napolitano is an employer-driven mechanism where extra-EU workers are allowed entry only upon an individual request advanced by a national or regularly resident employer. Admissions for employment purposes are subject to quotas, and special ones are reserved for care services: 30% in 2005, reaching 70% in 2008. No quota decree for non-seasonal employment was adopted in 2009 and 2010. In 2011 the quotas for the domestic sector dropped down to 36% of the total due to the 2009 regularization of irregular workers.[23] The annual quota system is recognized as a *de-facto* regularization as private families prefer to use such systems to re-employ the irregularly ones before (Castagnone 2013; Fasani 2013).

Regularization has been equivalent to effective labour migration policies in the last ten years (Salis, 2012). The "great regularization" of 2002 (Bossi-Fini law No. 198/2002) addressed care workers already working irregularly in Italy: namely 330.000 applications of which 190.000 for domestic workers and 140.000 for family assistants (Zucchetti, 2005). In general, the regularization of the Bossi-Fini Law is considered the greatest event in the shift from the family model to the migrant-in-the-family model due to the unprecedented regularization of 316.000 irregular domestic and care workers with a migrant background.[24] In early 2004 more than 90% of the applications were accepted, and the "home-made" welfare provided by domestic workers with a migrant background became a publicly recognized mass phenomenon (Sciortino, 2004).[25] The

number of regularized cases in Italy between 1980 and 2004 has been higher than in other European countries (Barbagli et al. 2004).

By 30 September 2009 the legal regularization of family assistants and housekeeping personnel was concluded, and according to the Italian Home Office only 295.000 had applied: mainly Ukrainian (42.000), Moroccan (38.000), Moldovan (29.000) and Chinese (22.000) workers. A lot of employees, indeed, decided to keep working in the black economy either for financial reasons or fear.[26] The majority of them, working for different families at the same time, could not take advantage of the law due to the payment of 500 Euros of social insurance contribution, the lack of suitability of the worker's accommodation, a minimum income (20.000 Euros a year) to be guaranteed for the employer, and finally for the absence of the minimum of 20 hours per week regularly paid in the contract.

The National Association of Domestic workers (ACLI-Colf) estimated that between 30-40% of families interested in the regularization procedures abandoned their intents even though, according to the Association of Consumers, before the regularization decree 60% of households would have regularized the position of caregivers with a migrant background.[27]

Italy became the first country in Europe to ratify ILO Convention 189 on Domestic Work in January 2013. Besides it can be observed a 'micro-regulation' made of several local practices, national measures, reception of EU anti-discrimination directives and court judgements. Unfortunately the lack of a proper institutional management underlies a 'molecular' integration process where the local authorities have been left alone facing migration and so they acquired a relevant role.[28]

A number of measures have been developed at local level since the early 2000s to address the demand by the elderly and their families and the supply provided by migrant women workers.

The objective was to support families through financial schemes, information and legal counselling services, as well as to improve working conditions of domestic workers by stimulating their regularization, enhancing their qualifications and skills or orienting them in the job search.[29]

Several measures implemented by regions and municipalities can be synthesized[30] into four main types of intervention:

(a) Cash-for-care schemes which were introduced in the 1980s with a monetary benefit supplied by the Central State to people in need of care. Nowadays all regions foresee the distribution of care allowances (assegni di cura) as a key part of social policies, and 9 regions also introduced a registered employment contract between families and caregivers to turn irregular into regular employment. In 2008, about

1.131,710 people above 75 years were entitled to this cash benefit for a total amount of € 6.3 billion.

(b) Professional training courses: the enhancement of qualifications and skills of family assistants has been identified as a key priority in public policies. In 2009, 9 regions regulated that together with a wide number of courses given by training institutes, NGOs or other voluntary organizations.

(c) Service desks which aim at matching supply and demand in private care.

(d) Official registers of qualified family assistants have been introduced at regional/community level to provide an additional source of information and reduce informality in the job-matching process.

In many cases, the integration into the labour market takes place through co-national networks who look for temporary replacements, channelling people before the departure to Italy. An additional factor is the enhancement of these social networks of migrant workers which across time and experience managed to develop "specialized relations".[33]

Third-sector organizations have been playing a crucial role in the support of domestic workers with a migrant background by providing them with legal assistance, language courses and professional training, helping in the search for accommodation, access to general information, psychological and job-matching services.

The help desks, promoted by the municipality and managed by social services, offer information to both families and migrant workers, by supporting them when they start working, offering tutorship, helping to find substitutions and offering hospital admission when necessary.

Social Care Help desks provide mediation and counselling on the procedure to get a residence permit, rights of migrant workers, guidance on the training system and self-employment promotion for those aiming at self-employment.

The job help-desks carry out counselling also on competence and skills assessment, guidance on training systems, information on employment and the work relationship with the host family, intercultural mediation, free courses for family assistants and inclusion into a specific register. Finally, group meetings to elaborate shared strategies on the local job market as well as individual paths to get expertise.

Municipalities' support includes information on how to employ family assistants, and trade union offices where they can get information on the contracts and calculate the socio-economic situation.

Additional information is provided by professional associations (Api-colf and Acli-colf) who support migrant workers and families regarding procedures for employment, and how to make regular contracts, and comply with welfare contributions.

Another approach for effective labour integration of migrant care workers is the 'home tutoring' as service carried out by professional health workers/caregivers to support the family assistant at the onset of the work in the family, for example in the arrangement and management of the care work that needs to be accomplished.

What is needed is further coordination between local authorities, health authorities and foundations, as well as the definition of common methods and coordination of economic resources to enable less fragmentation in actions, monitor the evolution of issues and finally support awareness-raising campaign targeted at residents and migrant workers.[35]

Policies and Procedures Review Italy

The recording of the caregiving status: policies and procedures through the investigation of the current situation and needs in the caregiving domain.

The Italian Minister of Interns provides annual vocational training courses to become Operatore Socio Sanitario (OSS), the Italian professional figure required to deliver home care services. Domestic workers are now classified into eight different categories: A, B, C and D (according to the tasks performed and the degree of autonomy), each one sub-divided into "normal" or "super", where the latter identify care workers assisting autonomous or dependent people.

This reflects the reality of the sector, with a growing presence of specialized care workers to be distinguished from workers taking care of cleaning and other home related activities.[36]

OSS are mostly employed in residential care structures and less frequently in home based elder care services, they are generally recruited by cooperatives and employed in public funded elder care services managed by municipalities (Villosio and Bizzotto, 2011).

An important news, guaranteed in the national system from October 2020 until December 2022,[37] is the introduction of a new professional as "family assistant and educator" (instead of "badanti" and "colf")[38] that will concern almost among 860.000 workers up to 2 million people in Italy considering the irregulars.

A consistent improvement of their salary and welfare conditions has been foreseen, together with the possibility of paid extra training courses. The working hours will be 40 weekly, up to 54 hours for those in house. It is also foreseen a probation of 30 days

before being hired. Finally among the amendment of the law, a cut of costs of those working overnight from 8 pm to 8 am has been introduced and that will be reduced from taxes

Identification and evaluation of previous/ ongoing initiatives with similar objective

In 2006, the Region Friuli started a training project aimed at training family assistants directly in Moldova and then to employ them in Italy. With the aim to assess their caregiving skills, the Region Liguria has promoted the project "Lavoro doc. Buone prassi nel lavoro di cura" (good practices in care work).[39] The skills identified were assigned to three different levels:

· Basic: know your own rights and duties as employed, those of the family and the person being cared for; know about the people and the services to which you refer to; know Italian language;

· Technical-professional: handle bureaucratic papers, are able to manage diet and treatments, take care of personal and home hygiene, are able to cooperate with medical staff;

· Multi-level: capacity to listen, communicate, mediate and adapt themselves; build up trusting relationships, manage intimacy and distance, have an attitude to flexibility, promote independence, be positive and able to face an emergency, finally combining private and working life.

Some aspects to be considered when arranging courses:

-long courses are hardly compatible with work

- timetable needs to be arranged at hours when migrant caregivers do not work

-training courses should be offered in cooperation with local networks to more easily reach the target

-refunds or discounts to use public transport should be given

-bonus payments to families allowing their assistants to take part to courses

-worker's substitution or availability during the time of the course

-grants

-baby-sitting services if participants have children

-adequate communication campaign: information channels, both formal and informal, can reach more potential beneficiaries.

Among other initiatives worth mentioning: in 2009 the Region Lazio allocated € 2.8 million to provide training to family assistants as well as tax allowances to those families of older people with care needs. Training modules are now available in different Italian areas (Emilia Romagna, Lazio, Piemonte, etc.).

The roles of doctors, nurses or other professionals who can teach care techniques within a specific working context is essential. Such "in-site training" may consist also in a social and health care assistant showing the caregivers how to properly do the job.

In Friuli Venezia Giulia the project "Professionals in family" turned 6.000 job contracts into regular contracts (with 200 agreements on average per month) thanks to the intermediation of helpdesks for family assistance. The percentage of families who took advantage of this service has increased from 23% to 87% in just a few years.

Among the experiences of home tutoring in Italy, there are the following: Madreperla in the Province of Modena, the social tutor in the Province of Parma, Premiata Fabbrica of the Iris and Cissabo Consortia. Some actions also include economic incentives to support the caregivers training: for instance, in the Province of Siena (Region Toscana) a project entitled "Un euro all'ora" (one euro per hour) tries to tackle 'black' labour by providing bonus payments for those participating in vocational training for family assistants.

The Centri Risorse in Parma closely operates with trade unions, volunteer organisations, Caritas and other public town services. An agreement was signed in 2004 that every partner makes its own competences available to provide citizens with their services. In the same year, a pact was stipulated by the Province of Florence and the City Council to provide an employment service and integrated care services. The new organisation kept a list of qualified workers (having a certificate, qualifications, relevant skills) and supported the families in their choice of the most suitable people. In 2008, the Province of Lucca started the project "I take care of you" concerning the opening of helpdesks, and contracts between caregivers and families.

In the Province of Chieti the project "Invisible jobs" aimed at supporting the employment of family assistants ensuring a professional care service. Among the women participating in the training course (47 family assistants), 10 have built a cooperative called "the link" to provide assistance to the elderly in need of care and help other caregivers to get regular employment.

Patronati, run by trade unions, are also an important civil support in terms of counselling and information with regard to social and employment issues, including tax refunds and income tax declarations. For example, the City of Arezzo and the Province of Siena signed a free agreement in order to ensure easier bureaucratic procedures.

Also, the City of Venice received help from Patronati during the implementation of the regularization decrees in 2002 and in 2009.[45]

Finally, worthy to mention the first comprehensive study carried out (Boccagni and Pasquinelli, 2010) that explored the use of ICT and ICT-based technologies in long-term care of dependent elderly in Italy. The report analyzed the potential mediation role of care workers with a migrant background in ICT use in personal home care, and how ICT could be used to professionally qualify and enhance the living conditions of these workers. The research was based only on semi-structured interviews and ethnographic methods, focusing on specific national communities such as Ukrainian and Polish, missing though other reliable quantitative data and comparisons on a large scale on migrants' participation in this segment of the labour market (Baldisseri, 2005; Pelliccia, 2011).[46]

Another study by Fullin and Vercelloni (2009) is particularly noteworthy comparing four communities: Filipino, Romanian, Moroccan and Ecuadorian. The study described the career paths of the interviewed women highlighting in particular which expectations they had before leaving their country and what opportunities they believed they could have had in the Italian labour market.[47]

Field Research

DATA ANALYSIS OF QUESTIONNAIRES FOR MIGRANTS AND REFUGEES (24 OUT OF 30)

Age of migrants and refugees who took the questionnaire: 9 are between 18-25; 8 between the age of 26-35; and 6 among 36-50; 1 over 50 years old.

Gender: 16 male, 8 females

Educational background: 8 attended primary school, 7 went to high school, 5 got a diploma; 2 held a degree; 1 attended CPIA; and finally, 1 attended an AMIF course.

Nationality: 2 from Gambia, 1 from Eritrea, 5 from Nigeria, 2 from Benin, 2 from Cameroon, 1 from Colombia, 2 from Congo, 1 from El Salvador, 1 from India, 1 from Kosovo, 1 from Ivory Coast, 1 from Morocco, 1 from Pakistan, 1 from Romania, 1 from Togo, and finally 1 did not specify that.

Understanding of Italian language: overall all of them have intermediate and upper intermediate level of oral comprehension, as well as intermediate comprehension of Italian texts, oral expression, and written expression in Italian.

Integration in the Italian community: 14 said yes, 2 declared not to be fully integrated into the Italian society and that they feel a hostile environment; 2 said "other", whereas 6 migrants and refugees did not specify that.

Experience prejudices: 8 declared that they didn't have any bad experience in Italy, 3 preferred not to say, whereas 13 specified that bad experience happened during leisure activities, by specific social groups, or were asked for money for religious rituals.

With regard to the discrimination at the workplace**:** 12 answered that they never experienced that, whereas 11 said that happened; and 1 did not specify that.

Intercultural challenges at the workplace: 11 answered that they never had that; whereas 12 experienced that, and 1 did not want to say.

Experience in the field of caregiving: 6 people have experience up to 6 months, 4 up to 1 year of work experience; 7 people said that they have 1-3 years of experience in this field, whereas 3 have been working now more than 3 years in the caregiving sector. Finally, 4 did not specify that.

The interviewed developed very well the following skills: skin care and meal preparation; whereas they declared having very poor skills on first aid, temperature control, mental health support, physical exercise, stress management, money management, blood pressure, rehabilitation, and support to medical staff.

The majority of migrants and refugees experienced the following problems in the role of caregiving: feeling emotional pressure or stress, and mostly difficulties in communication.

They also declared they need support and therefore they would like to know more about: their rights in terms of salary, working hours and paid leave, as well as assistance for validation of their previous competences, national health system, how to maintain daily nutrition and exercise programme, finally they would like to increase their knowledge on stress management and organizational skills.

In total 23 migrants and refugees said that they are able to protect themselves according to the new safety procedures during Covid 19, indeed they specified that they know how to use the mask, how to wash their hands, rules on social distancing, etc.

With regard to the protection of the elderly: more than 80% of migrants and refugees said that they also know how to do it properly.

The pandemic affected their caregiving work in 2020 as follows: being not able to access hospital, someone lost their job, others have problems in finding a new one, and almost all are in economic difficulties. In total 13 among migrants and refugees, who took the questionnaire, would like to have more information on social support for elderly people through pandemic; whereas 11 would like to know how to inform people without panicking.

Turning to their level of stress management from 1 to 5: 4 people answered level 2 (the lowest), 7 answered level 3, 8 answered level 4, and finally 4 went through the highest level of stress. With regard to the knowledge of the signs of burnout: 20 said that they don't even know what it is, whereas 4 said yes.

Level of resilience during Covid-19 from 1 to 5: 2 said level 1, 3 said level 2, 3 level 3, 11 level 4, and finally 5 chose the highest level.

Coping skills: the most of interviewed has very good coping skills on maintaining relationships and preserving routine, as well as keeping active during Covid-19; while they also declared having some abilities in reducing anxiety.

Finally with regard to digital skills in using devices for communication / telemedicine: 9 said they have very poor skills, plus five have basic skills; whereas only 5 have excellent ones.

DATA ANALYSIS FOCUS GROUPS MIGRANTS/REFUGEES

Interview n. 1

She is 50 years old from Colombia, and she has been living in Catania for 20 years. She speaks fluently Italian, even the local dialect which is very useful especially when communicating with elderly people in Sicily. She is fully integrated in Catania with her family, and she has been working in the caregiving sector for 5 years (now 4 days per week, whereas in the past she used to stay overnight). Her tasks include cooking, giving medicine, blood pressure control, going out for a walk with the older person, taking care of hygiene, etc.

She does not have any formal certificate in the caregiving but she said she has a personal vocation for this kind of job, that she used to do it even in Colombia before moving to Italy.

With regard to the Covid-19, she is a bit scared therefore she is interested in the MICARE training course and the Covid safety procedures. She has an intermediate level of digital skills, and she would like to improve it. She has a computer and she is looking forward to getting the MICARE certificate, and so have more opportunity for her future career.

Interview n. 2

He is 22 years old from Nigeria, he lives in Misterbianco (in the province of Catania) from 4 years. His level of Italian is A2, and in his country he couldn't finish legal studies. Here in Italy he is fully integrated and never experienced racism or other forms of discrimination.

With regard to his past working experience: he worked for 4 months assisting a disabled person, and then with another one for 1 month. In both cases he used to cook, clean the house, take care of the hygiene of the people, give medicine, etc.

He has strong digital skills even though he doesn't have a computer. He is interested in getting more capacities with regard to Covid safety procedures, digital skills and intrapersonal skills for the role of caregiver.

Interview n. 3

She is 21 from Nigeria, and her level of Italian is A1. She studied until secondary school in her country, and now she recently moved to Macerata. She has been in Italy now for 4 years and she said that, even though she never experienced racism, she doesn't fully feel integrated in the host society. Work experience: 11 months assistance of elderly people by doing food, injections, medicine, hygiene, and cleaning. She didn't have any bad experience at work, but now she is not working.

During the lockdown, she experienced a very stressful period.

She has zero digital skills but she is willing to learn more about that, she has a computer for taking MICARE courses remotely.

Interview n. 4

She lives in Trecastagni (Catania), she is 20 years old from Nigeria and she got a level of A1 in Italian language. She didn't study in her country.

She stated that even though sometimes she experienced racism and discrimination in the street, that never happened at the workplace; and overall, she is very well integrated in Italy. She has been living in Italy for 3 years.

Previous work experience in the agriculture sector, never in the caregiving domain but she is willing to work as an assistant of older people and therefore she showed enthusiasm in taking the MICARE course, also to boost her poor digital skills.

During the lockdown she experienced sad moments, she is worried and therefore interested in knowing more about Covid safety rules.

Interview n. 5

She has a long experience of 12 years in the caregiving sector giving medicine, cooking, cleaning and taking care of personal hygiene of her patients. She used to stay overnight, now she does only day assistance. She took a training course of 1 year in the field of caregiving, thanks to the Sicilian funded courses.

She has been living in Catania for 13 years, she also got the high school certificate in Catania, and her knowledge of Italian is upper-intermediate.

She is 47 years old and she feels fully integrated in the society, she had very few bad experiences over her long work experience.

She has no digital skills and she would like to take a MICARE course for this reason, as well as to improve Covid safety procedures.

Interview n. 6

He doesn't speak Italian even though he has been living in Catania for 9 years. He is 44 from Nigeria, he got the primary school licence, and now he is jobless.

Previous work experience in farming, and zero episode of discrimination at the workplace.

He has no experience in caregiving but he thinks he will enjoy it, finally he doesn't have a computer but he is willing to take the MICARE course from his new phone, also to improve his poor digital skills.

Interview n. 7

He is 52 from Congo where he studied economics. In Italy he attended the high school and the Italian classes, now he has a B1/B2 knowledge. He has lived in Catania from 2013.

Now he is jobless, but before he used to work as gardener, and did cleaning in a school in Catania. He said he never experienced discrimination at the workplace.

Moreover he worked in the field of caregiving for 3 years by assisting elderly people in cooking, giving medicine, and doing cleaning. During the 3 months lockdown he has been working for a disabled person, staying overnight. He knows Covid safety rules but he is interested in more information. Finally he has good digital skills.

Interview n. 8

She is 44 from Tunisia, and her knowledge of Italian B1/B2; she currently attends evening courses to get a high school diploma. She feels very well integrated in the host society and she declared that she never met bad people and so never experienced discrimination at the workplace. She has been working as a housekeeper.

She is willing to get more personal/interpersonal skills in the field of medical assistance. She knows Covid safety rules for herself and others. During the lockdown, she remained

at home with her 3 children, she currently takes monetary support (reddito di cittadinanza) from the state.

She is currently looking for a job, she has a computer (not wifi yet) for taking the MICARE course.

Interview n. 9

She is 23 from Ethiopia, she speaks very good Italian (B1/2) and she is integrated in Catania: she said she has a lot of friends and thanks to that she feels at home. Unfortunately she experienced some racist episodes towards her son and at the workplace being spoken to in an offensive way.

She has 1 year of experience in the field of caregiving, and reasonable skills on hygiene, food and diet, blood pressure and temperature control. She said she has no skills in mental health assistance or rehabilitation.

She is willing to take part to the Micare project in order to get competences on stress management and find out her rights as a worker.

She knows Covid safety procedures, but she would like to have more knowledge on how to assist elderly people during the Covid pandemic and how to recognize burnout. She has poor digital skills and has no computer, this is another reason to take MICARE course.

Interview n. 10

She is 54 from Ethiopia, she speaks good Italian but she does not read and write it.

She declared she is well integrated in Catania since 1995 and she never experienced discrimination at the workplace. She has 18 years of experience in the field of caregiving, and she has very good knowledge of hygiene, mobility, domestic work and meal preparation.

She is interested in the Micare project in order to improve her knowledge of Italian, her digital skills (absent) and get a certificate in caregiving.

Due to Covid, she lost her job and she is currently looking for a new one. She is quite interested in Covid safety rules.

DATA ANALYSIS OF QUESTIONNAIRES FOR STAKEHOLDERS (12 OUT OF 15)

Nature of the organizations who answered our questionnaire: Refugee Welcome, Csc Danilo Dolci, Istituto Arrupe, Fondazione Giovanni Paolo II ONLUS, religious ngos, educational ngos, Jesuite Refugee Service (JRS), other types of social ngos. In particular:

25 % among training institutions, 16,7% among social partners, and 58,3% chose “other”.

Among the services that they offer: 25% counselling, 16,7% stage and vocational training; 16,7% cultural mediation; 8,3% volunteer work; 8,3% job placement; 25% other.

In detail the organizations aim at soft skills advancement such as resilience, self-esteem and self-confidence; empowerment of transversal and professional competences; welcoming/integration services; food assistance; clothes distribution; legal counselling; language/digital/art courses; networking, and housing.

With regard to the question about the barriers faced by migrants/refugees to real integration in our society, the interviewed answered 41,7% discrimination; 33,3% legislation; 8,3% language competences/status of immigrant or refugee/or others such as slow administrative procedures for getting necessary documents for asylum, low protection at workplace and for job hunting.

Their level of knowledge concerning migrants’ rights: all of them know a lot about linguistic support, cultural mediation and legislation, thanks to support from institutions. In particular one highlighted the importance of not only providing mere assistance to refugees/immigrants, but also giving them the tools for their empowerment and so economic independence, personal dignity and the possibility of family reunification. All of the interviewed admitted they don’t know a lot about legislation and asked for more information with regard to that.

Among the organizations who offer assistance to migrants/refugees: 41,7% provide social and residential assistance; 8,3% day services assistance, 50% other kinds of assistance.

75% of the stakeholders interviewed answered that they do not employ migrants/refugees in the field of caregiving; the rest 25% do it through stage, EU grant or providing the opportunity of voluntary service therefore migrants and refugees help fellows with language classes, IT courses and so on.

50% of the interviewed are aware of the social and labour conditions and issues of migrant / refugee caregivers; the rest aren’t at all especially on language and legislative aspects.

41,7% provide orientation for their employees such as job counselling, language courses, administrative procedures; whereas the 58,3 % either don’t before arrival, during the stay in Italy or after the integration.

75% of organizations don't provide skills recognition or validation of non-formal / informal competencies of migrants/refugees; whereas 25 % do it through the use of Youthpass.

All interviewed said that they want to know more about the procedures for recognition and validation of previous competences.

66, 7% of the organizations, having identified gaps in their knowledge, are interested in MICARE training and its consortium support in order to help further migrants / refugees in caregiving.

With regard to the last section of the questionnaire, regarding the resilience of the organisations to effectively care for workers during Covid-19: only 25% said they couldn't.

All the organizations took Covid-19 measures especially in the workload distribution, team cohesion and engagement, specific training about Covid-19 and specific equipment for safety reasons. They declared they did not provide assistance for access to hospitals and health services, financial support, and awareness raising.

DATA ANALYSIS FOCUS GROUPS STAKEHOLDERS (4 OUT OF 5)

Interview n.1

Diaconia Valdese (a religious ngo) has been offering a community centre in collaboration with Oxfam for 3 years now and they specialize in job counselling, cv preparation, stage/ traineeship offer, vocational training and previous skills recognition and validation of non-formal / informal competencies of migrants/refugees. The staff working at the community centre of Diaconia Valdese, indeed, took part in a 1-year specific training on this subject carried out by Bank Intesa San Paolo in collaboration with a ngo specializing in that area and based in Turin, so they know very well how to apply national and European guidelines in order to release certificates to migrants and refugees.

Diaconia Valdese also offers support for administrative papers (how to get the residence permit, fiscal code, etc.,) and legal counselling in cooperation with Centro Astalli. Finally they provide courses on mediation in collaboration with the municipality of Catania, as well as Italian and English courses which now, during the Covid crisis, they are doing online. Recently, during the Covid period, they also offer grocery vouchers and they will also start a new project soon, in collaboration with Oxfam, with regard to social housing. They recommend to get in touch with Diaconia Valdese in Palermo (Centre La Noce).

Interview n. 2

Sant' Egidio based in Catania (a religious ngo) has a lot of projects in Italy funded by private foundations, Ministry of Domestic Affairs, and Sicilian Region with regard to assistance services provided to poor people, elderly, homeless, migrants and refugees, and disadvantaged children.

In particular they are active since 2013 in food distribution, serving up to 2000 meals per day in Catania, they also provide legal counselling via appointment for administrative papers related to refugees status, as well as running Italian language and cultural mediation courses targeted for foreigners, and offer "peace school" course for children.

Only Sant' Egidio in Rome has the authorization to release specific certificates to recognize newly acquired abilities and competencies of migrants and refugees. Sant' Egidio Catania is willing to take part to the MICARE project in order to get training for its staff on migration related subjects, and so get the needed expertise with regard to socio-economic barriers for migrants and refugees.

Interview n. 3

He works for the Municipality of Catania and he manages a lot of projects with regard to existing services for migrants and refugees in Catania. In particular he mentioned an AMIF funded project "Catania capacity building" started at the end of 2019 and that will run for the next 2 years, focusing on a preliminary need analysis and mapping of local services targeted at migrants and refugees in the area of Catania. Micare project will also be included and will be given a wide visibility in Catania as this information needs to be shared.

Further, the project foresees a high-level course for civil servants which will take place from November 2020 to July 2021 online with regard to migration topics. A certificate will be released to each participant in order to certify the newly acquired competencies.

Moreover the project will offer linguistic and cultural mediation services in the area of Catania for final beneficiaries, as well as online counselling with regard to the legal framework, health assistance, and networking events between public and private bodies working in the field of migration in Catania. The spokesperson is interested in further collaboration with CESIE in Catania and Palermo.

Interview n. 4

Centro Astalli has been very active for the integration of migrants and refugees in Catania area, and even now, during the partial lockdown due to Covid-19, they offer legal counselling by appointment with regard to the stay permit and related administrative procedures. They also still provide job counselling by helping migrants

and refugees with the draft of the curriculum (c.v.), finding job proposals on Italian websites and making all the arrangements.

Nowadays Centro Astalli conducts internal trainings for 40 people of the voluntary staff on how to act in case of pandemic at the workplace.

They temporarily stopped their projects with the schools, during which time they have promoted cultural/religious exchanges between Italian students and migrants/refugees.

For the future, Centro Astalli Catania is planning to set-up small training sessions in the field of manufacturing and agriculture (getting a licence for tractors).

Conclusion

As above-mentioned in Italy the ageing population, the lack of public home care services and the high cost of private ones, have increased the demand for staff in the field of caregiving.

In addition Italy faces a lack of specialized personnel in the caregiving sector, and caregivers with a migrant background have become a very important component of the informal home care system. As seen, they have middle to high levels of education, and many of them would be able to work.

Italian immigration policies have allowed the development of a welfare structure where migrant women have a primary role, and show a high multitasking professional profile.

The Italian case has been identified as the “migrant-in-the-family model”, but unfortunately this has been achieved at the expense of caregivers with a migrant background in terms of poor working conditions, low salaries, social isolation, and psychological distress. The live-in assistance to elderly or disabled people is the most labour-intensive, lowest paid and worst working conditions segment of the domestic work sector. As seen in the current report, in Italy, caregivers with a migrant background are irregular and more segregated.

The solution would be the enhancement of qualifications and skills of such caregivers through specific courses given by training institutes, NGOs or other voluntary organizations.

Their integration into the labour market should be done through information on employment and training, counselling on the work relationship with host families, intercultural mediation, and so on.

What is needed is further coordination between private and public authorities in order to elaborate further shared strategies on employment and integration of caregivers with a migrant background.

MiCARE project aims to do so by providing structured training on caregiving for migrants and refugees, in order to facilitate their integration into the caregiving job market which nowadays presents a continuous growing demand.

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Greece Report

E. Lazaridou; A. Mousoulidi
AKMI International (Athens, Greece).

Literature Review Greece.

Medical Subject Headings terms (Keywords) https://www.ncbi.nlm.nih.gov/mesh/advanced	**Equivalent _____ terms from_____**	**Name of the bibliographic databases consulted and links:**
caregivers long-term care home care services neurocognitive and cognition disorders cognitive dysfunction	**Caregivers**: φροντιστές **Long-term care**: μακροχρόνια φροντίδα **Home care services**: παροχές κατ΄οικον φροντίδας **neurocognitive and cognition disorders**: νευρογνωστικές διαταραχές **cognitive dysfunction**: πνευματική δυσλειτουργία	

Search strategy in Greek:

For our search strategy we used the given key words translated in Greek as follows: φροντιστές, μακροχρόνια φροντίδα, παροχές κατ΄οίκον φροντίδας, νευρογνωστικές διαταραχές, πνευματική δυσλειτουργία

Methods:
A search of the literature was conducted on electronic database: PubMed, NCBI, Google and Science Direct.
The basic criteria to include these databases were:
-Good practices offered
-Historical aspects
-Social inclusion policies

Selection of articles:

The majority of articles were found through OECD and Google Scholar. We tried to incorporate articles and papers from 2008 to 2020.

Results:

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GREECE - GAP ANALYSIS & STATE OF THE ART REPORT

SUMMARY

Summary

Introduction

Being part of the phenomenon of ageing in Europe, statistics indicate a continuous growth in the population of older people in Greece, a fact that increases dramatically the need for long-term care. At the same time, migration flows increase and an unprecedented number of third-country nationals arrive in the country in the search of a future with better working and living conditions. Under this framework, a training course on caregiving provided to migrants is suggested as a solution to support the integration in the labour market and safe practice of the caregiver's profession by those populations.

Objectives

Our main objective is to highlight the need and importance of providing a structured training around caregiving to migrants already employed or wishing to be involved in the health sector and particularly in the sector of caregiving to the elderly or to people with special needs.

Methodology

A systematic literature review on books and articles retrieved form databases such as Google Scholar, PubMed and ResearchGate. A total number of 12 publications, published from 2008 to 2019 and written in English or in Greek were selected for review.

Results

The literature review findings indicate that while the integration of migrants in the Greek labour market and especially in the care giving sector has had a positive impact in the Greek economy and society, there are many challenges presented for migrant caregivers working in Greece. From lack of training to exploitation when it comes to employment in domestic care, it seems that migrants and refugees wishing to work as caregivers in Greece do not receive any support or capacity building needed.

Conclusions

Providing training for migrant caregivers would be highly beneficial in the multiple aspects that are examined in our review. In order to ensure an effective and sustainable training support, it is essential to develop an open-access training course structured around the needs detected and adapted to the participant's expectations and capacities.

1. Introduction

This work arises in the framework of a bibliographic review that has to be carried out in the Erasmus + project, Migrant Training in Caregiving (MiCARE), a project implemented by a consortium of 6 partners based in the UK, Spain, Germany, Cyprus, Italy and Greece. The main idea of the project stems from the analysis of the supply and demand of the labour market and the need to adequately manage the integration policies of national third parties in the EU, through an action plan which includes education, training and employment for these individuals. More specifically, the project's main objective is to develop an intensive training program for migrants who want to practice as caregivers for the elderly or people with special needs.

Overview of demographic trends and the socio-economic status of migrants in Greece

Being part of the phenomenon of the ageing population in Europe, the Greek demographic statistics show a rapid increase of the percentage of elderly people among the Greek population. According to the World Bank collection of development indicators, the population of age 65 and above in Greece was reported at 21.95% in 2019, making it the second oldest population in the EU, behind Italy and ahead of Germany. As estimated by the Hellenic Association of Geriatrics and Gerontology in 2019, demographic trends and a variety of factors (such as low birth rates, life expectancy increase and the negative migrant balance) project that one in three people in Greece will be aged over 65 by 2050[1].

These projections for the future raise the chances of a specific sector to be furtherly impacted: the sector of long-term. In terms of social policy and despite the efforts being made, the sector remains an underdeveloped area in terms of social policy, where informal domestic care still plays a central role in the Greek context. The attempt to introduce a decentralized system of long-term care reform in the 2000s has been hindered by the financial and fiscal crisis some years later. As a result, caregiving remains often under the responsibility of family members and domestic care workers[2]. The continuous increase in demand, combined with the need for capacity in qualified caregivers ensuring the quality of services, result in a necessity to enhance the availability and training of formal carers as well as the support for informal carers in the country's contexts. Up to the date, filling the gap to those needs remains among the most challenging tasks in the sector[3].

At the same time, immigration flows to Greece have been rapidly increased over the past two decades. According to the Greece Key Migration Statistics, the total number of international migrants in mid-year 2019 in Greece was 1.2 million, while the share of working age migrants (20-64) in the international migrant stock at mid-year 2019 was 82,6%. According to the Hellenic Statistical Authority's reports since the decade of the 2000s, immigrant workers have had a continuous positive impact in the labour market

in multiple ways such as contributing to the country's economic growth through their integration in the labour market. However, the entrance of refugees and migrants in the Greek labour market is characterized by challenges and risks as well, as often reported to include multiple cases of unregulated status of working conditions, insurance and legal employment status, a fact that has only worsened during the financial crisis of the past decade[4].

Another challenge presented in the third-country nationals' path towards securing their place into the Greek labour market are the obstacles presented in their access to public employment services and opportunities for vocational education and training. The lack of information and networking with relevant services and stakeholders that could otherwise be able to facilitate their connection and provide opportunities of employability and vocational training, along with the language and cultural barriers, are strong factors resulting in high rates of unemployment.

Unemployment rates among third country nationals in 2017 (% of active population 15–64 -year-olds) in Greece are reported as follows: 28% of TCNs were unemployed, while the unemployment gap between the foreign-born and native populations was 10%, representing the second highest rate in Europe. According to Eurostat (2018), the factors hindering the access to employment reported by first generation third country nationals in 2014 (%) in Greece, are the lack of language skills, lack of recognition of qualifications, lack of residence permit and challenges related to their origin, religion or social background.

Under this challenging context, there is no doubt that ensuring adequate training and secure legal paths to access to the labour market for migrants and refugees who wish to work in the caregiving sector will have a positive impact simultaneously in the migrants' social integration and the function of the caregiving sector in Greece. Our main goal is to analyse the importance and specify this need based on the research that has been done around these issues during the past years along with our empirical findings.

2. Objectives

The main objective of this work is to provide a thorough review on the existing studies and research conducted in relation to the two key elements that indicate the necessity of the enhancement of third-country national's training and skills enhancement in the caregiving sector. *Firstly*, a review of the history and status of the caregiving sector in Greece, especially the caregiving of elderly. *Secondly,* a review of the migration statistics on employment and integration of third-country nationals in Greece within the past years, especially in the caregiving sector. By connecting those key issues as well as providing an overview of national past and current policies and procedures in this field, we aim to showcase the need and importance of providing third-country nationals with

adequate training and skills enhancement relevant to the care-giving sector as a tool of integration.

3. Methodology

The methodology that has been followed is a systematic review of the existing bibliography (books and scientific publications) related to migration statistics, employment status and policies and procedures in the caregiving sector (particularly the care of older people) in Greece.

The main platforms used for our research are Google Scholar, PubMed and ResearchGate.

Inclusion criteria

-Articles published from 2008-2020

-Articles related to the key words such as “migrants”, “caregiving”, “elderly”, “long term care”, “labour-market”

-Articles written in English or Greek

Exclusion criteria

-Articles published before 2008

-Articles without verified sources

-Articles without free access to the full text

-Duplicate articles

4. Results

According to our bibliographical findings, it is worth mentioning that while an extended amount of research that has been conducted around the issues of migrants’ integration in the labour market in Greece, as well as around the status of the caregiving sector as a social policy pillar, the precise situation on migrant caregivers in Greece and their needs while working in the caregiving sector is not easily and often encountered in literature sources. Below we proceed to a review of our findings in studies that connect those two key issues.

Numerous studies highlight the positive impact of the presence of immigrants in the Greek economy and labour market, highlighting that immigrants are not replacing Greek workers and are complementary to the workforce of Greek citizens, covering positions

that in many cases would be rejected by the country's workforce. Especially for the caregiving sector, migrant domestic care workers have increased the width and quality of services[5] while their entrance in the caregiving sector has not caused an increase in unemployment, as they engage in services that otherwise would be provided through informal care (domestic care by family members). At the same time, it is highlighted that immigrant workers are at high risk when it comes to ensuring their workers' rights because of their vulnerable status when it comes to salary benefits, working conditions and insurance.

A very common phenomenon since the 1990s is migrant women filling the gap in the needs for workforce in the caregiving sector by being recruited as domestic workers offering caregiving services to families, notably older people in Greece. In the majority of cases, the caregivers have never been through any relevant training and in multiple cases the employment status of the caregiver is illegal. Because of the nature of this challenging issue, accurate research on the statistics, status and working conditions of migrant caregivers is hard to be developed. However, relevant studies during the past years indicate that the lack of appropriate infrastructure in long-term care, an increased number of migrants provides non-regulated employment in the caregiving sector privately and at a much lower cost, a phenomenon that is often facilitated by employment agencies.[6]

With regards to the issue of integration in the labour market, as mentioned above the lack of official documentation in Greece as a host country is an important factor that determines the economic activity and the absorption of immigrants, especially immigrant women, into domestic work. This fact highly increases the dangers of precarious employment in the already unregulated field of caregiving, creating a nexus of dangers such as the access to welfare, health care and child facilities.[7] It is nevertheless one of the key factors that lead to the difficulty in researching the working conditions of migrants employed in the caregiving sector and especially in domestic care – an already highly unregulated sector for both immigrant and native workers. Last but not least, it is always worth remembering that "migrant care-givers'' are not a homogenous group[8]. It is a group consisting of individuals with different socio-economic backgrounds, countries of origin, culture, language, religion etc. This fact may be leading to a lack of opportunity to develop a sense of community among the workforce in the sector and is, among other reasons, resulting in a lack of capacity to form unions of interest and advocate for better working conditions in the same way as workers in other sectors have.

With regards to the support and facilitation of migrant caregivers when it comes to developing their skills to perform their role, no research or studies on coordinated actions were available in the Greek context, which is indicative of the lack of a structured training system. There is no doubt that the growing demand for care for the elderly and for qualified caregivers provides an opportunity for migrants who wish to

work in the sector – however, this requires the establishment of mechanisms that enable them to acquire a qualification that can be officially recognized and certified in the sector as well as guidance and networking opportunities within the labour market.

Our research findings around the policies and procedures on the topic of vocational training of migrants in the caregiving sector are therefore limited to the general provisions of the Legal Framework around the integration of migrants and refugees into the labour market as well as their access in vocational training in Greece.

According to the existing legal framework (L.4251/2014, L.4375/2016 and L.4540/2018), third-country nationals and beneficiaries of international protection have the same rights as Greek nationals in the recognition of foreign certificates verifying their education, skills and qualifications. The framework has simplified procedures to facilitate TCNs access to the labour market, while a specific mention in the Presidential Decree 141/2013 foresees that should they not be capable of providing the necessary proofs of documents recognized, the relevant Greek authorities should facilitate the process. When it comes to adult education, the same legislative framework safeguards the right of TCNs to take part in vocational education and training programmes under the same conditions as the country's nationals. However, no special provisions are being made to facilitate their access considering the increased barriers that TCNs might come across and can potentially hinder their access to vocational education schemes, such as the language level and lack of information on the training opportunities. As a result, offering tailor-made vocational training responding to the needs of TCNs mainly rests in the development of the relevant initiatives and interventions made by non-governmental organizations

The Greek government's most recent initiative for TCNs integration and training opportunities is the Cities Network for Integration (CNI). It is an inter-municipal network led by municipalities across Greece that jointly design and exchange good practices, aiming at strengthening social cohesion through coordinated actions and interventions at local and national level.

CNI was formed in January 2018 on the basis of a memorandum of understanding (MoU) between the municipalities of Athens and Thessaloniki. A total of 13 municipalities have acceded to the Network so far. The MoU paves the way for a common cooperation framework between CNI members in the fields of know-how exchange, capacity building, promotion of good practices, joint policy-making at European, regional and local level, fundraising and programming.

Since April 2020, the UN High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) have been supporting the work of the Cities Network for Integration on the basis of trilateral cooperation with the Municipality of Athens. The two international organizations, based on the priorities set

by the participating municipalities, provide the necessary technical means to develop mechanisms and procedures that promote initiatives with long-term benefits for both host societies and refugee/ migrant populations.

With regards to ongoing initiatives on training opportunities for caregivers outside the public sector or provided by employers, an innovative online course has recently been developed under the Erasmus+ project: "Eldicare: Matching skills in a growing European Silver Economy". The Eldicare project's results include the development of two separate, online and openly available curricula directed to professionals working in the sector of elder care who wish to enhance their competences and skills or any individual interested in the field. The training program developed consists of the following two curricula: "A-typical Elderly Care Givers (EQF Level 4)" and "Elderly Care Sectoral Providers (EQF Level 5)". While the curricula are not tailor-made to third-country nationals as learners, training modules referring to basic knowledge of elderly care, ICT skills and interpersonal and soft skills for caregivers of the elderly can be utilized as best practices that a tailor-made training course for migrant caregivers could draw from.

Resources links Greece

Resource	**Link**
Hellenic Statistical Authority	https://www.statistics.gr/en/home/
Data World Bank Greece	https://data.worldbank.org/country/greece
Greek Ministry of Labor and Social Affairs	https://www.ypakp.gr/
Greek Ministry of Migration and Asylum	https://migration.gov.gr/
Athens Coordination Center for Migrant & Refugee issues	https://www.accmr.gr/en/
Economic Indicators	https://tradingeconomics.com/greece/indicators
Greece's Workforce employment organization	http://www.oaed.gr/
International Organization of Migration	https://greece.iom.int/

Field Research Findings

Data analysis and summary of results from Questionnaires

Questionnaires for migrants:

Our questionnaire has been disseminated to third-country nationals (migrants or refugees) who live in Greece and are currently working in the caregiving sector, or have

experience in the sector and wish to be employed. The majority of respondents belong to the age group of 36-50 years old (53,8%), followed by 23,1% of people aged more than 50 years old and, 15,4% aged from 26-35 years old and 7,7% aged from 18-25 years old. A slight majority of women respondents (60%) over male respondents (40%) is noticed.

With regards to the educational background of participants, 4 participants have acquired a bachelor's degree or diploma in health care, 6 participants attended high school-secondary education, while 3 reported to have attended vocational training.

The nationalities of participants also vary: 3 of them come from Georgia, 2 from Romania, 2 from Syria, 2 from Albania and 1 from Somalia, Bulgaria, Afghanistan and Bangladesh.

The level of understanding the Greek language was reported as follows (number of answers indicated):

	Elementary	Intermediary	Upper Intermediary	Advanced	Very advanced
Oral comprehension	2	1	2	6	2
Reading comprehension	3	1	3	4	2
Oral expression	2	2	3	4	2
Written expression	5	3	3	1	1

When it comes to reporting the sense of integration in the host community 8 people responded "Yes", 3 people declared that they don't feel settled in their host community and 3 preferred not to say.

On the question of whether they have experienced discrimination in their working places, 4 respondents replied positively, 3 reported that they have not faced discrimination while the rest prefer not to say or did not specify. While in the following question of whether they have faced intercultural challenges in their working places, 8 replied that they have experienced intercultural challenges at work, one replied negatively, and the rest prefer not to say or did not specify.

The years of the respondents' experience in the field of care giving also vary, as 3 people have experience from 0-6 months in the sector, 1 from 6 month-1 year, 3 people from 1 year to 3 years and 6 people have more than 3 years' experience in the sector.

The skills of participants in caregiving are reported as follows:

	Poor or no skills	Some skills	Good skills	Very good Skills	Excellent Skills
First aid	1	2	5	3	2
Hygiene	0	3	1	4	5
Skin care	2	1	3	3	4
Mobility	2	2	2	5	2
Medication	1	2	2	3	5
Blood pressure control	0	3	2	2	6
Temperature control	0	2	2	1	8
Rehabilitation	4	3	2	2	2
Support in medical team	9	2	0	1	1
Nutrition	1	1	2	7	2
Support in mental health	2	3	4	3	1
Brain injury, stroke and dementia	3	0	2	4	4
Physical exercise	2	3	2	4	2
Stress management	3	3	3	3	1
Domestic care	3	0	1	3	6
Budget planning	3	3	3	3	4

As for the problems encountered while performing their role as a caregiver, the participants reported almost equally the difficulties in communication, difficulties in

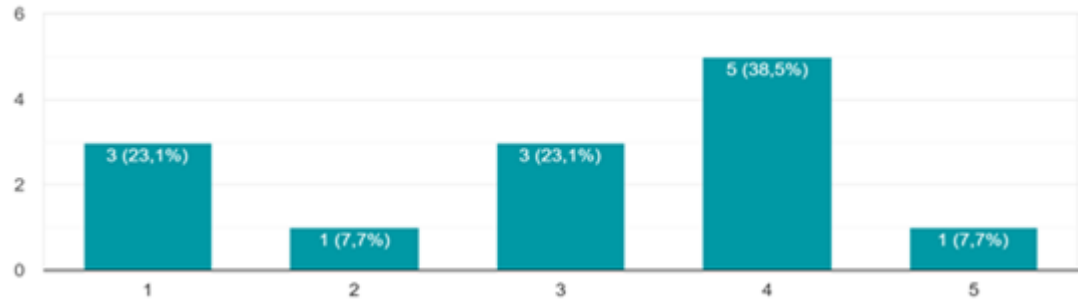
performing activities, managing difficult relationships and stress, while three of them chose the option “other”.

As for the training interests, the majority of respondents chose the option of the assistance on skills validation, knowledge for their rights in terms of salary, working hours and paid leaves, as well as the development of their personal/interpersonal skills. It is worth mentioning that all learning outcomes were chosen by respondents, just not as often as the above choices.

Concerning the results in the questions around the COVID19 situation, the majority of participants (69%) have stated that they know how to protect themselves and others, while similar levels of positive responses can be noted in the separate questions on whether they can protect both themselves and the elderly during the times of pandemic.

However, it is also concluded that the situation has also increased their level of stress, reporting that the COVID19 crisis has affected their work as it has been difficult to ensure full protection with excessive measures for the elderly, increased stress, lack of necessary equipment and last but not least, lack of job opportunities.

More specifically, the respondents’ self-stress management skills (1 poor skills - 5 excellent skills) have been reported as follows:



Moreover, 61% of the respondents stated that they cannot recognize the signs of burn-out, while 38,5% replied that they are able to recognize them.

Last but not least, the digital competences of participants vary : 2 have reported poor digital skills, 6 have reported some digital skills or average digital skills, and 5 have reported advanced or excellent digital skills.

Questionnaires for stakeholders:

The respondents of this questionnaire belong to the following groups of stakeholders: 5 participants are employers in elderly care units, 2 participants work in non-governmental organizations/community centres, 2 participants work in employment agencies and 1 participant works in an educational institution of vocational training.

Half of participants (50%) stated that they employ migrants in their institution, which corresponds to the number of health care institutions that participated in the questionnaire. The roles of third-country nationals in the employment relationship are the following : caregivers, nurses, assistant nurse, exclusive nurses and assistant caregiver. 60% of the participants reported that they do not provide any type of orientation to their employees after their arrival or during the stay in the host communities while 40% reported to provide training opportunities to employees within their institutions.

With regards to the measures taken to deal with the COVID19 outbreak, the measures taken are reported as follows:

	Yes	No
Workload distribution (rotating shifts)	5	0
Increasing workforce	4	1
Team cohesion and engagement	5	0
Provide specific training of workforce about Covid-19	5	0
Provide specific equipment for safety reasons (gloves, masks, etc.)	5	0
Provide clear instructions to employees on how to provide their duties safely	5	0
Provide social support to employees such as help to access hospitals and health, services, financial support, awareness raising, etc.	3	2

Note: Only the answers of elderly care institutions are indicated in the above chart.

Last but not least, 80% of respondents stated that their institution is resilient enough to effectively care for their workers during a pandemic such as the COVID19 outbreak, and 20% replied that the question is not applicable or did not specify.

Summary of results, comments and recommendations from Interviews:

Interviews with migrants

It is generally felt that the lack of access to information on the legal frameworks, the difficulty in official skills' recognition, and the inadequate levels of knowledge of the Greek language are the most common challenges presented to the majority of migrants working in the caregiving sector. Those challenges were reported to have multiple consequences at various levels that will be explained below, while an opportunity for training is very positively perceived and would be welcomed.

Firstly, what came across in the majority of discussions has been the issue of the unregulated employment relationships that is often noticed in the sector. The lack of

access to information and the lack of skills recognition, in most cases furtherly enhanced by the fact that individuals are not familiar with the country's language, result in little or no option for employment in the field but in domestic work, where no official diploma is required to acquire a job. The majority of our interviewees work or have worked in the past as domestic caregivers and have reported that at the time or up to the day, they were/are not at all aware of the legal protection and their rights as workers while they have not benefited from social security in the whole duration of their employment that could last for years. As for the working conditions for domestic caregivers, their experiences varied, but they were mostly defined by the employer's will, without them having any power to negotiate, e.g. for their salary or working hours.

Secondly, the knowledge of the Greek language (at least an intermediate level of comprehension and ability for basic communication) is reported to be a crucial asset, opening up possibilities for employment in elderly care. While there is no official requirement for language knowledge certification, older people in Greece do not usually speak English, and therefore employers require a level of A2 in the Greek language in order to ensure the daily communication. All of the interviewees had an intermediate level of knowledge of the Greek language, however they reported that this is not always the case especially for people that have recently arrived in the country. In case of a very low language level, the possibilities of employment are significantly increasing and therefore the recently arrived have little or no chance to be recruited in the caregiving sector.

The possibility of training for caregiving is perceived extremely positively. Most migrants would welcome supplementary courses to enhance their level of language and would appreciate the opportunity to receive some sort of certification that they do not have at the moment – some of them reported that they do not possess any official certification even if they live in the country for years and their language level is advanced. The majority of them have also expressed their interest to learn more about their rights as workers and all participants highlighted the need for a certification for the course after completing it. They find it extremely interesting to participate in training regardless of their years of working in the sector as opportunities for training courses are very rare.

A few notes on the challenges to be addressed while designing the training:

· Lack of time: Some interviewees have noted that it might be difficult to follow a synchronous training scheme because of their working hours

· Equipment: Some have reported that they are not sure that it would be possible to follow an online course because of lack of digital skills or necessary equipment (eg laptops)

· Other logistics: they would welcome training modules directed towards practical aspects of caregiving, such as first aid and basic caregiving services that would be conducted in physical presence. However, because of the COVID19 pandemic workers in elder care units cannot be reached in their workplace, as visits outside the working staff

are forbidden. At the same time, if they are asked to visit a training venue outside their working place some of them might not be able to, as they have no means of transportation

Interviews with stakeholders

Based on our interviews with relevant stakeholders, the major challenges, recommendations and the overall perception of the situation of migrants working in the caregiving sector have been similar among the individuals interviewed (employers in elderly care units, social workers supporting the employability of refugees and migrants, and employment agencies).

The opportunities of vocational training for migrants and refugees in the caregiving sector are very scarce, and this follows the general trend in the Greek context where there are very few options of tailor-made vocational training to the needs of third-country nationals. A training course in caregiving specifically directed to those individuals would therefore be very beneficial.

As for the training needs, all interviewees highlighted that the main challenge in the sector is the level of language knowledge. It is a conclusion that came out of the migrants' interviews as well: while there is no obligation to provide a language certificate, most employers would prefer a good level of communication because of the nature than caregiving: it requires a connection with the person receiving care, and as the majority of the elderly in Greece are not speaking the English language, the ability to communicate in Greek is key. An important observation was made around the work-related vocabulary in the training to be developed: if there is a section directed towards teaching the daily work vocabulary of a caregiver, especially for individuals that are already working in the sector, it would significantly facilitate communication and enhance performance of the caregiver's tasks.

As for the content of the training, they suggest that it should not only be directed to extremely specific technical skills, as the core of the caregivers' role relies on the basic, daily services of care and not to serious cases and emergencies. They therefore suggest that the technical part could focus on daily care (rehabilitation, basic daily care, temperature and blood pressure control, nutrition etc.) They highlighted that an important role should be given in the interpersonal skills for the trainees. Especially the interviewees working in the sector, highlighted that the care of the elderly requires strong interpersonal and soft skills that they consider as important as technical skills. The core of the caregiver's role is to build a relationship of trust, and therefore strong skills of communication, adaptability and empathy are crucial for a caregiver.

Last but not least, the majority of stakeholders would welcome the opportunity to offer such training to their staff or share it within their networks to individuals that could benefit from it. A challenge that could potentially present obstacles for participants to attend a training course was mentioned, that was also presented by the group of migrants: because of the COVID19 situation, elderly care units cannot host such a

training because of the obligatory restrictions, while if the training is not provided in the participants' working place, they might be unable to participate because of lack of transportation or incompatibility with their working hours. For organizations supporting migrants and refugees this would not be such a challenge, as they could disseminate the opportunity to their networks and beneficiaries and support the participants with equipment if necessary.

Conclusions - Discussion

From the above-mentioned research findings, we can conclude that providing structured training on caregiving for migrants and refugees can have a positive impact in multiple aspects based on the issues examined. Firstly, by facilitating the integration of migrants and refugees into the labour market and particularly in the caregiving sector, which presents a continuous growing demand because of the demographic changes both at a national and at a European level. Secondly, by providing access to information, support and recognition that can enable furthermore their capacity of providing quality care in the health sector and equip them with support mechanisms while exercising their occupation.

It is important that the design and implementation of such training is approached with special attention. In order to be meaningful, it needs to be adapted to the participants needs for skills and abilities and respond to their context. As mentioned in our research analysis, the groups of migrants and refugees that are involved or wish to be involved in the caregiving sector are not homogenous, while each individual has also different needs for skills (e.g. different levels of language knowledge, various levels of expertise in the caregiving sector or no experience in the caregiving sector) and expectations from such a training.

A special attention is also required to be given to the issues that can potentially hinder the participants' access to the training. For example, a challenge could be detected if a potential participant has an inadequate level of English and/or the host community language to perceive several concepts. Other challenges that need to be address is the lack of transportation if the training is conducted in-presence, and on the contrary the lack of digital skills, internet connection or the necessary equipment if the training is implemented online. An important remark when it comes to the language learning opportunities to enhance communication in the working environment, has been the suggestion to dedicate a section in the language courses in work-related language vocabulary, such as medical terms or the most usual vocabulary knowledge that is required to communicate effectively while practicing caregiving. This could significantly enhance communication abilities in the working place targeting the daily needs of interaction.

Providing care for the elderly or for people with special needs is a profession that requires not only proper training of practical care giving skills, but also of interpersonal skills and tools to support the well-being of caregivers. When this care is provided by

groups that are characterized by vulnerabilities such as migrants and refugees, the need for such support increases, as well as the need for the access to information on policies and legislation to ensure awareness of their rights as workers. Training that evolves around those units is considered essential to build the capacities of caregivers to perform their role in the health sector with diligence and care, as well as to support them as professionals who are fully integrated into the labour market.

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Spain Report.

R. M. Pérez-Cañaveras[1]; E. Mas Espinosa[2*]; M. F. Vizcaya-Moreno[1*]*

[1] Nursing Department. Faculty of Health Sciences. University of Alicante. (Alicante, Spain).
[2] Elche University General Hospital. (Alicante, Spain).

This report will be developed, following the proposed work methodology, in three sections: Literature review, Policy procedure review, Field research results – questionnaires and focus groups.

Literature Review Spain.

Importance of teaching basic care for dependent elderly people to migrants: bibliographic review.

Abstract.

Introduction: In recent years, life expectancy worldwide has been increasing, and with it, the probability of being dependent in the future. Nowadays, in the absence of a family caregiver, it is the people who work as home caregivers who take care of these older adults. Therefore, as the number of migrants that come to Spain in search of work is increasing, a training course could be offered to practice this profession safely.

Objectives: The main objective is to verify the importance of teaching migrants about basic care at home for dependent people. Secondary objectives are the recognition and visibility of care for the elderly by migrant workers.

Methodology: Bibliographic review in databases such as MEDLINE, SCOPUS and CINAHL of articles published between 2010 and 2020 written in English or Spanish. 6 articles were selected for review.

Results: After a complete reading of the selected articles, we can highlight the importance of receiving prior knowledge about the execution of basic care for dependent older adults and thus prevent consequences such as feelings of overload and stress.

Conclusions: We can affirm that in order to provide optimal home care, it is essential to educate caregivers in fundamental aspects of care. This education can be in the form of a training course adapted to the people for whom it is intended. Furthermore, caring for

dependent older adults may be one of the work options for migrants who come to Spain in search of a better future.

Keywords: basic care, home care, dependent elderly people, migrants.

1. Introduction

This work arises from the bibliographic review that has to be carried out in the Erasmus + project, Migrant Training in Caregiving (MiCare) (2019-1-UK01-KA204-062046), in which various entities participate, including the University of Alicante and which aims to train migrants in the care of people in order to facilitate integration into the local economy, meet their needs and provide care skills to carry it out safely (CESIE, 2019). This large project is divided into different parts, and we are going to focus on caring for the elderly.

In recent years, life expectancy worldwide has been increasing. In Spain, according to the data collected in the INE (National Statistics Institute [INE], 2020), the probability of living more than 65 years has increased exponentially with respect to previous years. This refers to the fact that the elderly population is increasing and, therefore, there is a greater probability of being dependent in the future.

“We understand a dependent person as “one who, for reasons linked to the lack or loss of physical, mental or intellectual capacity, needs important assistance and/or help to carry out the activities of daily life” (Council of Europe, 1998).

In order to provide this assistance, it is necessary to know what it means to care. As García-Calvente mentions: “The *work* of caring includes personal and instrumental attention, surveillance and accompaniment, health care and the management and relationship with health services. Caring also involves giving emotional and social support. Ultimately, caring means "taking care of" the people you take care of”. Therefore, caring for a person involves helping them to meet their basic needs. For this reason, it is important to know the needs that the person we are in charge of may have.

Usually, this assistance is provided by a member of the same family, which can be called informal care. "*Informal care* is care that is provided to dependents by family, friends or others who are not paid for the help they offer." (Delicado, et al., 2004).

We find a problem when the family itself cannot take care of the dependent person, or it does not have ascendants or descendants who are responsible. For this reason, there is a caregiver figure capable of providing the necessary care in these situations.

"Today, it is increasingly common that, in the absence of a family caregiver, caregiver immigrants are employed to provide full-time support to older family members. More and more European countries resort to this measure, including: Germany, Austria, Italy, Spain…" (Fusco, et al., 2015). This is because "one of the largest roles for the migrant workforce in Europe is the care sector" (Rugolotto, Larotonda , Van derr Geest , 2017).

According to the epidemiological data consulted at the INE (National Institute of Statistics [INE], 2020), in the last 15 years, the number of immigrants in Spain has been increasing. Most of these are from countries in South America or Africa and are looking for a better future for their families since a large part is from emerging countries. As is known, some of them are dedicated to caring for the elderly, either fully or partially, and "a large part is immigrants from Latin America and the Philippines " (Cohen, Garms , Bentwich , 2013). "It is a precarious sector, with low wages, and some authors describe it as a *cheap luxury*" (Rugolotto , et al., 2017).

"Spain has very few regulations on the work and living conditions of migrants assisting at home. Regulations have only been promulgated regarding basic conditions, such as minimum wage, weekly working hours, and the obligation to draft and sign a mutually agreed-upon employment contract. Having appropriate employment conditions are crucial to guarantee to care for dependent older people and to guarantee basic human rights and respect for all members of society " (Cohen, et al., 2013). Besides, this regulation would make the job much more attractive, and thus more people could do it. As mentioned before, the elderly population increases and with it the need to have qualified personnel to provide the home care that these people require.

As Tam, Choon, Legido, Huong and Lin (2018) say in their article, “Much can be done to improve work and conditions for these workers, including access to training courses in elderly care, providing them with more practical and emotional support”. In this way, the quality of care provided would improve.

On the other hand, institutions for long periods of care, such as private and public residences, are always an option for a family when they cannot take care of a dependent person, but as Van Houtven, et al. (2010) state in their article, many older people prefer to be at home. Often, staying at home requires support. It is difficult for a family member to take charge twenty-four hours a day, seven days a week. For this reason, we regularly resort to the help of external caregivers who are usually immigrants who reside in our country without previous training in care or cultural background. “However, in order to provide effective care, caregivers must be trained through training programs” (Van Houtven et al., 2010). Furthermore, it is proven that “the quality of care provided by caregivers has a strong impact on the quality of life of older people "(Fusco et al., 2015).

Currently, "there are formal courses in elder care, but many are generic or only addressed to family caregivers" (Tam et al., 2018). This makes their training difficult since they do not focus on the needs that these workers require or even do not adapt in language or content. Additionally, some are inaccessible to these people because of their price or because they are internal caregivers and do not have the opportunity to attend training courses due to their work.

Nowadays, it is frequent that in families where no member takes care of a dependent person, migrants are hired to perform the necessary care. On the other hand, there are articles (Fusco et al., 2015; Bonin , et al., 2015) that relate this care to the rate of rehospitalization of dependent people, but no solution is proposed.

It is at this point where the importance of this work resides, since, with adequate education and guidelines on basic care for dependent people by migrants, this rehospitalization rate could be reduced and with it, the possible subsequent complications for both the person in charge of care as for the elderly.

The purpose of this literature review is to verify the importance of offering education in basic care to people who are willing to work caring for dependent elderly people. In this case, aimed at migrants, since a large part of them is dedicated to this.

2. Objectives

2.1. General Objective

The main objective of this work is to verify the importance of teaching migrants about basic care for dependent people at home.

2.2. Secondary Objectives

- Integration of migrants in the labour market.

- Recognition and visibility of care for the elderly by immigrant workers.

3. Methodology

The kind of work that has been carried out is a systematic review of scientific articles related to the care of older adults with functional impairment and dependence. In order to carry out this compilation of articles, three different databases were consulted: MEDLINE, CINAHL and SCOPUS.

The search was conducted during April 2020 and to carry it out, the Descriptors of Health Sciences (DeCS) in the different databases were used to focus them on the established objective.

The keywords used to obtain the descriptors were:

- Basic care nursing - Primary care nursing OR primary care OR primary health care.
- Older adult with functional deficiency - Frail elderly.

These have been combined so that the search strategy has been:

([Primary care nursing OR Primary care OR Primary health care] AND Frail elderly).

In the MEDLINE database, limiting the date in years from 2010 to 2020, 292 articles were found.

In the CINAHL database, narrowing the date in years from 2010 to 2020, 377 articles were found.

In the SCOPUS database, delimiting the date in years from 2010 to 2020 and with the thematic area "nursing ", 233 articles were found.

These were reviewed, selected according to title and abstract and duplicates were discarded. Twenty-two articles were selected which were exhaustively read, finally leaving a selection of 6 articles that fit the established objective. These articles were extracted from the SciHub website, thus facilitating their reading and understanding, discarding those that were not possible to locate.

3.1. Inclusion Criteria

- Articles published from 2010 to present.
- Articles are written in English or Spanish.
- Full text articles available.
- Articles that deal with the proposed objectives: the importance of education for caregivers, recognition and visibility of care.

3.2. Exclusion Criteria

- Articles published before 2010.
- Articles not found in full text.
- Duplicate articles.
- Articles that focus on the importance of identifying functional deficiency.

4. Results

Regarding the topic to be treated, following the bibliographic search carried out, a great variety of articles referring to this topic have not been found. For this reason, the number of studies obtained in the search is quite limited.

A part of the selected articles refers to informal caregivers, that is, family or friends who provide care free of charge, being the object of study when it comes to care and its consequences thereof. Despite this, and without being the same as the type of caregiver we refer to, the articles were adapted, and the results could be extrapolated to people who dedicate themselves professionally to care since in them the family bond was not valued.

After searching for articles, an exhaustive reading of the six studies selected from the different databases was carried out. All of them provide information on care for the elderly and their respective caregivers.

Van Houtven, Oddone and Weinberger (2010) conducted a study based on descriptive surveys over three months that were sent to 212 people (both patients and caregivers) in order to identify all patients in primary care who receive services at home and in the community. The study recognized the main barriers at the time of training, such as transportation or distance from the workplace to the training site or the high demands of work without the possibility of having free time.

For these barriers, they offered possible solutions and thus were able to carry out the training, since it is a fundamental aspect to offer quality care. These measures were: individual or group training through the telephone or internet to avoid leaving the house, offering hours after work and adapting the training to caregivers depending on their health problems and their relationship with the patient. This situation is due, and as Willemse et al. (2016) in their empirical qualitative study, that each caregiver lives a unique situation, so it is convenient to adapt the training to each case, without neglecting the basic aspects.

Both studies pointed out that the elderly prefer to be at home rather than in a hospital room. Therefore, if we offer a provision of information and support in the search for it in a personalized way for the caregiver, this will improve their care and thus the elderly can stay longer at home.

As Couto, Caldas, Castro (2019) say in their qualitative research, the responsibility of caregivers requires an effort beyond their capacities due to their lack of experience in

this area. For this reason, the lack of guidance regarding care guidelines was identified as a contributing factor to the appearance of feelings of overload, emotional distress, insecurity and stress.

As in the article on guidelines on community-level interventions in integrated care published by Thiyagarajen et al. (2019), both conclude that the guidelines to reduce this psychological anguish and depression include evidence-based recommendations to support caregivers, since, if not, they will search for information online or ask other caregivers. It is necessary to provide basic information about the health conditions of the older adult to develop practical skills, such as transferring from a chair to a bed safely or how to help in the bathroom.

Psychological intervention, training and support should be offered to both caregivers and family members of dependent older adults, since, like Chen, Gan, How (2018) cites in their article on frailty in the elderly, it is essential to include the family in care. It is the family that is with the patient when the caregiver goes home, so it becomes an informal caregiver who is just as important to give some guidelines for care.

It is significant to add that in the observational study carried out by Fusco et al. (2015) on the relationship between formal care and rehospitalization of patients, it was concluded that being assisted by a migrant caregiver could contribute to an increase in the rate of use of hospital resources. This finding raises the need for educational efforts directed at this group before assigning health-related tasks to provide optimal care in complex patients.

In summary, the articles in their entirety concluded with the affirmation that it is essential that a person who is going to provide care receive training in advance. In this way, the care will be carried out with efficiency, minimizing the risks and consequences for the caregiver and the elderly patient and in the place where the patient would like to stay.

5. Discussion

As can be seen from the search results, providing education and skills to caregivers is essential in order to carry out effective care and minimize complications. All the

selected studies agree that caregivers need basic information to develop practical skills that improve care at home for the elderly.

Some of them (Van Houtven et al., 2010; Willemse et al., 2016) propose that this provision of information will be made on an individual basis, that is, that it will be adapted to the caregiver's situation and competences since each one lives a unique and different situation. On the other hand, others (Thiyagarajen et al., 2019) also identify that caregivers need information, but that the information they need is basic training in order to develop practical skills. In our opinion, caregivers play an important role in the well-being of the elderly, and that is why it is convenient to give them basic training, but taking into account the abilities of each one of them. Not everyone has the same level of literacy, and that is why training should be adjusted, whenever possible, to the level of the person for whom it is intended.

Something striking is that only the study by Van Houtven et al. (2010) mentions that approximately half of their study population stated that they had received training on how to help the elderly, but 58% were interested in participating in training programs. This statement leads us to reflect on why only a little more than half of the people who care for the elderly want to receive training. Which may be due? Well, it is this same study that refers to the possible barriers that we can find when carrying out training, among those that stand out, as already mentioned in the previous section, the difficulty of transportation to the place of training or the belief of lack of need.

Several studies (Fusco et al., 2015; Couto et al., 2019; Thiyagarajan et al., 2019) talk about one of the possible consequences: the feeling of overload and stress by caregivers. This emotional distress is due to the fact that some of the caregivers feel that they do not have sufficient knowledge to carry out this work and the responsibility that this entails requires more effort on their part. This possible discomfort could be solved with training programs and sharing experiences among caregivers, since sharing experiences can provide relief to them because they are thus aware that they are not the only ones who may suffer in these types of situations. In addition, involving family members in caregiving can also help cope with the feeling of discomfort because it

could provide support in the most challenging moments of caring for a functionally dependent person.

By including the family in the disease process, that day that their family member is absent, the grief is more comfortable to carry. They will have collaborated in their care in the best possible way and helped to keep the older adult at home, in case they wanted to.

In our opinion, and although it is not explicitly mentioned in the articles, establishing training as an initial step to being able to care for a dependent older person means that this work has recognition and visibility among the population. Society and remuneration at work are governed by the level of knowledge that one has about this area, that is, the higher the training, possibly the better the achieved job, and this leads to an increase in salary. Establishing a training course on basic care could get stabilization of salaries and regulation of primary working conditions. This regularization could increase the interest of more people in this work and make it much more attractive.

In short, the demand for personnel working in-home care is increasing, and migration rates have also increased in recent years. Therefore, it would be ideal for these people who come to our country in search of a job to be trained to work as care workers. Establishing regulated training adapted to each of them would help that, in the future, people who get sick and prefer to be at their respective homes will have the opportunity to do so with optimal care.

At the time of conducting this bibliographic review, the limitation was that there were hardly any articles that relate education in care with migrant workers from other countries. After analysing the articles, we observed that the nationality of the caregiving workers was not taken into account.

6. Conclusion

In conclusion, after reading and analysing the selected articles, we can say that it is important to receive training in basic care for dependent people before performing home care work. Having previous knowledge guarantees to be able to provide optimal care in complex patients such as the elderly dependents. However, in Spain, the fact

that it is necessary to obtain a degree in order to practice home care is still not regulated.

It has been possible to identify that there are barriers when carrying out training programs such as transportation or the lack of conception of need. For this reason, it is essential to provide solutions to them by offering alternatives and promoting the use of guidance on counselling.

In addition, caring for the elderly without guidance or information can trigger a series of complications for both the caregiver and the elderly. Among these complications in the caregiver can be found the overload that gives rise to a state of discomfort or stress, since the responsibility of care requires specific knowledge.

Likewise, in recent years life expectancy has increased and with it the probability of being a dependent elderly person in the future. Therefore, it will be necessary to have qualified personnel to carry out this care in people who have lost their functional capacity. Similarly, more and more migrants come to Spain in search of work, therefore, caring for dependent older adults may be one of the work options for migrants who come to Spain in search of a better future.

In order to guarantee them training, it has to be adapted to their skills, that is, to their level of literacy, to their language, resources and abilities to be able to assign them tasks related to their knowledge. In this way, care will be more effective and safer for both people.

Ultimately, caregivers must receive prior training in order to offer optimal care and minimize the possible consequential risks. The introduction of regulated training courses would achieve recognition and visibility of the profession, making it more attractive to society. In this process, the support of health personnel must be taken into account in order to give guidelines based on scientific evidence and help caregivers not to suffer from overload or stress.

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Policy and Procedure Reviews in Spain.

Information regarding policies and procedures in Spain is organized around various Ministries. These New Ministerial Departments were created by the Government through Royal Decree 2/2020, of January 12.

The following Ministries have policies and procedures related to the topic that is developed in this report:

- Ministry of Education and Professional Training
- Ministry of Labour and Social Economy
- Ministry of Social Rights and Agenda 2030
- Ministry of Inclusion, Social Security and Migrations
- Ministry of Foreign Affairs, the European Union and Cooperation

https://administracion.gob.es/pag_Home/espanaAdmon/directorioOrganigramas/quienEsQuien/gobiernoDelEstado/Ministerios-2020.html#.X7G3zS8rzUY

Ministry of Education and Professional Training

https://www.educacionyfp.gob.es/portada.html

On its website, the National Catalog of Professional Qualifications (CNCP) is included, it is the instrument of the National System of Qualifications and Professional Training (SNCFP) that orders the professional qualifications susceptible of recognition and accreditation, identified in the production system based on the appropriate competencies for professional practice. http://incual.mecd.es/bdc

It includes the most significant professional qualifications of the Spanish productive system, organized in professional families and levels. It constitutes the basis and the reference point for preparing the training offer for professional training qualifications and certificates of professionalism.

http://incual.mecd.es/documents/35348/0/folleto_incual_2015_ingles.pdf/3763b486-bc7e-4c3c-8382-a3842e4a6e19

The CNCP includes the content of the professional training associated with each qualification, according to a structure of articulated training modules.

Each autonomous community convenes procedures for the evaluation and accreditation of competences in different periods.

http://incual.mecd.es/convocatorias

Also of interest is the page All FP and Euroguidance

https://www.todofp.es/orientacion-profesional/euroguidance-cnrop.html

European Center for the Development of Vocational Training

https://www.cedefop.europa.eu/es

European guidelines for validating non-formal and informal learning

https://www.cedefop.europa.eu/en/publications-and-resources/publications/3073

European journal of vocational training No 48 - 2009/3

https://www.cedefop.europa.eu/en/publications-and-resources/publications/20093

Inventory of lifelong guidance systems and practices - Spain (ES)

https://www.cedefop.europa.eu/en/publications-and-resources/country-reports/inventory-lifelong-guidance-systems-and-practices-spain-es#guidance-for-immigrants

What is the evaluation and accreditation of professional competences?

It is a process through which an official accreditation is granted to the candidate, after evaluation of the professional competencies acquired through work experience and non-formal training routes. Royal Decree 1224/2009, of July 17, on the recognition of professional competences acquired through work experience, determines the sole procedure, both for education and work, the evaluation and accreditation of the professional competencies acquired through work experience or non-formal training routes, which is dealt with in article 8.2 of Organic Law 5/2002, of June 19, on Qualifications and Vocational Training. This Royal Decree entails the realization of calls by the competent Administrations to evaluate and, where appropriate, accredit the professional competence of the candidates who wish to see it recognized.

People who participate in the calls will be able to see accredited units of competence that constitute a part of a Vocational Training degree or a Certificate of Professionalism. At the end of the procedure, the relevant evaluation commission will indicate the complementary training that the participant has to take, if she wishes to continue her training, in order to obtain the Professional Training title or the Certificate of Professionalism.

http://www.todofp.es/acreditacion/ServletEligeIt?opcion=1

Ministry of Labour and Social Economy.

http://www.mites.gob.es

The State Public Employment Service (SEPE) is an autonomous body attached to the Ministry of Labour and Social Economy. The SEPE, together with the Public Employment Services of the Autonomous Communities, form the National Employment System. This system has assumed the functions of the defunct National Employment Institute (INEM) since 2003. From this state structure, measures and actions for employment are

promoted, designed and developed, whose execution is decentralized, adjusted to the different territorial realities.

Recognition of acquired professional skills.

https://sede.sepe.gob.es/portalSedeEstaticos/flows/gestorContenidos?page=recexIndex

European Social Fund.

https://www.educacionyfp.gob.es/mc/fse/presentacion.html

New cycles of Basic Vocational Training

The new Basic Professional Training replaces the previous Initial Professional Qualification Programs (PCPI) but presents very different characteristics. Passing the Basic Vocational Training cycles allows obtaining a degree from the educational system, with academic and professional validity. This title enables progression in the Educational System, the qualified performance of a profession and has the same employment effects as the Graduate in Compulsory Secondary Education title for access to public and private jobs. It is free and lasts for two years, 2000 hours of theoretical and practical training, of which, at least, 240 must be developed in work centres. These teachings are compulsory, although their access is subject to the prior fulfilment of certain requirements:

- accessed on the recommendation of the teaching team
- with age between 15 and 17 years
- after having completed the first cycle of ESO (third year) or exceptionally the second year of ESO

The Autonomous Communities began the implementation of these cycles in the 2014-2015 school year, with co-financing from the European Social Fund.

https://www.educacionyfp.gob.es/mc/fse/actizaciones/formacion-profesional-basica.html

https://www.todofp.es/dam/jcr:3dca23fa-3bec-4aa4-98a4-ffa2be31e539/tabla-con-certificados-profesionalidad-para-todofp-24-sept-2014.pdf

Ministry of Social Rights and Agenda 2030

https://www.mscbs.gob.es/home.htm

Corresponds to the Ministry of Social Rights and the 2030 Agenda, the proposal and implementation of the Government's policy in matters of social rights and social welfare, the family and its diversity, the protection of minors, social cohesion and care for dependent persons or with disability, adolescence and youth, as well as protection of animals.

Likewise, the Ministry of Social Rights and the 2030 Agenda is responsible for the proposal and execution of the Government's policy regarding the promotion, monitoring and cooperation for the implementation of the 2030 Agenda and the fulfilment of the Sustainable Development Goals.

Royal Decree 452/2020, of March 10, which develops the basic organic structure of the Ministry of Social Rights and Agenda 2030 and modifies Royal Decree 139/2020, of January 28, which establishes the basic structural organization of the ministerial departments.

Institute for the elderly and social services.

https://www.imserso.es/imserso_01/index.htm

Comprises the competences in matters of older people, incorporating, among them, those derived from the creation and implementation of the protection system for people in a situation of dependency and the development of policies and programs in relation to active ageing of the population.

Ministry of Inclusion, Social Security and Migration

http://www.inclusion.gob.es

The Ministry of Inclusion, Social Security and Migration is the ministerial department with responsibilities for Social Security and passive classes, as well as the elaboration and development of the Government's policy on immigration, immigration and emigration and inclusion policies.

The Secretariat of State for Migration is the body in charge of developing the migration policy defined by the Government in matters of immigration, integration of immigrants and Spanish citizenship abroad.

Here you will find information related to immigration procedures and procedures, its regulations, integration programs and, in general, with questions of interest to immigrants in Spain.

http://extranjeros.inclusion.gob.es/es/index.html

The Annual Policy Report on Migration and Asylum describes key policy, legislative and institutional developments that have taken place in Spain in the immigration and asylum fields over the corresponding year.

http://extranjeros.mitramiss.gob.es/es/redeuropeamigracion/Informe_Anual_Politicas_Inmigracion_Asilo/

http://extranjeros.mitramiss.gob.es/es/redeuropeamigracion/Informe_Anual_Politicas_Inmigracion_Asilo/doc_2018/00_arm2018_specifications_part_i_final_fml_es.pdf

http://www.mitramiss.gob.es/es/estadisticas/Inmigracion_emigracion/index.htm

Ministry of Foreign Affairs, European Union and Cooperation

http://www.exteriores.gob.es/Portal/es/Paginas/inicio.aspx

Also, in this ministry, we can find information of interest such as requirements to travel to Spain, work or reside in the country.

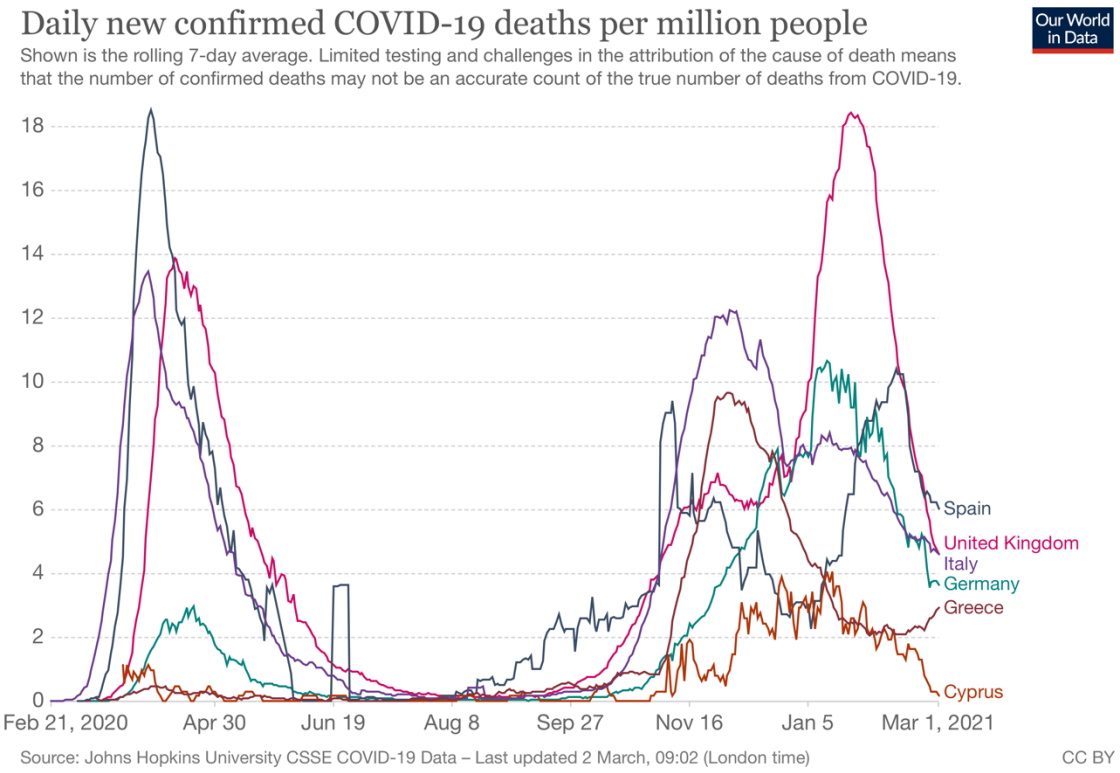
http://www.exteriores.gob.es/Portal/es/ServiciosAlCiudadano/InformacionParaExtranjeros/Paginas/Inicio.aspx

Resources links Spain

Resource	Link
CUIDEO	https://cuideo.com/landing-cuidado-personas-mayores-valencia/?device=c&campaign=BRAND_Valencia&keyword=cuideo&canal=g&posicion=&gclid=EAIaIQobChMI4sbK95vm6AIVVpnVCh2IIQUCEAAYASAAEgK-nfD_BwE
Aiudo	https://aiudo.es/?gclid=EAIaIQobChMI4sbK95vm6AIVVpnVCh2IIQUCEAAYAiAAEgJJyPD_BwE
CCOO	https://www.fysa.es/detalle-curso.php?curso=219&modalidad=4&sanitario=1
UGT	https://ugt-fica.org/images/II-GUIA_BÁSICA_PRESTACIONES_DE_DESEMPLEO.pdf
IMSERSO	https://www.imserso.es/InterPresent1/groups/imserso/documents/binario/cuidadodepinmi.pdf
PANGEA	https://www.alicante.es/es/contenidos/servicio-pangea-oficina-atencion-personas-migradas

Field research results Spain

The situation of the COVID-19 pandemic made it necessary to reorganize the work sequence to adapt to the lockdown and specific regulations in each partner country (see Figure 1). As mentioned previously, Intellectual Output 1 comprised state of the art, gap analysis, literature review and field research analysis. In all partner countries, partners collected and analysed data from various resources at national and European level. These resources were: literature reviews, policy and procedure reviews, focus groups, and questionnaires for migrants and stakeholders. Due to the pandemic situation, we altered this sequence, starting with the questionnaires before the focus groups, and we replaced those last-mentioned with personal interviews.



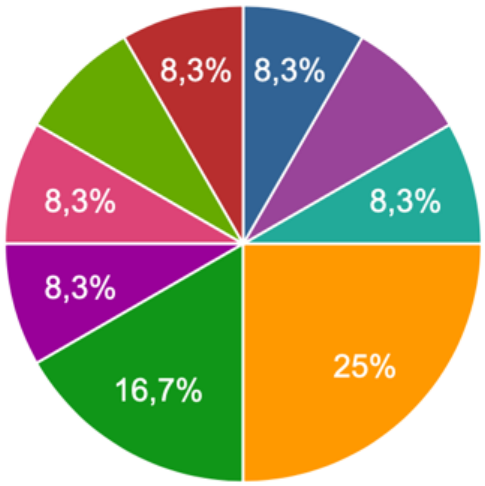
- Data analysis and summary of results.

The questionnaires were developed between March and July 2020, and the final version in English was available in mid-September. From there, the questionnaires were translated into Spanish, and a favourable report and evaluation were requested to the Research Ethics Committee of the University of Alicante as a prior step for the distribution of the questionnaires. At the end of January 2021, the favourable report was obtained by the aforementioned Ethics Committee. Parallel to the processing and throughout the process of preparing the questionnaire, personal contacts and interviews were established with stakeholders that helped to provide information for the development of the program. We obtained a response from 12 stakeholders, and there were three more that showed interest and participated in telephone interviews but finally did not provide feedback with the questionnaire. It is important to remark that the pandemic situation has supposed an overload of work in many organizations that provide support to immigrants, so their participation is greatly appreciated.

- Red Cross Alicante
- NGO international protection
- An NGO in an International Protection host program
- Non-Governmental Organization International Protection
- Local management
- Foster home with an agreement with the Generalitat Valenciana
- City Hall of El Campello
- NGOs welcoming migrants
- Local Management. Social services
- PANGEA, public sector attention to foreigners and immigrants
- Public company
- Red Cross non-governmental sector

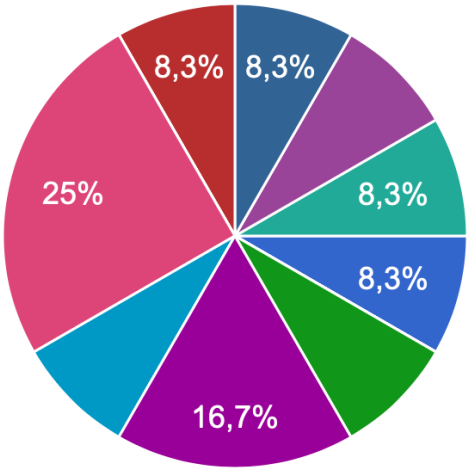
Despite having modified the work methodology, after obtaining the National Agency's approval, the results have allowed us to know the suggestions and expectations of the stakeholders. Following this, we show the most relevant results for the closed-ended questions:

If your organisation provides a service which enables migrants / refugees to access training, employment or support, please indicate what you do:



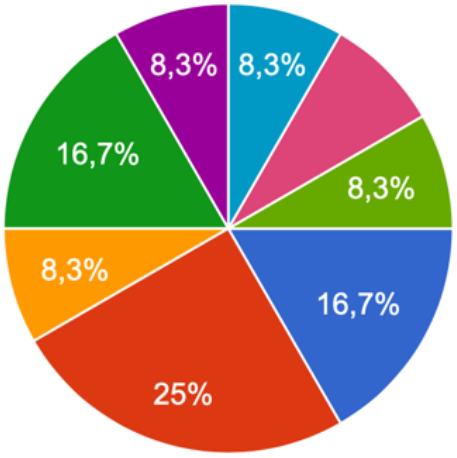
- Miscellaneous: Legal advice, translation, mediation, training.
- Employment agency / association (16,7%)
- Legal advice, psychological care, social assistance and language training
- Foreign information, orientation, course referral
- Foundation
- Social partner (25%)
- Advice and job search topics
- We have a job, we advise how to obtain work permit, we facilitate registrations helping employers of the household service
- Education / training institution

Which of the following services do you provide to migrants / refugees?



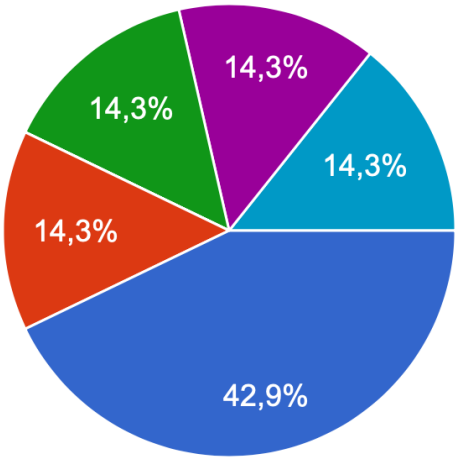
- Language classes (25%)
- Several services
- Advice, Accompaniment, Orientation, Mediation
- General care
- Networking
- All of the above
- Job shadowing
- Counseling / mentoring (16%)
- Job placements

In your opinion which of the following barriers/challenges face migrants / refugees, on their pathway to the labour market?



- Legislation (16%)
- Legal status of migrants / refugees (25%)
- Language competencies
- Professional competencies (16%)
- Equality or discrimination issues
- All of them depending on the origin and training
- Regularization, Equality
- They can be several of the above

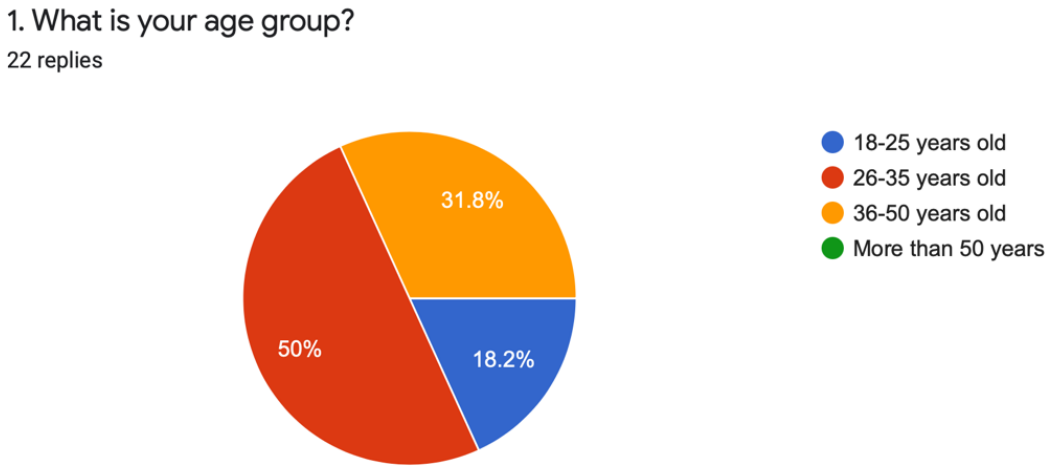
Nature of your caregiving organisation:

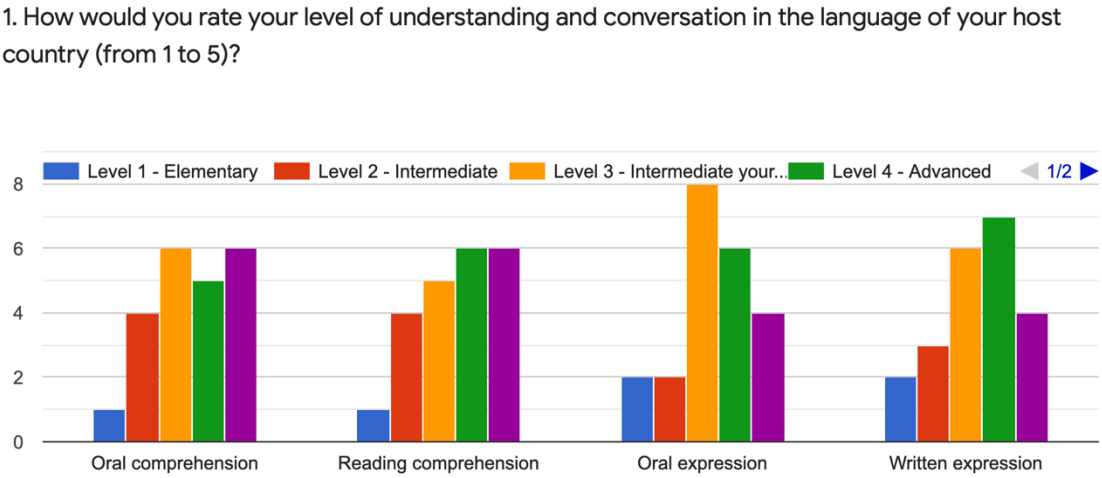


- Care provider based in residential and social care (42,9)
- Care provider working in people's homes
- Care provider in day services
- Equality
- The three options mentioned above

Concerning the results of migrants and refugees, the following aspects should be highlighted:

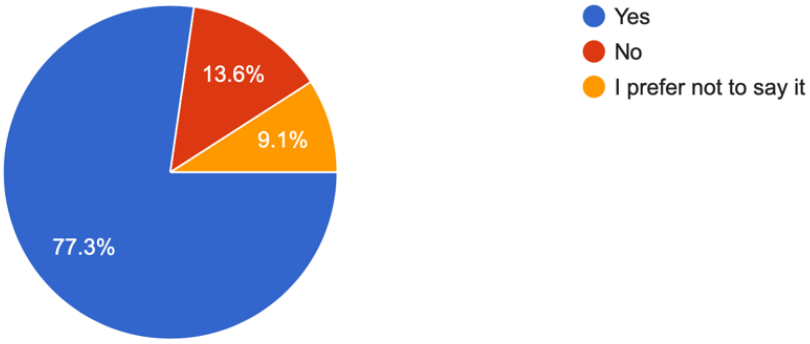
- We obtained 22 responses to the questionnaires; 14 responses were from women and 8 from men.
- The ages were distributed according to the following percentages: 18.2% between 18-25 years old, 50% between 26-35 years old and 31.8% between 36-50 years old.
- The nationalities were Algerian (3), Argentina (2), Colombian (5), Cuban (2), Equatoguinean (2), Iranian (1), Italian (1), Moroccan (4), Nicaraguan (1), Russian (1).





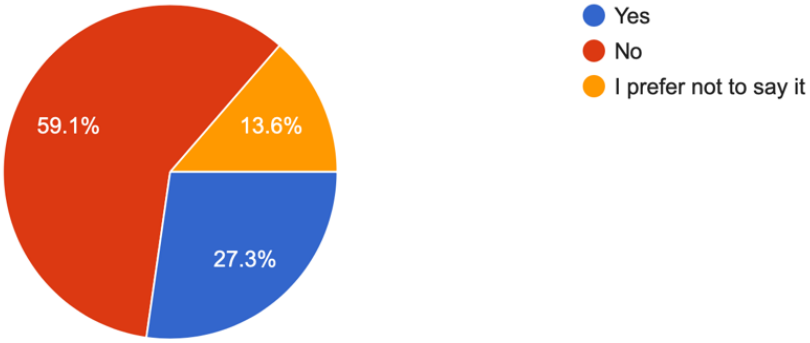
2. Do you feel settled in your host community?

22 replies



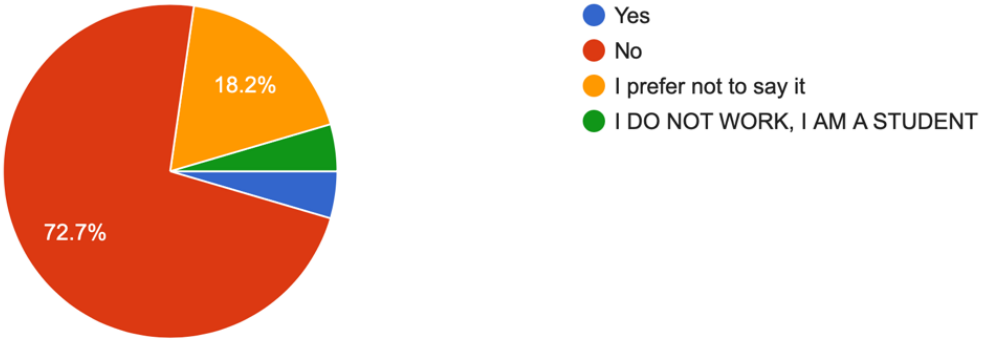
3. Have you experienced prejudices in your new community?

22 replies



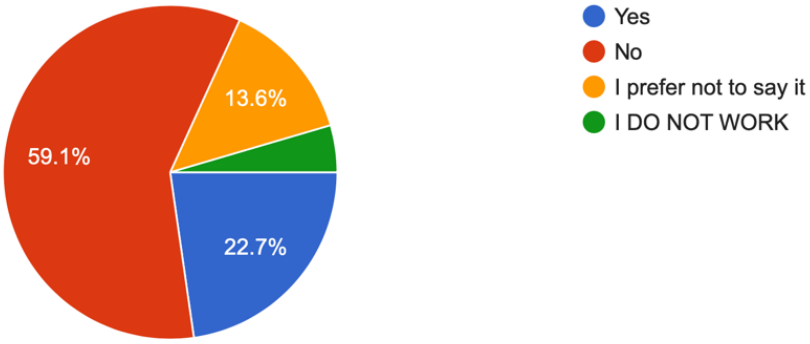
4. Have you experienced discrimination in the workplace?

22 replies



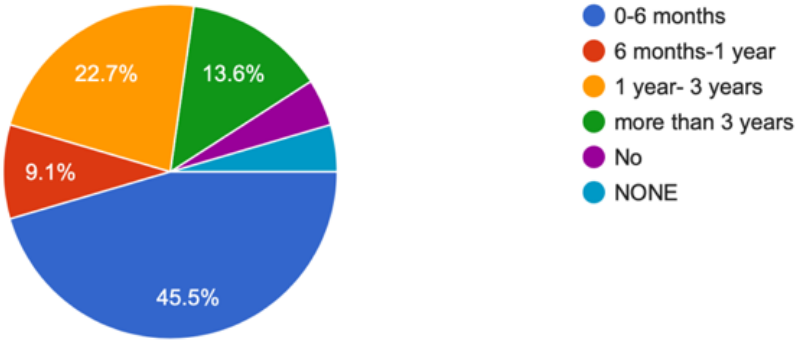
5. Have you experienced intercultural challenges in the workplace?

22 replies

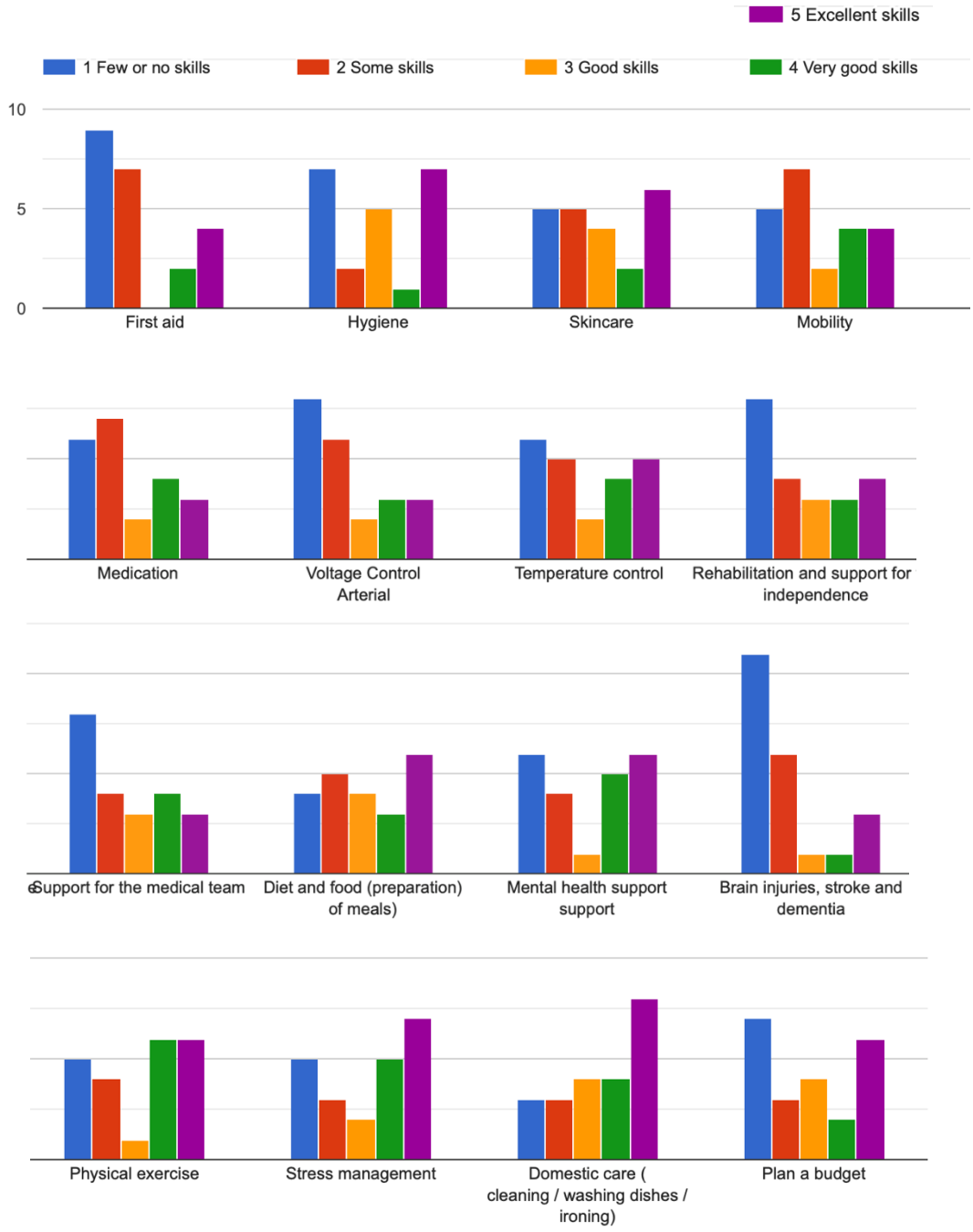


1. How much experience do you have in this field?

22 replies

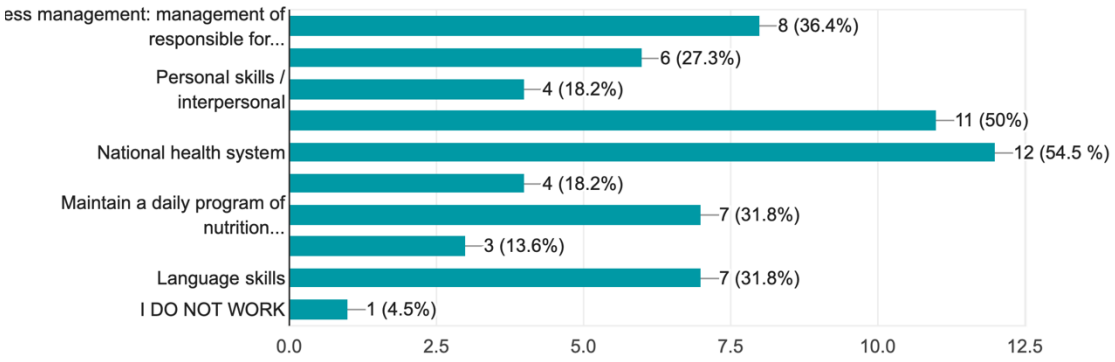


2. What skills from 1 to 5 have you developed so far in the field of care?



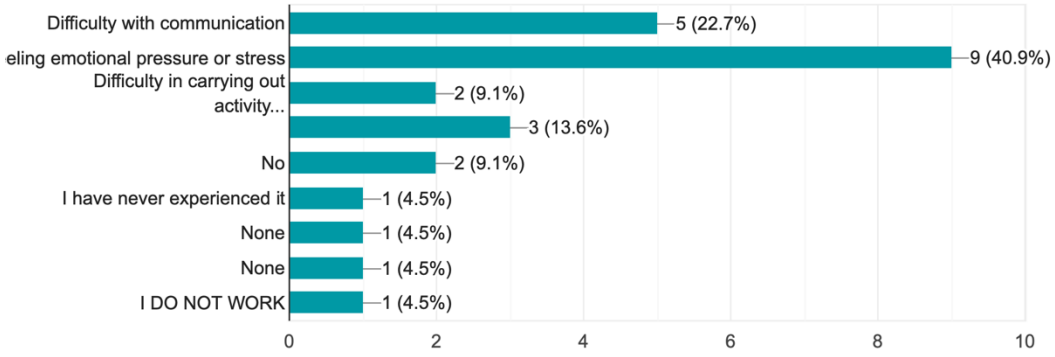
1. What additional support would you need for your role as a caregiver? I would like to know more about:

22 replies



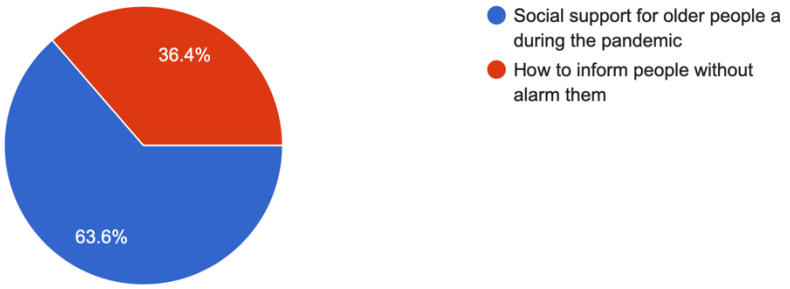
3. Do you experience any of these problems in the role of caring for your customers and / or family members?

22 replies



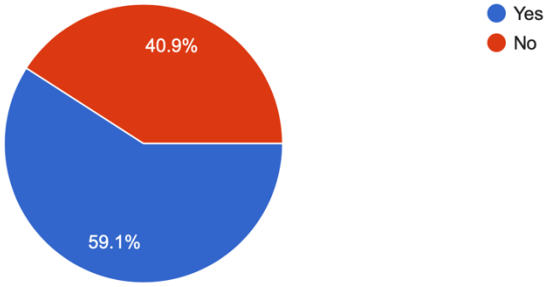
4. I would like more information about:

22 replies



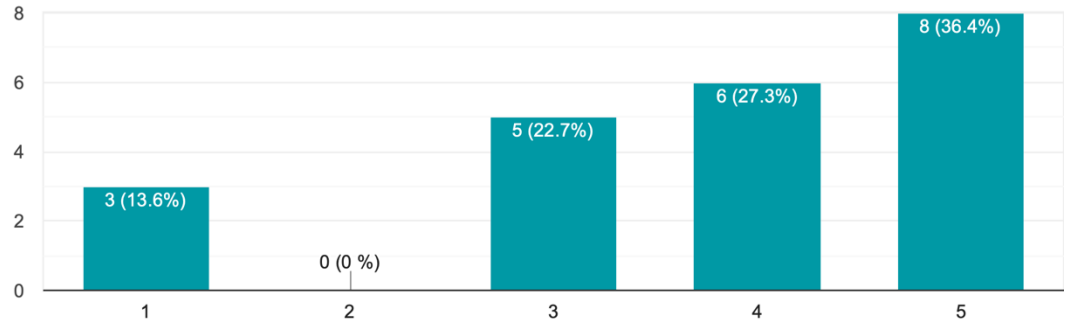
6. Do you know the signs of being burned?

22 replies



9. Evaluate 1 to 5 your digital skills in the use of communication / telemedicine devices that allow doctors and patients to communicate

22 replies



The answers to the remaining questions in the questionnaires, which are included in Annex 1, were used to find out the needs that we will have to address through the project. They have also provided us with specific suggestions, comments and feedback on the development of the Training Package.

Germany Report.

International Projects Department, Volkshochschule im Landkreis Cham e.V. (Cham, Germany)

Literature Review Germany.

Medical Subject Headings terms (Keywords) https://www.ncbi.nlm.nih.gov/mesh/advanced	**Equivalent _____ terms from_____**	**Name of the bibliographic databases consulted and links:**
caregivers long-term care home care services neurocognitive and cognition disorders cognitive dysfunction	caregivers: Pfleger; Altenpfleger; Pflegekräfte, Pfleger mit Migrationshintergrund long-term care: Langzeitpflege home care services: Betreuungsdienst / Pflegeheim / Seniorenheim neurocognitive and cognition disorders: neurokognitive und kognitive Dysfunktionen / Beeinträchtigungen cognitive dysfunction: kognitive Dysfunktion	https://www.egms.de/static/en/journals/index.htm https://portal.dimdi.de/websearch/servlet/FlowController/TabSearch?uid=1 https://pubmed.ncbi.nlm.nih.gov/

Data Collection

For the development of the work, a bibliographic search of articles in German and additionally in English was done, use of the terms in English and in German allowed us to compare the terminology and used context. We also concentrated on the data published in the last 5 years (2015-2020). This search was performed in June 2020 using the Pubmed, German Medical Science, Federal Institute for Drugs and Medical Science

Search strategy

We focused on the terms (as in the table above) in the context of medical subjects.

Mostly when given the terms, the articles related to the physicians work were listed, and other non-physician related professions, more technical staff. We had to enrich our list of other equivalent terms in German in order to look for more relevant articles. More results appeared when given the single terms. The most relevant articles appeared when given the term “Pflegekräfte”. As in Germany the caregiver sector is quite well developed, there are well-established associations supporting the caregiver sector on the national level. Those associations work not only to support the employees of caregiver sector but also to ensure high quality of education and services provided to the patients. Therefore, the resources of those associations were used in our search strategy.

Inclusion and exclusion criteria

For the preparation of this work, those articles that met the following inclusion criteria were included:

• Articles published in the last 5 years.

• Articles that were available in full text and freely accessible and / or signed by the university.

• Articles that contemplate non-pharmacological interventions.

Similarly, articles that did not meet the inclusion criteria, duplicates, articles dealing with some other diseases, or related to the work of high qualified personnel were excluded.

Selection of articles

For the definitive selection of the articles, the titles were checked first, followed by the summaries and content of the articles that met the inclusion criteria.

Results

From the above search data we could only identify few articles corresponding to the criteria. Some of the articles were too old or had a different focus. When using the term “Pflegekräfte” or “migrant carer” among 364 articles we found 4 articles the most relevant.

Pflege-Report 2019

https://link.springer.com/content/pdf/10.1007%2F978-3-662-58935-9.pdf

Schilgen B., Nienhaus A., Handtke O., Schulz H., Mösko M., 2017. *Health situation of migrant and minority nurses: A systematic review,* Australia: PLoS ONE.

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0179183

Schilgen B, Handtke O, Nienhaus A, Mösko M, 2019. *Work-related barriers and resources of migrant and autochthonous homecare nurses in Germany: A comparative study,* s.l.: Elsevier Inc..

https://www.sciencedirect.com/science/article/pii/S0897189718307559?via%3Dihub

Ulusoy, N., Wirth, T., Lincke, H. et al. Psychosoziale Belastungen und Beanspruchungen in der Altenpflege: Vergleich zwischen Pflegekräften mit und ohne Migrationshintergrund.

https://link.springer.com/article/10.1007/s00391-018-1414-8

One of the interesting articles focuses on intercultural aspects in the context of patients "Ärztliches Handeln im interkulturellen Kontext - Orientierung für eine kultursensible Medizin" https://www.egms.de/static/pdf/meetings/eth2014/14eth01.pdf

Properties, promotive and obstructive conditions of multi-professional teaching and learning of health professions and non-health professions: an explorative survey from the perspective of teachers

https://www.egms.de/static/pdf/journals/zma/2016-33/zma001025.pdf

Inter professional teaching and learning in the health care professions: A qualitative evaluation of the Robert Bosch Foundation's grant program "Operation Team"

https://www.egms.de/static/pdf/journals/zma/2016-33/zma001015.pdf

Position statement GMA Comittee – "Inter professional Education for the HealthCare Professions

https://www.egms.de/static/pdf/journals/zma/2015-32/zma000964.pdf

The above articles are related to the aspects of working like stress management, intercultural competences, coping with difficult situations, transfer of the patients from one staff to other health care staff, transition between education and workplace etc.

The other database used was from German Association for Health care, https://dpv-online.de/publikationen.htm

The articles, publications were reviewed taking into account the subject and date of publication; also the period between 2015 – 2020 was taken into account.

Here interesting article on the importance of basic skills in the profession of caregiver is discussed

https://dpv-online.de/pdf/publikationen/Manuskript_Auskopplung_Kapitel_2_HB.PDF

Literature Review

Cham, August/September 2020

Summary

Introduction:

The demographic trends in Germany – as elsewhere in Europe – are developing towards a longer life expectancy and cases of chronic diseases, as well as multi-morbidity, are increasing. Alongside with other factors this leads to a higher demand of care. Since this demand cannot be met simply with the current German labour market for different reasons, more and more people come from other European countries, as well as third-countries, to work in care in Germany. The German care sector needs to adapt to this situation by offering high-quality formal and informal trainings specifically adapted to the needs of migrants wishing to work in care.

Objectives: The main objective of this research is to justify the need of developing a training programme for migrants coming to Europe to work in care. The results of this research (and questionnaires and focus groups conducted with migrants and stakeholders) lay the grounds for a training programme adapted to the target group's needs can be developed.

Methodology: This research is based on a literature review with articles, journals and studies found on PubMed, EGMS, IDW as well as journal articles found via Google Scholar. Additionally, statistical data from the German Statistical Office, and the German Federal Labour Agency were included. Only publications published between 2015 and 2020, available in German or English were taken into consideration.

Results: After a thorough review of the latest publications and research, we stress the importance of communication as a key-role in the overall mental health of migrant caregivers and nurses.

Conclusions: We conclude that migrant caregivers profit from thorough and clear communication at the management level, between colleagues and most important with the patient and family. It will be vital to include a language course which focuses on general language topics customised to the care sector i.e. specialised vocabulary, grammar, reading and writing skills as well as social and cultural aspects of the language. Furthermore, the research goes on to confirm that specific aspects of conversation and scenarios will be beneficial for migrants. These include some of the

following: learning materials in order to help migrant caregivers communicate effectively whether it be asking about learning opportunities, for promotion, legal and ethical issues, clarifying medicine dosages, filling out forms, comparing charts, negotiating or briefing families and colleagues on the status of patients as well as small talk with patients and colleagues. We postulate a well-prepared migrant caregiver not only has a better mental health, but it goes on to positively effect the working environment and the relationship between a carer and patient. It will be important to share knowledge and exchange information on topics such as: cultural differences in care, violence-sexual harassment neglect; physical and emotional abuse; stress management; time-management and organizational skills; understanding and working with the people with dementia; basic first aid; risk assessment in the process of caregiving, caring for different target groups (i.e. dementia, wheel-chair dependents etc.).

As noted in many research documents the atmosphere and surroundings play a vital role in the success of care. The development of an apprenticeship will help migrants know what is expected of them once they have completed their language studies and are ready for the job market. A guided training will give the migrants a chance to discuss their experiences in a welcoming environment.

All of the above are crucial elements which are supported through publications, research and studies.

1. Introduction

1.1 Overview of figures – migrants and seniors in Germany

The percentage of people aged over 65 years is quickly increasing in Germany. Thirty years ago, approximately 12 million people – out of Germany's 80 million inhabitants – belonged to this group. In 2018, the figures increased to nearly 18 million people, meaning the percentage increased from 15 percent of the total population in 1991, to 22 percent in 2018. (Statistisches Bundesamt, 2020) Among those a group with highly increasing figures are the seniors 85 years and older. Within this group, the figures nearly doubled in the last 30 years: in 1991, they consisted of 1.2 million people and in 2018, approximately 2.3 belonged to the 85+ years group. According to these developments, politics and society have a priority focus on elderly (Statistisches Bundesamt, 2020). As reasons for this phenomenon one can state better medical care, as well as the baby boomer generation (i.e. people born between 1955 and 1969) entering the age of seniors. Another cause is the quite low birth rate, with decreasing prospects: in 2019 approximately 9,400 babies less were born than in 2018, leading to women having 1.54 children on average (Statistisches Bundesamt, 2020).

In July 2019, approximately 21.2 million people in Germany had a migration background, which is 26 % of the total population. It needs to be noted that migration background in this sense also includes people born in Germany, but having a foreign-born parent. Amongst that population, 7.5 million people have origins in other EU member states. Twenty-two percent of all migrants come from Asia, 5 percent from Africa and 3 percent from the Middle East. The most common countries of origin are still Turkey and Poland. Most employees work in cleaning professions, storage but also in care; 30% of all people working in elderly care had a migration background (Statistisches Bundesamt, 2020).

In Germany, more than 2.5 million people are in need of care. Of those 67% are cared for by their family members. However, as the above-mentioned developments clearly show there is a comprehensive need in care for elderly people that must be covered. Currently 1.6 million people are working in care in Germany (dpa, 2018). This number may even be higher than the reported number when taking into consideration caregivers working in private households not legally registered with the Federal Government. According to a response from the Federal Government on the 2nd of January, 2019 on the "Working conditions of caregivers working in private households" they responded to questions about the caregivers. The questions asking about the exact number of persons employed or self-employed received the response "The Federal Government has no knowledge of this." (Bundesregierung, 2019) Thus leaving room for interpretation. The number of live-in caregivers could be anywhere from 150,000 to 400,000. It is difficult to calculate a certain number since quite often caregivers will come over for two or three months and then switch with another caregiver from their native country. (Sell, 2020)

Already in 2005, the available labour force professionally qualified to work in the field could not cover the demand on people needed to work in care. Thus the reason why more and more non-skilled or semi-skilled people began working in care. However, as this could still not cover the demand, another strategy was to recruit more and more care workers from foreign countries. Additionally, other caregiver associations in surrounding EU countries saw this as an opportunity to hire out caregivers with German families in order to provide affordable care to love ones. (Sell, 2020)

1.2 Evolution Of Migrants As Caregivers

To begin the section on caregivers with a migrant background it is important to understand that this is not so homogenous. When taking into consideration the number of caregivers with a migrant background, this may also be those born in Germany, but have parents who migrated to Germany. For example, they may have been born in Poland, but have spent most of the school years then in Germany or moved when they were a young adult. These are people who grew up speaking a different mother tongue than the host county.

Already five years ago, every fifth employee in care had a migration background. This phenomenon has been existing for several years, back in the 1990s Germany concentrated on intercultural opening in the care-related professions (Deutsches Netzwerk Versorgungsforschung e. V. , 2015) although before 2013 it was not so common for migrant caregivers to be employed within care facilities. After the 1st of July 2013, those coming from other European Union countries have the possibility to seek employment where they prefer and do not need special working visas. Additionally caregiving employers have a special condition in Germany in that the care sector is considered an understaffed profession. This means that employers can seek and hire future employees from countries outside of the European Union. The future employees do have to receive special privileges from the Federal Government in order to carry out a profession.

In order not to "brain drain" other countries who also find themselves in a similar situation as Germany, i.e. they do not have enough care and medical trained professionals, the Federal Government needs to adhere to the "WHO Code of Practice on the International Recruitment of Health Personnel". The Code aims to establish and promote the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers. Member States designed the code to serve as a continuous and dynamic framework for global dialogue and cooperation. (World Health Organisation)

In addition, over time, specific training or recruitment programmes have been developed for this purpose (e.g. Triple Win that prepare care workers from Serbia, Bosnia and Herzegovina, the Philippines and Tunisia for the German labour market). Although there are several initiatives available, it is necessary to focus more on the topic of training foreign care workers formally and informally as experts are calculating that approximately 150.000 additional care workers will be needed until 2025 (Deutsche Gesellschaft für initernationale Zusammenarbeit (GIZ) GmbH, Bundesagentur für Arbeit: Zentrale Auslands- und Fachvermittlung (ZAV), 2019). Recruiting migrants to work in care is not a new phenomenon. Already in the 1960's and 1970's many care workers from e.g. Korea came to Germany, as well as Indian females supporting religious orders. Currently Germany hosts and employs many caregivers from Russia and Eastern European countries. However, as the demand still cannot be covered, it is necessary to employ other measures.

1.3 Caregiver / Nurse Profile

In the 2015, Erasmus+ projects VOLCANO (Project N ° 2015-1-NO01-KA204-013235); the partner countries each developed a profile for the caregiver occupations in each of the respective countries. The positions they developed a profile include Care assistant (working in a residential unit) (Pflegehilfskraft); Activities assistant / Leader supporting

the residents with recreational activities including taking them out for visits (Betreuungs-assistant/Betreuungs-kraft); Domestics / house-keeping staff in Residential homes (Hauspflege-kraft); Housekeeping and family care staff (Haus- und Familienpfleger/in (Ausbildung). For each of the prior mentioned professions information has been collected on the competencies and skills, qualifications required to carry out tasks, job profile, salary, if it is a full or part-time positon as well as if shift work is included, language requirements and if there is a background check required. The following section includes some information from the project and as well as the Bundesagentur für Arbeit.

Care assistant (working in a residential unit) training is anywhere from 6 weeks up to one year. The competences needed include knowledge of senior care, basic care / daily tasks, ill and terminally ill care. Additional knowledge may be obtained to be able to work with seniors, mobile care, dietetics, free-time activity planning, gerontology, healthcare provision, household management, rehabilitation, first-aid and hospice care. Important skills include:

- general intellectual capabilities,
- ability to express oneself and to understand others (e.g. seniors, patient's family, medical professionals, local authorities) in respect to the care sector, to perceive and record happenings (e.g. recognising changes in the condition, symptoms of the senior),
- retentiveness (memorizing names and characteristics of seniors and their family),
- adaptability (e.g. switch between different tasks such as washing, reading or cooking)
- Hand-Arm coordination (i.e. tasks to assist the senior with getting dressed, eating, drinking, changing bandages, cleaning the room etc.).

In order to work as a certified caregiver you must obtain a certification for a one-year training. The job profile includes many tasks, which are meant to assist seniors these include the following:

- Caring for elderly persons
- Assist with basic care needs (washing, showering / bathing, dental care, using the bathroom, getting dressed)
- Meal preparation, feeding
- Mobility support (standing up, walking)
- Medicine intake, dosage
- Visiting the doctors or local authorities
- Assist and organise craft activities
- Co-organising celebrations and festivals
- Aware of cultural differences (i.e. seniors migrant background)
- Communication with patient's family, updating them on current situation

Care assistants will find employment in nursing homes, in geriatric and geriatric psychiatric departments of hospitals, in nursing and rehabilitation clinics, in hospices, for outpatient elderly care and elderly care services, in private homes.

The second common profession for migrants in caregiving is the Activities Assistant (Betreuungs-assistant /-kraft). Competence needed by persons in this profession include: daily task companionship, social work with seniors (Altenarbeit, Seniorenarbeit), recreational activities, Gerontology social therapy, household management, rehabilitation (Nursing and assistance care), social care, outpatient care, geriatrics and gerontology (Care, Assistance), gerontology Psychiatry (Care, Assistance), healthcare provision, cleaning, serving, cooking as well as educational play. The specific skills are quite similar to those of care assistants. They include:

- general intellectual capabilities,
- ability to express oneself and to understand others (e.g. seniors, patient's family, medical professionals, local authorities) in respect to the care sector,
- ability to perceive and record happenings (e.g. recognizing changes in the condition, symptoms of the senior),
- retentiveness (memorizing names and characteristics of seniors and their family),
- ability to adapt (e.g. switch between different tasks such as washing, reading or cooking)
- Hand-Arm coordination (i.e. tasks to assist the senior with getting dressed, eating, drinking, changing bandages, cleaning the room etc.

Normally employers require a certification before employing someone as an activities assistant. The worker may work full or part-time and should have at least a B1 level of language. Some shift work or holiday work may be required.

Some of the daily activities include:

- Personal talks with the patient and their family
- To offer creative, sport exercises, leisure, group activities (e.g. music, film, games
- Activities (with one or more persons) E.g. walks, visits to exhibitions, the theatre, cinema or church
- Assist the patient with tending to pets, flowers etc.
- To cook and prepare simple meals and clean up afterwards
- To accompany patients to the doctor or local authorities
- To go shopping
- Social care of the patient and their family
- To support and assist patients with living conditions
- Organisational and administrative task support.

Finally, the VOLCANO project looked at the profession of housekeeping and family care staff in private households. The key competences for this profession include home care, shopping, daily tasks, housekeeping, laundry, geriatric care, health care, social care, pedagogic support of the family, new-born care, menu planning, cooking and other daily household chores. For those working in a formal position with registered employers, then quite often it is required that these persons have a certification. As mentioned in other parts of this report, not all in-house caregivers are legally registered or compulsory insured.

The general daily work tasks include housekeeping and family care work where support is provided to people from different living situations and of different ages (usually for an extended period of time). For example they tend to do household chores and take care of older people, people who have long term health conditions and disability. The workers are not just responsible for housekeeping, washing the clothes, shopping, budgeting etc., they may care for children and help with homework. Housekeeping and family care staff are usually engaged with the cared-for person, providing daily tasks and carrying out plans according to the doctor's directions.

- To support and identify the people who are in the charge of housekeeping during their absence or inability to work
- To plan the daily routine, to go shopping, to plan a budget
- To prepare some meals
- To clean, wash dishes, to wash and iron clothes
- To take care of the relatives, especially help children with homework and comfort them when needed
- Daily tasks

All of the above-mentioned points are those which are carried out by a high proportion of migrants. The information included about training assumes that the caregivers bring no prior knowledge and nor certification, thus these would be the competences they would need to prove during their formal certification process.

In the TLC Pack project (543336-LLP-1-2013-1-DE-KA2-KA2MP) funded through the Lifelong Learning Programme the consortium carried out a needs analysis report in order to collect input from migrant caregivers as to which daily tasks they need to carry out. (IDEC S.A., 2014). The following chart summarises the percentage of caregivers in Germany along with the daily tasks at work.

Q5	Please specify the nature of your current / past care work.	%
1.	I do the everyday shopping	24
2.	I help the person I care after bathing	76
3.	I go with her to the coiffeur/him to the barber shop	38
4.	I escort the person I care after to the doctor	29
5.	I give him/her medication	76
6.	I buy medication	43
7.	I cook	24
8.	I give him/her to eat	52
9.	I help him/her with physical therapy	33
10.	I attend the person I care after at hospital	33
11.	I escort him/her to walk outside	48
12.	I take care of his/her entertainment	43
13.	I converse with him/her	62
14.	I clean the house	29
15.	I wash the clothes	38
16.	I communicate by phone with relatives	33
17.	I communicate by phone with the doctor	57
18.	I escort the person I care after to the bank	29

According to the feedback to this questionnaire it is fair to say that caregivers in Germany take on a lot of different roles. The most popular tasks shared by the caregivers were to help patients with their bathing routines as well as give them their medication. The two least common tasks were to help the patient with everyday shopping and/or cooking – only a little of 20% of the respondents agreed with the statements.

1.4 Caregiver Training

To enter nursing / caregiver training, a secondary school leaving certificate or a degree recognized as equivalent is required. The successful completion of another ten years of general schooling (e.g. an extended secondary modern school leaving certificate) also provides access to nursing training. Persons with a lower secondary school leaving certificate after nine years have the opportunity to start training if additional requirements are met. This can be, for example, the completion of a one-year assistant or helper training in nursing or at least two years of vocational training. The following figure gives an overview of the different ways to enter nursing training. (Bundesinstitut für Bildung, 2020)

If someone wants to continue their studies after having completed a caregiver apprenticeship, then they may apply to a higher education institution which follows through the admission requirements by the State. Prior training is taken into account. In most situations, a completed caregiver apprenticeship cuts the study time for the caregiver nursing degree.

There is regulated financing of vocational nursing training under the Nursing Profession Act. All cost bearers who were involved up to 2020 are involved in it. A pay-as-you-go system ensures that the institutions that train participate in the financing to the same extent as institutions that do not train. Caregivers can be trained without limitation of the number of trainees to secure the skilled worker base in nursing. The federal government takes on the financing of a specialist commission and additional support services and research via the Federal Institute for Vocational Education and Training (Bundesinstitut für berufliche Bildung).

Lastly, it is notable to mention that since January 1, 2020 the apprenticeship to caregivers has been generalized. Those now completing their studies decide after two years of training if they would like to specialize in the field of geriatrics or paediatrics. A caregiver earns on average 2744 Euros per month.

In addition to caregiver training, someone in Germany can also complete a two-year apprenticeship as a “Daily Caregiver – Betreuungskraft / Alltagsbetreuer”. This training is regulated by the Federal States and admission requirements are set individually by the schools. This type of training can be recognized and certified by the States, for example as it is in Baden Wurttemberg. In most cases the schools do not require prior education or language exams, but to have better chances in attending a school, it is beneficial to be well-versed in German and have a leaving school diploma. It is also important to have a doctor´s certification that the person is healthy, has completed a first-aid course and had a clean background check. (Bundesagentur für Arbeit, 2020)

1.5 Education Of Migrants Working In Care

In Germany, there is a division between two levels of qualifications in the care field: skilled workers and non-skilled workers (assistance). Due to the lack of the care staff, many people, especially those with a migration background, are engaged as home care assistants /caretakers without having any formal qualifications. Migrants working in institutional care settings are either completing some kind of profession recognition programme or have committed themselves to learning a new profession in the caregiver sector.

An important issue is to increase the attractiveness of care-related professions and to recognise certificates received in foreign countries as well as comprehensively preparing the workers for care work in Germany.

Migrants who have completed a professional training in another country can be legally employed in Germany once they have fulfilled certain requirements. This includes a minimum language requirement, which differs from profession to profession as well as Federal State. Generally, the minimum language requirement is a level B2 on the Common European Framework of Reference for Languages (CEFR).[1] They need to acquire foreign language competences (i.e. German), technical terms and gain an understanding of the care sector.

In addition to language requirements professionals from third countries will have their professional qualifications and competencies individually compared with those in the German system in order to see where there may differences. If it is necessary, the professionals may have to take a “Kenntnisprüfung – knowledge examination”. Quite often, the length of such preparation courses will take about a year. (Sell, 2020)

A typical “Knowledge Examination” includes around 23 class-based days, the examination days are included, over a seven-month period. Fee for such a course runs at around 1900 Euros and the examination fee is 550 Euros. The examination is done according to the specifications of the training and examination regulations for the professions in Nursing. The Oral examination is in two parts, each about 30 minutes and takes place in the context of the preparation course. The Practical exam is about 120 minutes. The learning units include:

- Prophylaxis
- Basic care
- Interculturalism, interdisciplinarity and working in a team
- Communication and conversation management
- Information, guidance and advice
- Hygiene and QM in care
- Pathology (+ anatomy, physiology)

- Law and professional knowledge
- Care process and planning
- Care techniques and care concepts
- Surgical nursing specialties
- Exam preparation

Participation requirements for international nursing staff must include a partial recognition certificate of the regional council with reference profession "health and nursing care worker"; language competence at level B2 and professional activity or accompanying internship in nursing. (Diakonie Württemberg, 2020)

In third countries, as well as in many European member countries the education and trainings offered in the care sector differ greatly from the official vocational training in care for older people in Germany. This leads to foreigners coming to work in Germany often having very different views on the subject. They often feel not adequately qualified to work in elderly care. In other cases, they come with false ideas as to their job obligations. A caregiver in other countries quite often carry out specific tasks, which are commonly the responsibility of doctors in Germany. Thus, this may lead to a lack of self-worth and a tense relationship between the professionals. It is of an utmost importance that other team members, supervisors, clients as well as the public recognise the performances of international work forces and respect their efforts (Mohr, 2018).

1.6 Conditions For Migrants Working In Care

Migrants who are looking for permanent care professions in Germany must have state approval. The professional recognition requires both linguistic and professional adaptation qualifications. The application should be submitted to the responsible body in the Federal State in which employment is desired. The recognition given by the German authority there applies throughout Germany. This is the Fachkräfteeinwanderungsgesetzes (Skilled Workers Act) which was enacted in Germany on March 1, 2020. It states that skilled workers for Germany coming from general immigration of foreign qualified skilled workers from the non-EU is regulated for the first time. If the legal requirements are met, this makes it easier to find a job and take up employment and is the basis for permanent integration into working and living in Germany. It states:

Skilled Workers Immigration Act – the professional must have a recognized qualification for Germany; they must show good, proven knowledge of German at least language level B1 ; candidates have to make a living while looking for a job with a blocked account; the person must evidence their means of livelihood while looking for a job; all candidates require health insurance and verifiable housing when starting work; must

ensure that they have a full livelihood through their own work employment contract for employment subject to social security contributions with at least 35 working hours per week.

In the case of caregivers, the qualification the applicant has obtained in the country of origin must be recognized in Germany. Upon approval, the German authority checks whether the foreign nursing qualification is equivalent to German qualifications. If this is not the case, then it will be necessary to complete the recognition course with concluding exam. (Bundesministerium für Wirtschaft und Energie, 2020)

In most cases, it is necessary for the migrant to prove their trustworthiness, i.e. they must prove that they have no previous criminal record, by having a background check conducted. This may be in the form of a certificate of good conduct from their home country or from the German police.

If the nursing training was carried out in an EU country or a member country of the European Economic Area, the professional qualification for the nursing profession is generally recognized automatically.

Since nursing professions are on the list of shortage and bottleneck professions, nursing professionals from third countries can be recruited or they may decide to move to Germany. The applicant from a non-EU country must apply for recognition of their foreign professional qualification prior to applying for a visa. If the professional degree is recognised, i.e. the equivalent of their qualification has been determined and the other requirements (including language skills) are met, the following applies:

As soon as the applicant has a specific job offer, they can apply for a visa to enter Germany. After entering Germany, the applicant must contact the relevant immigration office for a residence permit for the purpose of employment as a career in accordance with section 18 (4) of the Residence Act.[2]

In Germany the nursing / care, profession is an apprenticeship. The training takes place at school and not, as in many other countries, at a university or college. If a profession is not fully recognized by the German system, then there may be different options for the migrant. If authorities determine that the applicant lacks theoretical or practical qualifications for full recognition, then they can enrol in courses in Germany in order to obtain all necessary information. According to § 17a AufenthG a visa may be obtained in order to acquire the necessary foreign qualifications within a period up to 18 months. This includes all means of educational measures e.g. adaptation courses, preparatory courses for exams, language courses or company training. During this time, the applicant may work as a nursing assistant and earn money. If the recognition process has been successfully completed, the residence permit can be extended for an

additional three months in order to allow the migrant enough time to find a suitable profession. (Research Institute for Vocational Education Training, 2017)

On January 1, 2020, the Act on Nursing Professions (Nursing Professions Act – PflBG) came into effect. The training in all nursing schools begins with a 2-year general nursing training that no longer differentiates between elderly care, health and nursing care and health and paediatric nursing. There are then two options. Either the trainees continue the generalist training with the qualification “care specialist” or they carry out a specialization in the third year of training. This enables them to acquire a professional qualification in paediatrics or geriatric care. The theoretical part of the training takes place in caregiver schools and the practical part in training institutions.

In addition to and as a possible supplement to vocational training, there is the possibility of studying nursing. It contains the content of professional nursing training and takes into account the ever more complex needs of nursing. The generalist training ensures comprehensive nursing skills for the care of people of all ages and all care areas, taking into account the progress in nursing science. The nursing staff also have opportunities to change, work, and advance and develop in all areas of nursing. This makes it easy to adapt the nursing profession to your own living conditions. Generalist nursing training in Germany is automatically recognized throughout the EU. School fees do not have to be paid and there is a training allowance.

1.7 Motivation For Migrants Working In Care

There are different motivations for migrants looking to work in the care sector as a caregiver or nurse. One of the benefits is the income. Compared to the salary which a nurse receives in other countries, the pay is much higher. For many people this is an opportunity to send money back to their families in other countries. In an article by Heike Bredol, the nurse she interviewed said that she is able to send more money home to the Philippians than she would make working in her home country. (Bredol, 2019) Her reason to come to Germany was not only the income, but to use her degree as in her home country there is a surplus of medical professionals and not enough jobs. The following programs work with other countries in order to recruit professional, qualified medical professionals by making attractive offers.

- Vietnam

The Federal Ministry for Economic Affairs and Energy (BMWi) has developed a model project with the partner country Vietnam. It is called “Recruiting Vietnamese workers to train in nursing in Germany”. In this project, young Vietnamese people in Germany can complete training as nurses. The project is managed by the Society for International Cooperation (GIZ) and is supported by the German Federal Employment Agency. The project is adapted to the training content of generalist nursing training. The project has

been running since 2016. In Vietnam, young Vietnamese people are being prepared in two rounds for training as a nurse in Germany. They go through a state-sponsored qualification program in cooperation with the Goethe Institute in Hanoi. This qualification includes a thirteen-month language course including technical qualification, intercultural training and preparation for the professional profile of the nurse in Germany. If the language exam is passed, the training in Germany follows.

· Triple Win project

The Triple Win project is a labour market and development policy program based on a culture of welcome and recognition. It is managed by GIZ and the Federal Employment Agency. It is a pilot project to attract foreign nurses to the German labour market.

Triple Win is based on placement agreements between the Federal Employment Agency and the employment services of the partner countries Bosnia-Herzegovina, Serbia, the Philippines and Tunisia. The partner administration in the countries mentioned carries out the application process on site and checks the applications according to formal criteria. The Federal Employment Agency then checks the applicant's personal, technical and linguistic qualifications through personal interviews. A language test is also part of this selection process.

GIZ carries out the linguistic qualification of the nursing staff (level B1 of the Common European Framework of Reference with technical language for nursing), the technical preparation for work in Germany as well as the integration support and support with the recognition after arrival in Germany. The foreign qualification of nurses should be recognized in the first year of their employment in Germany. Until then, the nurses will work as nursing assistants. The specialists can be employed in hospitals and outpatient care services, but also in geriatric care facilities. However, you are required to go through the health and nursing recognition process.

· Project "Nursing in Germany"

The project "Nursing in Germany" is an offer of the Federal Employment Agency (Bundesagentur für Arbeit) for nursing staff from Mexico. The Federal Employment Agency works with the National Labour Office in Mexico. Both are looking for qualified health and nursing staff from Mexico for healthcare companies in Germany. This gives nurses from Mexico new job opportunities. German employers in the health sector present their job offers in different places and at different times in Mexico. A must for this program is the acquisition of German language skills within 12 months as well as an academic degree from a Mexican university is a prerequisite. In return, the interested nurses receive a variety of support. For example, they may receive funded language courses in Mexico and Germany. In addition, they receive support in applying for a visa and professional recognition.

In addition to the above-mentioned projects, there are different regional initiatives with different aims and targets to attract migrants to the care sector.

2. Objectives

2.1. General Purpose

The main objective of this work is to demonstrate the need of a training curricula for migrants/refugees wanting to work in care, especially care of the elderly.

2.2. Secondary Objectives

- Give an overview of the situation of care in Germany
- Analyse needs and barriers of migrants working in care
- Suggest best practice examples of programmes developed to support migrant caregivers

3. Methodology

The type of work that has been carried out is a systematic review of scientific articles related to care in relation with migrants in Germany. For this purpose, the platforms of PubMed, EGMS, ID and Google Scholar have been reviewed for appropriate information.

The search for the articles was conducted from May to September 2020. In order to find specific articles we have used the following keywords: care, care giving, nurse, nursing, foreigner, minority, migrants, migration, employment rates of migrants, care sector, barriers, needs, Germany and their German counterparts.

Several articles were found, however some of them were not available in full text, had a different focus (like migrants in need of care) or contained many literature sources, which were aged. So after excluding those and carefully reading the abstracts of the remaining ones we have selected four articles that have to do with the needs and barriers of migrants as well as the current care situation in Germany.

3.1. Inclusion Criteria

- Articles published from 2015-2020.
- Articles containing the above-mentioned keywords.
- Articles written in German or English.
- Available in full text for free.

3.2. Exclusion Criteria

- Articles published before 2015

- Articles not found available in full text and those which did not have free access
- Duplicate articles
- Articles having a different topic focus

4. Results

After applying the above-mentioned search criteria, we found an array of articles in different platforms. Out of those four were selected for further investigation. It is notable to mention here that the word “nurse” has also been used for the occupation caregiver and vice versa.

I. Article One

As a collaborative work four professionals Schilgen, Handtke, Nienhaus and Mösko came together to create for the Journal *Applied Nursing Research* the article “Work-related barriers and resources of migrant and autochthonous homecare nurses in German: A qualitative comparative study” and published in February 2019 . Due to the lack of evidence of psychosocial health of migrant and minority nurses in outpatient settings, they decided to complete a comparative study between migrant / minority nurses (caregivers) to autochthonous nurses that is native nurses.

In this study 24 migrant and 24 autochthonous took part in interviews in care homes and in private households. When necessary the authors also used the help of a translator in order to collect feedback from migrant nurses who are not well versed in the German language. It is notable to mention that the nurses came from eight different employers.

In this comparative study, there were commonalities in stressors. These include time restraints, the physical activities like lifting patients, lack of appreciation as well as handling the fate of their clients. Among the commonalities were certain stressors which the migrants and minority caregivers experienced more so than their native colleagues. The former more often suffer prejudices, verbal and sexual harassment from their clients. In addition to the individual stressors, there are also scenario situations, which stress the relationship between the former and latter. The misunderstanding of behavioural patterns and a non-functioning communication can lead to a challenging collaboration and relationship.

As coping mechanisms in order to handle these stressors the nurses interact with other colleagues and persons to discuss the situations, especially the communication at eye level proved to be beneficial as well as the sense making of being a nurse.

The authors conclude the report by declaring language barriers as being the cause of the most stress in creating a functioning team of nurses of both autochthonous and migrants and minorities. (Schilgen B, Handtke O, Nienhaus A, Mösko M, 2019)

The study by Schilgen, Handtke, Nienhaus & Mösko created an overview with four contexts in which barriers, resources and coping strategies are described for native nurses and migrant nurses. For the sake of this research, we will focus on the barriers of minority nurses and those of the counterparts when it comes to the collaboration between the two nurses.

In the first issue they shared, "work in general", they often felt a level of competitiveness among colleagues, as if they were competing for the same job. Quite often, there were difficulties caring for people in their homes because in the private household, there is not enough space or equipment to properly care for a patient. This leads to the caregiver having to improvise and use their own strength. Another big stressor is the impact of time restraints. For these stressors the migrant nurses have not developed any coping strategies.

The following issue "collaboration with colleagues" highlighted that they struggle with colleagues talking about each other rather than with each other, but they have developed some successful coping strategies e.g., no ethnicization or culturalization and also sharing commonalities with their colleagues. The native nurses stressed they had difficulties with the divergence of understanding behavioural patterns as well as understanding the art of nursing care in Germany. One native nurse stressed the problem of requesting the migrant nurses to fill out written forms and explaining things to them, because it was almost like "baby language". Another point, which causes issues, is the idea of "German efficiency". For some it was difficult knowing the migrant nurse will always show up 10 minutes late or does not tidy the working area immediately after. It was also the other way around in that the migrant nurses felt that their German counterparts were too strict in their ways. They feel that caring for people requires being flexible in talking and communicating with clients rather than complying with obligations.

On the issue of collaboration with supervisors, the minority of migrant nurses did not share any barriers like their counter-part native nurses who had voiced many more barriers, e.g., lack of appreciation. When dealing with supervisors both groups of nurses said that meeting with eye contact was helpful and more specifically the migrant nurses shared that voicing their own opinion was also a coping strategy.

Finally, the last issue seemed to be an area in which the migrant nurses had the most barriers – "contact with clients". They said it was difficult meeting the expectations of clients, they experienced prejudices, they had trouble dealing with the clients' prejudice and dealing with harassment (e.g., verbal, sexual) from the clients. In addition, there

were difficulties exchanging information with colleagues about patients and had issues discussing problems directly with clients.

The article concludes that the differences in language is the main stressor, which impeded on exchange and contact between the caregiver team as well as a the relationship between the caregiver and the patient. This stressor was documented from interviews with both native and non-native nurses and caregivers.

II. Article Two

Several of the authors had created a prior research publication in June 2017. Those who collaborated included Schilgen B., Nienhaus A., Handtke O., Schulz H., Mösko M., and the published article "Health situation of migrant and minority nurses: A systematic review" for the journal PLOS ONE. The article identified and synthesized international publications that focused specifically on migrant nurses' health between the 1997 and 2013. The majority of the studies were from the United States and many of the migrant nurses came from the Philippines, India, Europe and Africa. Due to differences in the origins of the nurses there were differences in their physiological responses to stress. Due to the common nationalities of migrant nurses of this article and those living and working in Germany the article was selected.

The persons referred to as 'migrants' in this research are those either who have, or whose parents have, a foreign birthplace, speak a foreign tongue or have a foreign nationality. Overall, the migrant nurses and caregivers had all temporary or part-time employment as well as informal employment. The majority of the nurses were female between the ages of 21 and 51 and had emigrated from Europe, Africa or countries like the Philippines, the former Soviet Union, Israel or Mexico. (Schilgen B, Handtke O, Nienhaus A, Mösko M, 2019)

The findings of the report were summarised into three themes: acculturation and health; health in the context of discrimination and bullying in the workplace; health in the context of race and ethnic origin.

In this first grouping "acculturation and health" the authors took into consideration how adapting to a foreign country, living a foreign lifestyle, behaviours and languages of a different country have an effect on the stress of nurses. The findings suggested that initially migrants may suffer from depression, but they found that after six months these statistics decreased. Migrant nurses found it beneficial to have a solid relationship with other medical staff and receive support. There was also a note that the stressors that migrant nurses experience have a negative effect on their vitals while they are awake as well as when they are asleep.

The second theme "health in the context of discrimination and bullying in the workplace" suggested bullying and discrimination took place more often with migrants

from non-Western countries, e.g., those from the Middle East, Asia and Africa. Migrants also reported significantly lower wages than their native counterparts. They also feel their knowledge is not taken into account or is obviously ignored, they are passed over for promotion and that they are more likely to be disciplined.

Finally, they looked at publications, which assess "health in the context of race and ethnic origin" of the migrants. Like in previous findings, once again the migrants were more likely than their native counterparts to have back pain or work-related injuries. Additionally, migrants suggested they encounter discrimination, racism and bullying on a daily basis in the workplace.

III. Article Three

Ulusoy, Wirth, Lincke, Nienhaus and Schablon published an article in the "Zeitschrift für Gerontologie and Geriatrie" in 2018 with the title Psychosocial burden and strains in geriatric nursing: comparison of nursing personnel with and without migration background (Psychosoziale Belastungen in der Altenpflege: Vergleich zwischen Pflegekräften mit und ohne Migrationshintergrund). The article takes into consideration migrants and people working in the care sector with migrant backgrounds. According to a census in 2014 almost a quarter of all caregivers have a migrant background.

The publication goes on to confirm migrants have more strains and burdens than their counterparts do. This comes from the lack of social support from colleagues and supervisors, little opportunity to work up the professional ladder, little job satisfaction, more communication barriers and so on. Quite often, the migrants are not fully recognized as a nurse due to the lack of German language skills or their qualifications are not fully recognized in the German system.

In the publication review, a quantitative cross-sectional study with 366 nurses compared the psychosocial burdens between migrant (112) and non-migrant nurses (254). In this study they found the burdens and strains do not differ too much between the two groups of nurses. The largest difference was seen between the possibilities of job advancements – low for migrants whereas the non-migrants were not stressed by this.

A common point among the migrants is almost seventy percent of them do not feel that they can fully apply their knowledge and skills in their place of employment. Quite often migrants are working in professions much below their education and training level. (Ulusoy, N., Wirth, T., Lincke, H. et al., 2019)

IV. Article Four

Stefan Sell published an article in the "Pflege Report 2019" in 2020 with the title "Potential and limits of immigration into care" (Potenzial und Grenzen von

Zuwanderung in die Pflege) the article reviews the role migrants have in the care system and the current situation in Germany. It is also notes that migrants are not simply migrants. They are both people who have a migrant background or their parents may have the migrant background, nonetheless both types of migrants have a different first language than that of the country they currently reside in.

Prior to the Employment Regulation founded on July 1, 2013, migrants were only hired as an exception to the standards in caregiving institutions. Since then, all EU members have the opportunity to look for employment in other countries. They are considered at the same level as native caregivers and nurses. In Germany the caregiver sector has an advantage since it is considered an endangered profession in that there are not enough caregivers to fill all the employment opportunities. Due to this privilege, caregiver institutions can recruit professionals outside of the EU. These individuals have the support of the federal government for mediation agreements.

Sell summarizes the different requirements in order to be recognized as a certified professional. Most importantly, it is the language skills. These should be for most professions on the level B2.

Sell quotes the work from Nürnberg and Traoré (2019, Pg. 125) where they wrote that the quickest way to equality at work with other natives is through knowledge examination. This is quite often a challenge for migrants because they do not have the necessary language skills which thus leads to a high stress situation.

In June 2017 there were around 134,000 foreign caregivers working in the care system. This number may seem low when compared to the 1.7 million people working in the care sector, but it is important to point out this 134,000 does not include those caregivers with migrant backgrounds who grew speaking a different first language. The number of foreign caregivers is on the rise in 2014 it was just over 10,000 and in 2017, it was over 18,200. (Bundesagentur für Arbeit , 2019).

Sell goes on to address the number of caregivers. He has presented some figures of the number of foreign caregivers, but he then goes on to postulate and present a number of which are working in private households. He estimates, based on literature, around 200,000 private households employ a foreign caregiver from Eastern Europe to take care of family members. This leads to a large grey area as to the legal employment status of these persons. Based on the number of households employing foreign caregivers it could be estimated that up to 400,000 work for families since it is quite often the case that two women will switch up every month or two when caring for an elderly person. The majority of the foreign caregivers and nurses in Germany come from Eastern Europe, but China, the Philippines and Vietnam also play a small role.

Due to the high number of unfilled employment opportunities Germany continues to recruit professionals from abroad. Sometimes the employers and migrants run into roadblocks. For example, the migrants have difficulties getting approval of their qualifications, they have problems obtaining an immigration permit or their job expectations are not met. If the migrants decide to return to their country of origin, this poses problems for the employers who have invested resources and no longer have an employee. In order to do something to change this situation there are several international projects for recruiting which will provide those wanting to work in Germany with the necessary language skills, assist them on acquiring the appropriate Visa, make sure their qualifications are recognized as well as prepare them with intercultural skills and awareness. There are also associations and movements, which help migrants, and asylum seekers who are already residing in Germany in getting the assistance they need to start working.

5. Discussion

The number of migrant nurses and doctors has grown by 60% within the Organization for Economic Cooperation and Development (OECD) since 2004. It is also estimated that around 14% of the nurses working in Germany are not native to Germany. Among the OECD countries Germany and the United Kingdom account for the largest number of emigrating doctors and nurses. (ILO, 2015)

As mentioned in the summary above the discrimination, bullying and racism which migrant and minority workers experience regularly comes in different forms, for example: unequal career advancements, unequal pay, insufficient orientation, overlooking skills by colleagues and superiors this was supported by an array of studies. (Likupe, Archibong, 2013) (Pittman, Davis, Schaffer, Herrera & Bennett, 2014). This all leads to a poorer level of health as noted distinctly in the article “Health situation of migrant and minority nurses”. (Schilgen B., Nienhaus A., Handtke O., Schulz H., Mösko M., 2017)

More specifically to the study by Schilgen, Handtke, Nienhaus & Mösko the nurses shared that they often felt a level of competitiveness among colleagues in a way that they were competing for the same job. Quite often, there were difficulties in the homes with caring for the patient because there is not enough space or equipment to properly care for a patient in private households. Therefore, the caregiver needs to improvise and use their own strengths. Another big stressor includes the time restraints of the workplace.

6. Conclusion

To conclude, the above-mentioned reports support the development of the MiCare project in that communication is key in fostering a collaborative and respectful working atmosphere between nurses and with their clients. Communication skills are a leading competence that nurses must be equipped with in order to establish an adequate nurse-client relationship and an adequate working relationship with nursing colleagues and supervisors. (Halcomb, Stephens, Bryc, Foley and Ashley , 2016) Communication is not just small talk, but much more. It includes non-verbal communication, discourse with local authorities, superiors, colleagues and family, both in oral and written form.

Nurses and caregivers need coping strategies for helping to manage time restraints (intercultural), communication and techniques for difficult topics / mediation. In order to support migrants it is suggested that regular communication with superiors takes place to foster a good relationship as well as discuss different ways of furthering their education in order to advance their careers. This once again stresses the importance of communication, a good handling of the language in the host country. Sell writes the key point is that caregivers are working with people and not machines thus communication is vital for a fruitful working atmosphere.

In order to support the care sector within the framework of the MiCare project it is necessary to create language learning materials which take into consideration not only the necessary medical lingo, but provide language which can used in conversation, in times of crisis, for mediation and to clearly communication to colleagues, superiors, patients and their families.

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Footnotes:

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[1] https://www.coe.int/en/web/common-european-framework-reference-languages/level-descriptions

[2] www.gesetze-im-internet.de/englisch_aufenthg/englisch_aufenthg.html#p0391

Resources links Germany

Resource	Link
Recognition in Germany – an initiative of the Federal Ministry of Education and Research This is an information portal of the German government for the recognition of foreign professional qualifications. The website is available in 10 different languages.	https://www.anerkennung-in-deutschland.de/html/en/index.php#
Make it in Germany: the official website for qualified professionals The website is sponsored by the Federal Government and focuses on working, studying and living in Germany while aiming to attract international professionals.	https://www.make-it-in-germany.com/en/
The Care Report is an annual publication of the WIdO. In it, experts from research and practice analyse the main challenges in caregiving sector and discuss possible solutions.	https://www.wido.de/publikationen-produkte/buchreihen/pflege-report/
Federal Office for Migration and Refugees The website includes an array of useful materials for migrants and refugees. Additional statistical date provide information on socio-political, economic and political developments, as well as revealing interconnections and enabling conclusions to be drawn regarding a variety of circumstances.	https://www.bamf.de/EN/Themen/Statistik/statistik-node.html
Bundeszentrale für politische Bildung – provides statistical data on migration to/from Germany. Some of the website is also available in English.	https://www.bpb.de/nachschlagen/zahlen-und-fakten/deutschland-in-daten/219998/migration
Pflege-Deutschland.de – Website, which contains information about the care sector in German. It covers some topics in English. It provides the latest information on professions, recognitions, visa and new legislation.	https://www.pflege-deutschland.de/

Field Research

Germany
Inhalt

1. Questionnaires

1.1. From stakeholders

MiCare – <u>Questionnaire Results for Stakeholders</u>

<u>PART A: Companies that train, hire or support migrants</u>

In total, we contacted 15 stakeholders, informed them about the MiCare project and provided them with the questionnaire.

1.

Type of Organisation	District Health Office (1) Hospital (3) Bavarian Red Cross (1) Nursing Home / Retirement Home (4) Outpatient nursing service (2) Communal health promotion (1) Doctor Practice (1) Voluntary hospice nursing service (1) Counseling for young immigrants (1)
Sector:	Public (6) Privat (5) No answer (3)

2. What kind of services does your organisation offer specifically for migrants?
   A third of the organisations employ migrants, four organisations offer some kind of (further) education/training and two organisations offer some kind of health services through their organization.
3. The next question asked the organization what kind of services they offer specifically for migrants. Nine of the organisations offer internships and vocational training. Almost a third of the caregivers (4) offer voluntary services and/or networking possibilities. Mentoring and guidance offers, language courses and/or doing something to familiarize the migrants with the culture are all things at least two organisations do.
4. We saw some trends when we asked the stakeholders about the different barriers and challenges faced by migrants and refugees on their pathway to the labour market. Over half (9) of the organisations feel that language skills are the biggest obstacle, followed by professional skills (7). Four organisations

found that legislation and legal status a barrier. Only three organisations feel that inequality and discrimination is an issue.

5. About half of the (7) organisations did not respond to the question asking if they felt there were areas in which their organisation needs more information on what kind of obligations they may have to train migrant workers. Five organisations felt that more information on language resources would be useful. Three organisations seek more information on professional competences and two organisations were interested in internships, legislation and comparability of school leaving certificates.

Breakdown of the responses.

No answer (7)
Professional skills (3)
Linguistic support (5)
Internships (2)
Comparability of school and educational qualifications (2)
Legislation (2)

PART B – Organisation in the care sector (Applicable only for those in care)

1. Type of organisation:
   Home care for sick and elderly (6)
   Hospital / Stationary Care (4)
   Family Medical Care (1)
2. When asked if the organisation employed migrants six organisations said they did and four said no. They took on different roles for example: Housekeeping, home kitchen, social care assistant, school, doctor's assistant.
3. Seven organisations said that they felt their organisation is aware of the social and labour conditions and issues of the migrant / refugee caregivers.
4. The organisations provided mixed answers when asked if they provide orientation for their employees before their arrival, during their stay or after their integration. Four organisations replied yes they did provide help for example with looking for an apartment, accessing language courses or getting an apprenticeship. Three admitted they didn't provide any offers and three did not respond to the question.
5. Not a single organisation said that they provide skills and recognition and validation of non-formal / informal competencies of caregivers.
6. Five organisations noted they have identified gaps in their knowledge and would like to be kept informed about the development of future training.

PART C – Caregiving at the time of a pandemic, z. B. COVID-19

1. When asked how the organisations handle or have handles the pandemic over half felt this was well handled.

Eight organisations feel that their organisation can effectively care for the workers. Some examples they shared included: good procedural instructions, good communication (e.g. via telephone, WhatsApp and e-mail), good separation of personnel and stations, timely preparation, and fast reaction to tensions.

Five organisations did not feel that their organization was very well prepared to handle the pandemic. Some reasons include: organization during working hours is not possible, the company had to inform itself, they would not be supported and to a small extent.

Two organisations did not provide any answer here.

The final question asked about which of the following measures the organisation have considered due to COVID-19.

	Yes	**No**	**No Answer**
Workload distribution (rotating shifts)	**7**	**7**	**1**
Increasing workforce	**7**	**7**	**1**
team cohesion and engagement	**13**	**1**	**1**
Provide specific training of workforce about Covid-19	**5**	**7**	**3**
Provide specific equipment for safety reasons (gloves, masks, etc.)	**14**		**1**
Provide clear instructions to employees on how to provide their duties safely	**13**	**1**	**1**
Provide social support to employees such as help to access hospitals and health, services, financial support, awareness raising, etc.	**7**	**6**	**2**

1.2. From migrants

Questionnaire for migrants and refugees

MiCare – Migrant Training in Caregiving

Questionnaire:

The questionnaire was collected in various forms from 20 migrants across Germany. Six people have answered the questions using Google Form, six replied to an Email and eight people answered the questions in paper form. We have included their responses:

1. What is your age group?

18-25 years old	5
26-35 years old	6
36-50 years old	9
Above 50 years old	Na

2. Gender:

50%/50%

3. What is your educational background?

Regarding education there were an array of answers, ranging from two people who only attended school until the 6th grade and two who have completed college level degrees. Only two people have competed a vocational school in Germany compared to six who have competed their professional training in another country.

4. Nationality

The largest group of the caregivers we spoke with (25%) came from Iraq. This was followed by three from Syria. Then there were two people from India, Ukraine, Rowanda and Czech Republic. One person answered our questionnaire from the following countries: Nigeria, Romania, Poland, Chad and Spain.

Iraq	5
Syria	3
India / Ukraine / Rowanda / Czech Republic	2 (Total 10)
Nigeria / Romania / Poland / Chad / Spain	1 (Total 5)

PART A: Language and workplace culture

1. How would you rate your level in understanding and conversing in the language of your welcoming country (from 1 to 5)?

	Level 1	Level 2	Level 3	Level 4	Level 5
Oral comprehension	2	2	5	3	8
Reading comprehension	3	3	4	3	7
Oral expression	4	2	4	3	7
Written expression	4	4	3	3	6

2. Do you feel settled in your hosting community?

Yes: 17, No:2, Prefer not to say: 1

3. Have you experienced prejudice in your new community?

Yes: 3, No: 14, Prefer not to say: 2, No answer: 1

Comments: One migrant said that this happens too often and cannot say how many times. Other migrants strongly felt they have not experienced any prejudice.

4. Have you experienced discrimination at the workplace?

Yes: 4, No: 15, Prefer not to say: 0; no answer: 1

Comment: Some migrants mentioned that this has happened only a couple of times. One migrant mentioned some female patients don't want to be washed by men or some patients don't want to be cared for by people of colour.

5. Have you experienced intercultural challenges at the workplace?

Yes: 4, No: 10, Prefer not to say: 4, No Answer: 2

Comments: Most common response here was the Bavarian dialect.

PART B: Caregiving

1. How much experience do you have in this field?

0-6 months	5
6 months to 1 year	1
1 year to 3 years	8
More than 3 years	6

2. What skills from 1 to 5 have you developed so far in the field of caregiving?

	1 Poor or no skills	2 Some skills	3 Good Skills	4 Very Good skills	5 Excellent skills
First aid	**3**	**1**	**6**	**5**	**5**
Hygiene	**0**	**0**	**3**	**6**	**11**
Skin care	**1**	**2**	**2**	**5**	**10**
Mobility	**2**	**2**	**3**	**5**	**8**
Medication	**2**	**5**	**2**	**5**	**6**
Blood pressure control	**2**	**3**	**1**	**3**	**11**
Temperature control	**2**	**1**	**1**	**4**	**12**
Rehabilitation & support towards independence	**0**	**6**	**6**	**4**	**5**
Supporting medical team	**3**	**3**	**1**	**6**	**7**
Diet & food (meal preparation)	**1**	**1**	**3**	**8**	**7**
Mental health support	**1**	**1**	**7**	**5**	**6**

Brain injury, stroke and dementia	**5**	**2**	**5**	**6**	**2**
Physical exercise	**1**	**2**	**5**	**4**	**7**
Stress management	**2**	**2**	**5**	**4**	**7**
Domestic care (cleaning /washing dishes /ironing)	**0**	**2**	**5**	**6**	**6**
Planning a budget	**3**	**2**	**5**	**6**	**4**

3. Do you experience any of these problems in the role of caregiving to your clients and/or relatives?

Difficulty with communication	14
Feeling emotional pressure or stress	3
Difficulty in performing caregiving activities	4
Managing difficult relationships in caregiving	4

Comments: Three migrants wrote that they didn't have any of these problems. An additional three did not provide a response.

PART C: Enhancement of other skills

What other support would you need for a role as a caregiver? I would like to know more about:

Stress management: handling responsibilities	10
Organizational skills: care planning	9
Personal/interpersonal skills	4
My rights as employee (leave, wage,	9

harassment/discrimination policies, working hours, etc.)	
National health care system	9
Activities to prevent isolation issues	7
Maintain a daily nutrition and exercise program	6
Assistance for skills validation	5
Language skills	10

Comment: One migrant did not reply to this section.

PART D: - Caregiving at the time of a pandemic, such as Covid-19

Do you feel able to protect yourself and the people you care for during a pandemic situation, such as Covid-19?

Comment: Three migrants chose not to answer this section because they have not yet been working in the care sector during the Corona pandemic.

1. Do you know how to protect yourself during a pandemic such as COVID-19?

Yes	17
No	0

2. Do you know how to protect older people during a pandemic such as COVID-19?

Yes	16
No	1

3. How has the COVID-19 pandemic affected your caregiving work in 2020?

No Answer	6
No problems at all	1
Difficulties, yes	· Having to wear a mask (4 responses) This includes not getting good air as well as trying to communicate with patients especially those who are hard of hearing. · Every week there are new orders · Being the only support and contact for patients since they have no or very little visitors.

4. I want more information about:

Social support for older people through the pandemic	5
How to inform people without panicking them	11

5. Assess your level of self-stress management in a scale from 1 to 5

Level 1: 0 answers

Level 2: 0 answers

Level 3: 3 answers

Level 4: 6 answers

Level 5: 8 answers

6. Do you know the signs of burnout?

Yes	9
No	7

7. Assess your level of resilience during COVID-19 in a scale from 1 to 5:

Level 1: 1 answers

Level 2: 0 answers

Level 3: 1 answers

Level 4: 8 answers

Level 5: 6 answers

8. In this table, assess your coping skills on a scale from 1 to 5:

	1 Poor skills	2 Some skills	3 Good skills	4 Very good skills	5 Excellent skills
Reduce tension	*1*	*2*	*6*	*3*	*6*
Maintaining relationships	*0*	*1*	*8*	*4*	*5*
Preserving a routine and maintaining schedules	*1*	*0*	*4*	*9*	*4*
Keep yourself active/healthy	*0*	*1*	*4*	*5*	*8*
Coping with your own feelings	*0*	*2*	*4*	*6*	*6*
Knowledge and application of hygiene and PPE	*0*	*3*	*1*	*6*	*8*

No Answer – 2

9. Assess from 1 to 5 your **digital skills** in using devices for communication / telemedicine which enables doctors and patients to communicate

Level 1: 2 answers

Level 2: 2 answers

Level 3: 5 answers

Level 4: 5 answers

Level 5: 3 answers

The answers to this question were spread across the board. The chart below shows the number of migrants and how they assessed their digital skills. The majority did feel confident in their skills.

2. Focus groups

2.1. With stakeholders

Focusgroup – Stakeholder

A total of 6 people took part in the stakeholder focus groups. There were two German language teachers, both of whom also mentor and counsel migrants. A third person was a nurse and educator at a caregiver school and then there were three people who work with the district office and oversee the health situation in our district. One of them is specifically hired to recruit and attract healthcare professionals.

1. **Please summarise your relation to care/work with migrants.**

   Language teachers for migrants. Two of the participants have worked closely with the target group of migrants. One taught German to caregivers who were currently earning their certification to become an elderly caregiver. She also oversaw a German language development program called “Working in Germany” which aimed to help integrate migrants into the labour market. About 40% of the participants were interested in going into the care sector and some had had previous experience working as a caregiver.

   The other teacher conducted a 25 hour a week language course in cooperation with the local hospital for five doctors from Israel and Romania. The course was to prepare the doctors for the language exam which they needed to pass to be hired full-time by the hospital. The teacher prepared her own materials as well as using

standard books from the language classes and worked closely with a German doctor to teach the learners.

We also met with a team of stakeholders from the Gesundheitsregion Plus. Their role in our district is to always have an eye on the care and provision of care in our region. This includes attracting professionals and also advising as mentors on how someone can enter the care sector.

Finally, we spoke with a nurse specialist for anaesthesia and intensive care medicine as well as a nursing educator for State recognized vocational school for nursing and geriatric care in Bad Kötzting. She estimates there to be around 2 students with a migrant background per school year.

2. **Do you think it is a good idea to train migrants for working in care?**

Generally speaking, almost all felt it was a good idea to train migrants specifically for the care sector because there are so many job vacancies. In order for this to be done they must meet the requirements to be a caregiver and they must have a work permit. The nurse also mentioned that the cultural/religious understanding is better anchored with regard to nursing care when the caregivers are specially trained.

Additionally, the migrants need to use special vocabulary in different professional contexts than others. This needs to be taught.

3. **Are there certain barriers making it more complicated for migrants to work in care?**

Specific barriers which make it hard for migrants to work in this sector are:

- The certification or recognition of qualifications. In some cases, migrants need to freshen up on their skills or they need to get an additional certification. The question is then who should cover these costs – future employers, the migrants themselves or the Federal Labour Office? This is something which makes it difficult to hire migrants as caregivers or the caregivers to start work.

- Language skills also make it difficult for the caregivers to speak with colleagues and clients. More specific to our region is also the dialect. The migrants that have visited or are visiting a language course learn standard high German. Most seniors in our region speak the dialect which differs enormously to the standard German. Although the older person may understand the caregiver, the caregiver may not be able to understand the older person.

- This point goes back to the language but more specifically – reading and writing when it comes to completing bureaucratic tasks, filling out documents and forms, for example.

- Body language and personal space may also be a barrier. They may not give enough personal space, or they may enter the personal space of the cared-for person which may make them feel uncomfortable.

- Cultural experiences also sometimes make it difficult for migrants to reach out to the senior citizen. The example the stakeholder shared with us was concerning elderly people in Germany whose lives were impacted by the Second World War. If the caregiver was from an African country, for example, it would be hard for them to relate to these past experiences. But this situation also led to positive experiences in which some older people were able to share and talk about the past with their carer, this being dependent on the caregiver having the skills to listen and thus creating a special relationship between the client and the caregiver.

- The mind-set or the idea that an earned foreign degree is not the same worth as a degree from a German university or school. This quite often leads to difficulties between colleagues that the German nurse is of greater value than a nurse from India, which of course leads to tension. Or patients will prefer to have a German doctor than a foreign doctor which leads to a frustrating situation for the foreign doctor, because they didn't feel respected as the other doctors did.

- Religion may also be a barrier. An example was given by a German teacher that a Muslim doctor was not comfortable with working through the entire Ramadan period in German, therefore he decided to leave the training program.

4. **Legal issues: are you familiar with laws in the area of care that are concentrating on migrants? Is there a specific validation procedure for people having obtained their degree abroad?**

   None of the stakeholders could think of any special laws concerning the role of migrants in the care sector. They did note that there are special tests which doctors need to complete in order to obtain their practicing license or their certification in Germany.

5. **Ethics: Do you think it could be problematic to employ migrants in care regarding cultural/ethical issues?**

   One of the stakeholders does not think that there should be many ethical problems because the migrants have decided on this profession. Thus they should be aware what ethical considerations go along with the job.

Another stakeholder feels that this is a huge problem from the point of view of the elderly. For example, the colour of the skin and the way migrants speak can be an issue. The problem is also when the caregiver may wear a headscarf. As noted in point 3, the topic of personal space may also be an issue for the caregivers.

6. **Training in caregiving: which topics are covered during the training? Are there special modules dealing with sensitization?**

   There are special topics which are included in the apprenticeship for example washing and cleaning patients or how to plan activities for specific target groups e.g., creating an afternoon event for elderly people. The goal is to make the day and event meaningful for the specific target group.

   In the German course for doctors, a doctor was invited to discuss said topics, but this is not something which is part of the standard training.

   Sensitization is important for all students and is discussed in detail. The school provides specific training on elderly care assistance (where the highest proportion of migrants are engaged), the elderly and their special care and nursing are dealt with in detail.

7. **Regional level: are there specific programmes in the region that encourage migrants to work in care?**

   The Gesundheitsregion Plus does not have a specific program geared towards migrants, but they now have a part-time officer who is responsible for attracting young doctors to our rural region. The position is a cooperation between the District Office and the local hospital Sana Klinik.

   The school tries to attract people to the care sector through stands at student fairs, in schools through career guidance and there are some special projects which try to recruit caregivers from Spain.

   In addition to the above questions, we also asked those who had worked specifically with the target group what kind of topics did the migrants have trouble with. One of the bigger problems is time management. There are so many things, which the caregivers have to do for bureaucratic reasons (e.g., documentation) that there is not enough time for the meaningful work for example with patients. These procedures also differ from institution to institution therefore the migrants need to adapt to their employer.

An additional problem is stress-management for the people in health care. In many cases these are young people who do not necessarily have the skills to cope with stress especially when working full time.

The German teacher wanted to also note that books are a big thing. Even when the doctors had a degree from a foreign country, they never had access to newer published books. Most of the textbooks they had used were well over 10 years old. When visiting a bookstore the students purchased many books both in German and in English, they were so excited about the affordable literature which was available here in Germany.

2.2. With migrants

Focus group for migrants

MiCare – Migrant Training in Caregiving

A total of 9 migrants took part in the Focus Group. Interviews were conducted in person, via Skype, Whatsapp and telephone. In addition to the interview each of the migrants filled out a questionnaire and their answers can be found in the summary. This interview portion takes into consideration input from 5 men (Spain, Chad, Syria and two from Rwanda) and 4 women (Ukraine and three from Iraq). Each interview session lasted between 10 and 45 minutes.

All four of the women have not yet had experience working in the health care sector in Germany. Three of the women are currently completing their training course to be care assistants. The woman from Ukraine has worked as a caregiver in the Czech Republic, but not yet in Germany. Two of the men do not yet work in health care in Germany, two are completing a vocational certification and one is currently doing his first internship. The man from Spain is working as a care assistant, but does not yet have any formal certification in Germany.

PART A: Language and workplace culture

Several of the migrants do not have any (or very little) knowledge of the German language. The man from Spain wanted to start a vocational training, but his language skills are not yet up to the level required. So currently he is working at a care centre and visits an evening language course. He has plans to visit the vocational school for caregiving next September.

Another migrant from Rwanda moved to Lithuania in 2012 and has since completed his nursing certification. He moved to Germany early this year but has not been able to access language courses or employment.

The migrant from Chad moved to Germany and completed a secondary school certification. He has since begun earning his vocational degree as a caregiver. Although he has completed his school degree in Germany, he still considers his language abilities in reading and writing very low compared to his speaking and listening skills.

Only the migrant from Syria is very familiar with the medical field, as he has been working for 4 years, shortly after coming to Germany.

The question on whether the migrants feel settled in Germany had an overall positive response. They feel settled and welcomed in Germany. Some of them have had the support of social workers in order to access employment or language courses.

Overall, the migrants who have come to Germany as asylum seekers have usually spent time in more than one country and therefore have had different homes over time and all feel settled in Germany.

To these questions, the migrants either have not yet worked in the sector or have had little to no negative experiences. One migrant had mentioned mutual respect and helping one another out is important between colleagues.

A major difficulty migrants experience in our region is understanding the dialect, but the Spanish migrant uses this as a way to connect with the elderly. He finds learning the language difficult, as well as the culture, but this is something he needs to learn and accepts.

Some migrants have previous experience working in a care system secondary to their native country, but not in Germany.

PART B: Caregiving

One migrant who does not yet work in Germany brings almost two years of experience in the care sector with her. Several of the women only have informal experience where they have helped care for family and are currently in a vocational training course.

Two other men also bring with them experience from outside Germany. Although they have experience in most of the areas listed below, they do not necessarily have the equivalent skills in Germany. The practices are very different. For example, in Rwanda the nursing staff informed family members how and what patients should be fed, but this was not necessarily a task they were to follow here. In some situations, the caregivers had more responsibilities than a caregiver in Germany.

The Spanish caregiver has been working sometime in Germany, but he also brings additional skills which he had informally acquired while caring for his family members.

The medical worker from Syria is gaining experience in the field only in Germany. He started by accompanying doctors to house visits of (especially elderly) people and he also mentions that at the beginning he had problems as the patients did not really trust him and his abilities. We stated that this has now changed a lot and people now like him after getting used to him working in the medical practice. He is very eager to learn and wants to continue his education, as his dream is to study and become a doctor.

Mental health support and stress management are both topics which can also be related to the religion of the caregiver and of the patients. A mutual understanding of religion can be useful in both of these situations, to help oneself and the patient.

The most common problem experienced by caregivers was the mental strain and the physical work. Quite often women had difficulties lifting and caring for patients as well as coping with the stress which goes along with treating elderly or disabled persons.

Language difficulties include especially verbal communication. The caregivers have trouble expressing themselves verbally. They also said sometimes psychologically it was difficult to care for patients who had physical disabilities.

PART C: Enhancement of other skills

All of the topics are very important especially the organisation of activities for patients in order to support them mentally and organise their day purposefully. Even more so, this is important for geriatric patients.

Time management is very important and this needs to be sensitized - since sometimes it is important to speed things up, but other times it is important to slow things down.

The migrant caregivers noted that one of the problems is the validation and recognition of their certifications here in Germany.

They expressed the need to have information on their rights as an employee as well as access to language skills. As well as more information on the national health care system in order to understand the bureaucracy processes of the caregiver. There is also an additional issue of getting a visa to work and stay in Germany.

PART D: Caregiving at the time of a pandemic, such as COVID-19

The migrants noted that each situation needs to be individually addressed, taken into consideration and a solution needs to be found.

Each week there are new restrictions or hygiene plans, so it is important to understand this and to be able to implement the plans.

When asked what they would need more of during the pandemic it included “social support for older people through the pandemic”. This is very important, because the caregivers are the only people that the older people isolated at home see regularly, since most visitors are not allowed in the facilities during the pandemic.

Most of the migrants were very confident in their practical skills and in coping. Digitally they are also confident in their skills both in the private and work setting.

United Kingdom Report.

Age Concern Birmingham (UK)

Literature Review United Kingdom.

MICARE (Migrant Training in Caregiving)

Grant Agreement No: 2019-1-UK01-KA204-062046

Intellectual Output 1 Literature Review and Gap Analysis Review – Age Concern Birmingham, UK

Literature Review – United Kingdom (UK)

Introduction

Statistics indicate that the population of older people in Europe is increasing, which includes the UK. The increase in the population of older people has an impact on the care needs of citizens and on the workforce of care providers. There is therefore an increasing gap in the workforce which will create demand in future years as there will be more people with care needs and less people in the local population to be employed and trained to meet these demands. At the same time there has been an increase in the number of non-EU nationals (also referred to as Third Country Nationals – TCNs) who are arriving in Europe seeking better working and living conditions. Our research project explores the potential to link these two demographic patterns in order to find a solution - by meeting the increased care needs of older people in Europe through training and employing people from TCN migrant communities. Matching needs with skills.

Our suggested solution is to develop training on caregiving provided to migrants. This UK national report aims to provide a comprehensive state of the art and gap analysis review of migrant employment / unemployment rates and educational status in the UK, to assess issues and approaches in the integration of TCN's in the labour market and investigate the needs of the caregiving sector and the effects of local policies and procedures on the integration and engagement of TCNs in the UK.

Objectives

To quantify and understand the pattern of migrants entering the UK and identify the suitability of these migrants in terms of their aspirations and skills in the sector of caregiving to older people.

Also, to identify the existing training routes and the opportunities and challenges in training migrants to work in the elderly care sector.

Methodology

To review online and bibliographic evidence and critique the benefits and challenges of training migrants in the caregiving sector in the UK. The reports and online documents that we considered are highlighted in ***bold italic*** text.

Objectives: The main objective is to evidence and prove our theory that people from migrant communities should and can be trained to provide basic care at home for older people with care needs living at home in the UK. Secondary objectives are the recognition and visibility of care for the elderly by migrant workers and proving a case for other support.

Methodology: Bibliographic review in academic databases published between 2010 and 2020 written in English. Also, an investigation of government and third sector (NGO) publications and web pages online using standard Google based searches using keywords and phrases such as migrant demographics; structure of health and social care services; personal and domestic carers in the UK; legislative and policy on migrant employment; standards and qualifications required for migrant employment; existing training for migrants and care workers in basic care and home care, demographics of older and dependent people in the UK.

The results and key conclusions of our literature review are outlined below.

Measuring and understanding the care needs of the ageing population in the UK

According to the **Age UK report *Later Life in the United Kingdom 2019*** the UK has an ageing population. The report predicts that by 2030, 21% of the UK population will be aged over 65 with the 85+ group growing most rapidly, this demographic group will double by 2041 and treble by 2066.

The report indicates several useful indicators about the UK's ageing population and the impact of these factors on the provision of care services on an ageing population, for instance, that the likelihood of experiencing disability and complex health problems increases with age. This presents challenges for society as a whole and the care sector in particular around things like the ability to live independently, the increase in medical needs, the need for enabling technology and adaptations, help with mobility and personal care needs, fuel and energy in the winter, support with limiting illnesses and complex chronic conditions, also a rise in the prevalence of frailty, malnutrition, falls and fractures, sensory loss, dementia, mental health and wellbeing, social isolation,

challenges to lifestyle, physical activity, effects of winter cold. Our interpretation of this very useful and recent report from one of the UK's leading charities for the ageing population, the impact of an ageing population is very complex and therefore requires a complex response, beyond the assumption that a skills match between migrants and older people provides an easy quick-fix or the only solution.

The Age UK report indicates that the care needs of the ageing population will become even more complex whilst the provision of help will simultaneously fall, which does support our proposed theory that care workers from migrant communities could provide one solution in terms of a workforce.

30% of older people in England will not receive help or very little help with their care needs in the future. Around 6.5 million people in the UK (1 in 8 adults) was an informal carer in 2015, by 2037 this is predicted to become 9 million carers.

Understanding the immigration context of the UK and relevance to care giving

In our UK literature review we attempted to quantify and understand the patterns of immigration into the UK and form an understanding of whether migrants generally or specifically have the skills or an interest in working in the care providing sector. Firstly we looked at general migration statistics for the UK recorded at the ***UK Government website*** (https://www.gov.uk/government/collections/migration-statistics)

Key findings from our literature review of UK government statistics:

140.9 million passengers arrived in the UK in the year ending March 2020, a 2% decrease from the previous year.

The number of people requesting visas increased by 5%. Continuing an upward trend over the previous decade. Of these, three-quarters (75%) were to visit, 10% were to study (excluding short-term study), 6% were to work, 2% were for family and 7% for other reasons. There were 165,693 applications for British citizenship in the year to March 2020, 6% fewer than the previous year. Applications for citizenship by EU nationals fell by 20% compared to the previous year to 44,078. Applications made by non-EU nationals increased by 1% in the year ending March 2020 to 121,615. We can therefore read from these figures that requests for short term visas remains high, but a small amount are coming to find work whereas requests for citizenship by non-European migrants is rising. Our literature review of the UK government figures found that the number of people requesting visas to work has increased by 8% for people with existing skills based on a points-based category.

We also looked at the impact of migration in the UK which has been recorded by ***The Migration Observatory at the University of Oxford***. This study suggests that the population of foreign-born people in the UK is an estimated 14% of the UK's population,

or 9.3 million people. The study also indicates that net migration to the UK in recent years remains positive. The study agrees with Government statistics that non-EU foreign born people form the majority of the foreign-born population.

These literature sources also provide demographic profiles and origins of immigrants to the UK which is useful information in our study as it shows that migrants to the UK are more likely to be work-age adults compared to the UK-born population. Migrants are more likely to be adults (aged 26-64) and less likely to be children or people of retirement age (65+). In 2018, 69% of the foreign born population were aged 26-64, compared to 48% of the UK born. The share of migrants in this age range varies by place of origin, with the highest percentage being for those born in Pakistan, Africa, and EU-2 countries. Only 1% of people born in Romania or Bulgaria were aged 65+ compared to 17% of those born in EU-14.

Some key points about migrants to the UK:

- Non-European born foreign nationals make up the majority of foreign-born migrants in the UK
- Migrants in the UK are more likely to be of working age (26-64) than the UK born population (69% foreign born compared to 48% UK born)
- The largest number (36%) of migrants in the UK live in London. The West Midlands where Age Concern Birmingham are based have second highest regional figure at 14%

Top countries of origin and nationality of migrants in UK:

European: Poland, Romania, Ireland, Germany, Italy, Lithuania, France, Spain

Non-European: India, Pakistan, South Africa, Bangladesh, China,

Figures from The Migration Observatory give the following main reasons for migrants from non-EU countries moving to the UK are Family 49%, Work 20%, Other 16%, Study 15%

Our review also looked at data from the ***Office for National Statistics*** to ascertain what kind of work immigrants currently do in the UK. The data shows that work remains the main reason for EU citizens moving to the UK, while study remains the main reason for non-EU citizens moving to the UK.

17% of the UK labour market were born abroad and male migrants are more likely to be employed than UK born males (83% vs 79%) but among women, female migrants are less likely to work (66% vs 72%).

Varying factors affect employment and unemployment of migrants:

- Education and skills
- Spoken English
- Family and caring responsibilities
- Social networks
- Qualifications and recognition of qualifications
- Discrimination

The data review provided various patterns around the occupational distribution of migrant workers and indications of the general skill levels of migrant workers in the UK including whether certain industries are dominated by migrants from certain areas of the world. Key findings for our study are that the health sector is dominated by workers from India, east & south east Asia, though these occupations tend to be in highly skilled and qualified jobs such as doctors and nurses. Whereas the social work and residential care sector has a sub-Saharan dominance of medium to low skilled workers. The overall rates of health-related occupational categories for non-EU workers are health 17% and caring services 12%.

There are some other key points which may affect how we approach the training and employment of migrant workers in the care services, such as that 9% of people born in the Middle East, North Africa and Central Asia work in part time jobs because they cannot find full time jobs compared to 3% UK born workers. Foreign born workers are also more likely to work on night shifts and in non-permanent jobs than UK born.

A report by ***The Migration Observatory at the University of Oxford*** examines the employment and educational status of migrants within the United Kingdom, defining 'migrant' as 'the foreign born, regardless of whether they have become UK citizens'. The briefing is compiled using evidence from the ***Labour Force Survey (LFS) quarterly data from 2018*** as well as the ***Annual Population Survey (APS) from 2017***.

Its main findings include that 'the foreign born' made up 17% of the employed population in the UK in 2018. 10% born outside of the EU and 7% born in the EU. The employment rate of migrants is 74%, just below the employment rate of UK born citizens which is 76%.

Our review of immigration patterns therefore supports the notion that there is a net migration trend into the UK from non-EU countries providing a significant population of foreign born workers who might be encouraged and trained to work in the care sector, but also that there are complex dynamics that need to be considered such as the difference in skill levels and work capacity between different countries and an analysis of the care sector and the level of its skill gaps.

Another report we reviewed was that of ***The Kings Fund*** which provided a comprehensive description of health care services in the UK, which is useful information in defining the sector and understanding where migrant workers would bring their skills. The Kings Fund report describes the UK healthcare system as dominated by the National Health Service (NHS), funded by public taxation. According to The Kings Fund the total expenditure for the Department of Health and Social Care in England in 2019/20 was projected to be £140.4 billion with the majority of this expenditure going on staff salaries and medicines. We should note that these figures were produced towards the end of austerity measures following the 2008 economic crash and before both Brexit and the Covid-19 pandemic in the UK, so it is very much a changing landscape.

The Kings Fund report gives detail of how the healthcare system in the UK is provided to UK citizens and how the provision and management of services is commissioned, standardised, funded and structured through Clinical Commissioning Groups (CCGs) and General Practitioner (GP) primary care practices. The report describes how a wide range of services can also be commissioned from the private health care sector, from social enterprises and from charities. The relevance of this is in understanding the broad range and multiple levels of health care provision which is and could be provided by people from migrant communities in the UK.

A report ***Migrant Workers in the UK Healthcare Sector, Hiranthi Jayaweera (COMPAS, University of Oxford) February 2015*** provides a definition from the World Health Organisation (WHO) which defines the health sector workforce as "all people engaged in actions whose primary intent is to enhance health". Jayaweera suggests this should include unpaid carers (e.g. family carers) but that the health sector workforce can be operationally defined as people educated, trained and/or employed in the health services industry or health professionals such as doctors, nurses, midwives, dentists, laboratory technicians, etc., i.e. people with directly related training and qualifications. However, our study would also include people working as personal care workers both in hospitals and home settings as this is where there is more likely to be a skills gap and training need for migrants.

Even so, it is significant to note that the Health sector in the UK employs 13.5% of all UK employees and this ranges from NHS qualified nurses with a nursing degree and registered with the Nursing and Midwifery Council across a range of other health professionals such as therapists, pharmacists and dentists. Notable figures about the nationality of qualified health care professionals in the UK indicate that non-EEA migrants who work as professionals in the NHS tend to be trained doctors and nurses, perhaps suggesting an elite of qualified workers who are already trained or at an advantage before entering the UK workforce.

However, our review is more concerned with the prevalence of lower qualified migrant workers who may or may not have existing skills and qualifications. We can therefore look to the national UK organisation ***Skills for Care*** to help us to review the position of this part of the workforce. Skills for Care indicate that migrant workers are drawn to lower qualified adult social care system jobs, working for local authorities, independent sector providers and those working for direct payment recipients (people who employ their own carers and support workers from direct payments).

Skills for Care estimates that there are 1.62 million jobs in adult social care. 1.52 million jobs are within local authorities, independent sector providers and those working for direct payment recipients. In this workforce there are around 250,000 jobs in adult social care held by people with a non-British nationality (115,000 EU; 134,000 non-EU). In other words, some 9% of people currently working in the social care workforce in the UK have a non-EU nationality. Skills for Care indicate that the number of non-EU workers in the workforce has risen by 3% in recent years. This is significant as it backs up the assumption of our project that migrants from non-EU countries do already and may continue to have an interest in working in the adult social care sector of the UK.

The literature from Skills for Care also discusses the impact of Brexit on future employment trends in the Social Care workforce which may not take effect until 31 December 2020 after which point EU citizens living in the UK must be in the process of applying for UK immigration status through the EU Settlement Scheme, meaning that EU citizens currently working in the UK social care sector should be able to continue living and working here. Skills for Care is a member of the Cavendish Coalition of 36 health and social care organisations working to ensure the social care system is properly staffed after the UK leaves the EU.

Successful theoretical and methodological approaches in the integration of migrants and asylum seekers in the UK labour market

In our literature review we looked at other research, online data and reports which highlight where there have been successful theoretical and methodological approaches in the integration of migrants in the UK labour market, using key search words around care provision, migrants and the UK ageing population.

In a report titled ***Labour market integration of asylum seekers and refugees – United Kingdom: Kenneth Walsh / Date: April 2016*** Walsh describes how PES (public employment services) are involved in the labour market integration of refugees and third country nationals. The report describes how the JCP (JobCentre Plus) identifies refugees as a priority group to access programmes and incentives. This is done through individual support through an action plan which might include language skills as well as pre-entry level and Entry Level 1-3 courses. These services are also available to other JCP clients that are not refugees.

This report describes other types of support and access to refugees and third-country migrants as well as private sector provision focusing on citizenship or integration. The report indicates that refugees are eligible for unemployment benefits and will have the same access to these benefits as UK nationals. A previous report we looked at from the ***Migration Observatory at the University of Oxford***, suggests that unemployed migrants were less likely to claim unemployment benefits at only 18% doing so, compared to UK born unemployed workers at 26%.

Another report, ***The Role of Migrant Care Workers in Ageing Societies: Report on Research Findings in the United Kingdom, Ireland, Canada and the United States (Report by IOM Migration Research series)*** discusses the serious challenges to 'developed Western nations' in their response to the ageing population and its impact on issues of retirement and care. This report reinforces our predictions that the ageing population in European and other countries will lead to an increased demand for caregivers which may have to be met by foreign born workers. The report claims that the gaps in provision reflect a 'parallel trend' in the migration of health care workers worldwide.

The recommendations of this report include the need for attention to the recruitment, skill requirements, admissions into the workforce, mobility and residency issues of migrants. It also makes recommendations around the attitudes and expectations of employers and clients. A third area of recommendations is around employment policies to protect and improve working conditions and enhance skills for quality care.

The report ***The Social Construction of Migrant Care Work at the intersection of care, migration, and gender by Amelita King-Dejardin*** looks specifically at the role of women and girls in providing unpaid care work. Whilst recognising the increasing demand for migrants working as domestic workers, child-minders, nurses and doctors, much of which we have recorded earlier, this report highlights the high levels of female migrants working in the informal economy under temporary migration schemes and without employment rights or protection. King-Dejardin refers to a 'global care chain' where workers provide essential services but with inconsistent laws and policies between countries of origin and destination.

The paper recommends action through effective policy to improve the management of health care workforce migration and improved recruitment, skills recognition, certification, and retention.

The report ***Migrant Carer Workers in the UK - An analysis of sustainability of Care at Home, led by Professor Shereen Hussein (University of Kent)*** explores the creation of a new labour market within what it calls the growing 'grey' care economy. Following the UK's decision to leave the EU in 2016, the report argues that reductions in care labour

from the EU and reforms in the immigration system will lead to 'pressing questions' about the sector's capacity to meet demand.

The organisation Transitions Abroad gives guidance on ***How to Work as a Caregiver in the UK.*** In this online article Caroline Nye explains about opportunities in the UK for visitors who wish to work for 12 months providing care to individuals in their homes. She says that essential attributes are to be naturally caring, with lots of patience and a good sense of humour. The article discusses the costs and expenses provided to the foreign caregiver who lives in the client's house and the range of duties which might be required. She also talks of basic training from the agency being around 4 days.

In contrast, we might return to the website of ***Skills for Care*** for a much more in-depth description of what care provision involves in the UK ***Working in adult social care*** *https://www.skillsforcare.org.uk/Home.aspx*

The organisation Skills for Care take a far more thorough approach in their guidance and information on the skills needed for working in adult social care on a longer term and/or ongoing basis or as a defined career. Skills for Care suggest that social care is about supporting people to maintain their independence, dignity and control, including personal and practical support to help people live their lives. They describe the wide spectrum of disability and long-term health conditions which a carer may be supporting, including dementia and mental health conditions. Skills for Care also indicate the different environments where a paid carer might work, including care homes, in people's homes or in the local community. The organisation also outlines the different roles in social care which a worker might choose as well as the benefits, job security and career prospects of each.

Once again, the expanding labour market is emphasised, Skills for Care telling us there are an estimated 1.49 million people working in social care with the need for 580,00 more workers by 2035.

In the report ***Managing Foreign Labour Immigration to the UK: Government Policy and Outcomes since 1945*** authors John Salt and Victoria Bauer suggest that past evidence is that since 1945 the UK economy has been unable to manage without substantial labour immigration, from both the EU and elsewhere and adds that unless there is a major collapse of the UK economy, immigrant workers will still be required in similar numbers. The report concludes that employers need to be able to make flexible responses to economic and social conditions with easy access to a wide skill spectrum and a readily available labour source. The report says that a one-size-fits-all approach does not work and that a points-based immigration system needs to be flexible. Reactionary recruitment results in a roller coaster effect with periodic phases of recruitment into sectors like manufacturing, business services, education and, pertinently for our study, health. With the UK labour market opening-up, since 2016 there has been an increase in

migrants coming from developing countries into low skilled jobs. The report suggests that future UK migration policy should take into account the needs of employers with more support to migrants around re-location, travel, housing, legal support with areas like work permits and reduced bureaucracy which is in danger of increasing rather than decreasing post-Brexit.

Summary and conclusions of Literature Review

During our literature review we identified many factors which back-up the need for our project and similar initiatives across Europe. We have found convincing evidence for the ageing population and a weight of research which suggests that this phenomenon will lead to a skills gap in the care providing sector for older people across Europe.

We looked at migration statistics for the UK and found evidence that there is sustained net migration of people from non-EU countries and that the demographic of this inward migration is composed of a younger profile which could in theory fill gaps in the care sector, if only on the basis of age, physical ability and health.

We looked at the complex nature and structure of health and social care services in the UK and identified that different ethnic and national groups appear to work in different sectors and at different levels of certain sectors like the health service, with some groups bringing pre-existing qualifications and skills especially to higher level jobs such as doctors and nurses. But we also identified a growing gap for workers in the social care sector requiring a lower level of certificates and training. It is therefore this group that our study rightly focuses on in terms of recruitment and training development.

Our literature review has also honed-in on many wider but interconnected issues affecting both migrants and employers. Issues such as UK migration policy, skills recognition, certification, housing and relocation, legal support, transport, reducing bureaucracy, issues affecting female migrants, preferred working patterns, navigating the health and social care system, residency issues, welfare benefit entitlement, access to training and language skills, to name the most obvious ones.

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Issues affecting working in the UK

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Migrant Health in the West Midlands Produced: February 2017 West Midlands Local Knowledge and Intelligence Service

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http://www.dss.gov.uk

Overview of fees for medication and medical treatment in the NHS:

http://www.doh.gov.uk/nhscharges/hc12.htm#prescript

List of all taxes, tax rates and tax free amounts:

http://www.inlandrevenue.gov.uk/rates/it.htm

Online job search in the UK: http://www.totaljobs.com

The British Jobcentre Plus: http://www.jobcentreplus.gov.uk/cms.asp?Page=/Home

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http://www.german-embassy.org.uk/

Detailed information and links to all government departments and other British institutions:

http://www.britischebotschaft.de/

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Home help is available to aid with domestic tasks such as cleaning, cooking, etc. (https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/homecare/)

Policies and Procedures

Whilst our project is focussed on direct care provision to older people, it should be recognised that there are many different types of jobs/roles in the UK social care sector, ranging from a care worker or personal assistant on the one hand, through more practical roles such as a housekeeper, ancillary worker, cook or transport provider, to more specialist and more qualified roles such as an occupational therapist, counsellor or complementary therapist. Skills for Care lists 24 different roles in social care some of which have cross-over into health care and most of which also allow for progression into more qualified roles or into service management. The UK sector is very flexible in terms of this progression and even the merging of different roles in a multi-disciplinary and person centred approach, so whilst our project focuses on the entry of basic care workers, we should also recognise that recruitment and training policy should incorporate, in our view, the pathways of progression and development for all workers.

It would be unethical and a repeat of the policy of the 1950s and 1960s if this study is confined to the notion of recruiting migrants only to fill low paid vacancies.

There may be several different roles that we aim to support migrants into, excluding clinical roles such as doctors and nurses requiring university education. Most roles in health and social in the UK do not require set entry requirements to train, other than good literacy and numeracy skills. Some employers may ask for GCSEs or a healthcare qualification. In the UK, the National Careers Service give advice on the qualifications required for different types of career in social care, most are not academic but there is a range of national vocational health and social care apprenticeships available, including:

Health and social care diploma / certificate and awards

Level 1 preparing to work in social care

Level 2 and 3 Diploma in Health and Social Care

Level 4 diploma in Care

Level 5 diploma in leadership and Management in Adult Care

Care Certificate: a set of standards essential for social care set out by Skills for Care and Health Education England. Available through a five-day training course.

Beyond these qualifications there are many specialist courses available, often based around specific disability or health conditions, such as dementia or autism, others around practical skills such as moving and handling or health and safety, whilst other training is around topics like safeguarding, end of life or leadership and management.

In terms of recruitment and support for workers choosing a career in social care, we have already seen in our literature review that a starting point in the UK is JobCentre Plus who prioritise guidance and support to asylum seekers as well as being a source of support and access to all job seekers. The organisations, the National Careers Service and Skills for Care are also good starting points for information about careers in social care, training, qualifications and pathways to employment.

It is of value at the point of developing the policies and procedures of our project MiCare to highlight another Erasmus+ running almost parallel to ours and that is the **Eldicare Project (Erasmus+)**

Eldicare Project is an Erasmus+ project running simultaneously to the MiCare project which is aiming to match skills in a growing European Silver Economy, giving answer to the latest ***CEDEFOP Skills Panorama findings (12/2016) on the skills mismatch in the Elderly Care Sector***:

> Adaptation to an ageing society requires enhanced efforts from all to maintain older people's social inclusion. It also requires creating age-friendly environments, including mainstreaming of services and commodities accessible to all. ICT is also essential as it enables integrated person-centred care, with more focus on prevention and independent living.

An objective of Eldicare is to design a new curriculum with certification around the skills and competencies of elderly care with the establishment of a value chain among partners.

The tools being created by Eldicare include a psychometric tool for helping to identify the skills and competencies of a person wishing to become a paid care provider and accredited training modules across a range of care providing skills, knowledge and competencies.

It seems important that strong contacts are developed between the MiCare and Eldicare Erasmus+ projects as there is significant synergy between the two projects. Care training is and should be very similar regardless of whether someone is a UK citizen, an EU migrant or a TCN (non-EU migrant). What will differ are some of the wider issues we have highlighted in our report, including:

- Language skills
- Qualifications from other countries and whether transferable
- Cultural, ethical, and value-based differences affecting care giving
- Legal and immigration processes affecting migrants and refugees
- Relocation, travel, and housing challenges for new migrants
- Integration into the host community, employee rights and experience of discrimination

But it is important for us to consider the work of Eldicare and its connectivity with our project, to add value rather than reinvent the wheel.

This brings us to the wider issues affecting migrants and a review of government policy and its impact. The sense that even before a migrant can start to climb the ladder of a social care career, they must get around or over various barriers in order to reach the bottom rung of the ladder in the first place.

From January 2021 the UK immigration system will change with the end of the freedom of movement rule with the European Union (EU) - which allows EU citizens to work in the UK (and UK citizens to do the same in the EU). Under the new scheme, EU migrants

will be treated the same as those from the rest of the world. The UK government will introduce a "points-based system" which takes different factors like skills and language into account when awarding visas which would allow people to work in the UK. In order to get a job in the UK, a migrant will have to gain 50 points by having a job offer from an approved employer at an appropriate skill level and be able to speak English. An additional 20 points, taking the total eligibility score to 70 points, will be awarded based on their salary (earn at least £25,600).

Extra points will be awarded for having higher qualifications (for instance 10 points for a relevant PhD; or 20 points for a PhD in maths, sciences, engineering and technology) or an offer of a job in which the UK has a shortage (20 points), even if they don't earn as much money. The government has indicated that people coming to do certain jobs in health or education can still get 20 points if their salary is less than £25,600, if they are paid a minimum of £20,480.

A health and care visa may be awarded to fast track healthcare professionals though this is most likely to be relevant for doctors and nurses. Most care workers will not be covered by the scheme, although we have yet to see how this will affect the UK as a result of the Covid-19 pandemic and its impact on the NHS and whether policies will change to meet need.

At the moment the vast majority of vacant positions in the social care sector will not be offered to migrants who are not classed as skilled and therefore not eligible for the rebranded NHS and care workers fast track visa. Things are thus looking gloomy for prospective health and social care workers wishing to work in the UK as they will not be able to apply for a visa dedicated to care. UK government policy is that these jobs need to be made more attractive to British workers, even though this conflicts with some of the research we have looked at.

Other national UK policies and procedures which we need to consider in supporting non-UK migrants to work in the health and social care sector include:

- Foreign citizens require a National Insurance number (NINo) to work in the UK
- People entering the UK in order to live or work here need an entry visa, a work permit and a residence permit.
- Citizens of some countries including the USA and Commonwealth countries do not need an entry visa but must have a work and residence permit.
- All occupational work in the UK is subject to social insurance. The individual must register with the local Department of Work and Pensions to receive a National Insurance Number, which can be done online.

- Most medical treatment is free of charge for UK residents and tourists through the NHS but a person must register as a patient with the local health centre and a general practitioner.

- In the UK, all employees pay taxes. Income is taxed according to three standard tax rates: 10%, 22% and 40%. These depend on the amount you earn (minus tax-free amounts)

- The state employment service (Jobcentre Plus) has a wide network of Job Centres to help people look for a job. In addition, many private employment agencies and personnel consultants offer job search and HR services.

- Other ways of looking for work in the UK include searching newspapers and using online employment agencies such as Indeed.

Large application packs are not usual in the UK. Many job applications only request a cover letter and a CV. Qualification certificates and references are commonly requested.

Finally, we have listed some of the wider issues affecting migrants in the UK, especially those seeking employment in sectors such as social and health care. In the future, speaking English and having transferable qualifications are likely to be pre-requisites of entering the UK, however it is worth flagging up here the valuable network of migrant and refugee organisations in the UK, such as RMC in the West Midlands (Refugee and Migrant Centre) who support migrants with a wide range of services, advice and training around English as a second language; job searching and schemes; legal advice around immigration status; cultural and community familiarisation and integration; general advice on health and wellbeing, housing and migrant rights.

Summary of key policies and procedures:

- English as a second language
- Migration and legal advice
- Advice on meeting permit and ability to work criteria
- Support to settle and integrate
- Career guidance
- Training and certification
- Support in recruitment
- Ongoing mentoring and support to employers

Analysis of Qualitative feedback from Focus Groups and Questionnaires

The methodology of IO1 of the MiCare project included the distribution, collection and analysis of questionnaires and the organising of focus groups aimed at stakeholders and migrants. Unfortunately, the delivery of this objective coincided with the rise of the Covid-19 pandemic across all partner countries of our European region and varying periods of long and significant lockdown of individuals, communities, businesses, statutory and voluntary sector agencies and the closure of all but essential public services and workplaces. In the case of the UK we experienced a national lockdown from 16 March 2020 with gradual lightening, though not removal of restrictions through June to August, local and targeted restrictions returning in September and October and a second national lockdown from 5th November 2020. The prolonged period of high risk to the Covid-19 virus and the resulting restrictions to normal social and economic activity have impacted considerably on our delivery of the questionnaire and focus group phase of our research. However, following positive consultation with the UK national agency of Erasmus+ we decided not to request a project extension but to press on with the research phase using alternative methodologies where possible to do so, for instance making 1 to 1 telephone calls or using communication platforms such as Zoom, Teams and Skype to organise meetings. Obviously these platforms have limitations compared to holding a physical meeting with a round-table discussion, but we are pleased that the alternative methodology has provided high quality feedback and data to support our research findings.

Because of the difficulties in organising Focus Groups we ran one Focus Group which included 5 out of 6 people who represented stakeholders and were also from migrant communities.

Stakeholder organisations represented in Focus Groups:

- Refugee and Migrant Centre – Wolverhampton, Walsall & Birmingham
- MiFriendly Cities (Wolverhampton, Birmingham, and Coventry)
- Focus on Disability Foundation (UK, Nigeria, and Ghana)
- Consultant Lecturer and Trainer – formerly Coventry and Warwickshire Council of Disabled People
- Age UK Birmingham and Sandwell – Neighbourhood Networks Scheme
- Age Concern Birmingham

These are some key comments, issues and points made by the members of our migrant / stakeholders focus group:

Agencies that support migrant training towards employment

- A key outcome for organisations supporting refugees and migrants is to help people into employment, so general agencies and services exist in the UK but are not specifically related to the care sector

- There are some benefits, when we send someone for care work they generally receive some kind of training but I am amazed that there are companies that will just give people 4 days of training and charge £250 and at the end of it they don't get anything and they go straight back into low skilled work in warehouses

- I think it's important to train migrants for the care industry because it's a different working environment, but we also need diversity training for people from a different culture

- I observed that kind of training going on at the RMC through the Syrian resettlement programme in Walsall where a lot of effective work was being done around familiarising people in a new environment so they could feel part of their community first of all before looking for work

- We are developing an idea of foundation training before people move onto training for the care sector

- Why I think that training support is very important and I have seen this from my experience is about the information that migrants get from their own community and informal networks when job searching. Sometimes that information is not necessarily correct and this is where training support is important. Training must take into account some of this misinformation

Barriers to employment for migrants

- Many migrants already have high levels of skills but there are still barriers to employment in the UK

- A lot of migrants find that the care industry is attractive and assume it is 'easy' to get into and easy to do, without realising they will encounter barriers and requirements to enter this field and have demands on their skills

- Refugees find it difficult to get a DBS (Disclosure and Barring Service) when they need to get an enhanced DBS as a refugee that is a major barrier because they need five years' worth of residency. But someone arriving as a refugee finds it impossible to get DBS information from the country from which they are fleeing

- A barrier for migrants is speaking English so support agencies must begin with English as second language classes

- Lack of work experience is a barrier to gaining employment

- Many migrants have barriers to their flexibility caused by childcare responsibilities or because they are attending college courses, so employers' feedback that they are hesitant in employing refugees because of their lack of flexibility to work shifts

- My experience was advising people when things were going wrong trying to access employment and I found that the biggest barrier was the language barrier

Discrimination

- Recruitment of people from migrant and BAME communities for training should not be a problem except if they felt they were not invited and not wanted

- Migrants in the workforce are going to be faced by a lot of biases and maybe we should train people about these attitudes that they are going to be faced with. I think it is important for that training to take place

- We should be flexible around people's individual needs and support them if care work is the career they wish to go into but I'm mindful not to type cast or stereotype people into certain roles

- I think there can be assumptions made about using migrant labour like what happened in the UK in the 1950s when people from countries like Jamaica were actively recruited for low paid jobs and then ten years later were experiencing discrimination and racism and told you are no longer welcome, we must not revisit the same mistakes

Cultural issues and differences

- In certain professions people from BAME communities may have cultural reasons within small communities which are a barrier to joining a profession or learning new skills

- Terminology can be different for people coming from a different culture and from another context, coming from somewhere else the work ethics may be more relaxed, the attitudes and the work culture may be completely different

- My point of view is influenced by cultural sensitivity. I think it is fine to train people for a job if they are going to be offering services to a community which includes people who looked and sounded like themselves. When I worked in a care home I wanted to have people around me who understood where I am from, speak my language, even Irish English is not the same as English

- I also think it's nice to have people around you that speak your own language, not just English, or at least are aware that there are other languages

- People from different communities bring different qualities and different learning about caring. I'm not sure that caring in England is valued as an important job. Meeting people when they feel very sensitive, delicate, at unsafe and vulnerable times in their lives. It's an important job to make them feel safe and well and I think some communities bring a sensitivity to that.

- When I go to a care home I want to be cared for by someone who understands my culture, if I had to rank people I would want to be cared for by someone from my own community, then someone from somewhere else and then English, that's me being frank

- I agree with this but my question is what is the population of these care homes and what is the population of the migrant workforce? I don't think in these care homes you will find enough migrant communities for instance black African workers, much of the culture of my community of black Africans is to look after your own people at home, they don't want to put their elders in homes

- People in some communities have a culture where they look after their own families

- Migrant communities can enrich the workforce for the people there already. We have to rebalance the cultural dynamics. Would workers from new communities feel welcome because of the difference that they have?

- I think these points about cultural dynamics that will be faced by migrant workers are more important than details about the care training.

Stereotyping migrants in the low paid sector

- Why should migrants want to train in the care sector? Why don't we train migrants in higher skilled occupations? Is it fair to expect migrants to fill a gap in our job market rather than aspiring for higher jobs and training?

- Training is important for anyone coming into a new sector, not just migrants alone, British people also need to be trained for the care sector, there are general things which migrants do need such as language skills and some training for those that do not understand British sensibilities should be taught as part of their integration into the community but aside from that, training is training, everybody should be trained irrespective of who you are and where you've come from. Training is training.

- Anyone seeking employment should get good solid training in whatever career, but are we type casting migrants a little bit if we just assume that care is a career that they want to go into?

- I think we need to have a flexible employment system so no matter who you are or where you are from, you should be supported into the career of your choice

Positive and negative experiences of training support

- The experience of training and employing migrants has been very positive once they get past the application stage

- People from migrant communities need help to navigate through benefits (DWP) and the process of seeking employment, people having a bad experience at the level of their Job Centre coaches, may be due to a language barrier or discrimination

- The support within the Job Centre and DWP (Department of Work and Pensions) wasn't flexible enough around the needs of migrants who were job seeking

Language as a barrier

- Also, the systems that we have in place for job seekers can be difficult to navigate for people who speak English fluently who know the system, even harder for migrant communities trying to make sense of it all
- Some European translations of the word 'migrant' are a polite term meaning a guest worker, so you are always seen as a guest which is interesting
- People should be taught about Britishness and learn to speak English before moving onto training in care provision

Employers not recognising skills and qualifications

- In supporting organisations which support immigrant communities with information technology training we find that there is a range of skills, but even people with a high level of skills don't get the employment opportunities that they deserve because employers don't recognise their skills and experience

Poor conditions in the care sector

- Many migrants are drawn to the care sector because they cannot find jobs that suit their qualifications or because they can't get residency, the example of a Kurdish doctor working as a plumber in the UK
- In this sector they pay the minimum wage, the maximum they pay in that sector is £8.75 an hour – we are keeping care providers at the lowest level. If the price was right, I think more people would willingly go in there but the people that go into the care sector do so because they have nothing else to fall back on. If the cost was increased to £12 an hour then we will get the quality we are looking for and attract people with a passion.
- I agree it is a desperate wage and caring should be valued much more highly. It should be a career that people want to go into and not just fall into

Questionnaires

During our research phase we distributed electronic questionnaires via email, but the response was very slow because many organisations were in lockdown and services not running or were being run from home. We also promoted the questionnaires on social media but with little response. The response from individual migrants was even more difficult because services aimed at migrants directly were closed so our access to service

users was difficult. Another factor which affected the questionnaire response was that organisations and individuals who provide direct care giving services were under huge pressures during the pandemic period which has recently got worse. We therefore collected a mixture of questionnaires from migrants, as well as non-migrant workers and some individuals who were both stakeholders and migrants. We also collected qualitative conversational data through phone calls and one-off discussions.

Stakeholder questionnaires

We collected questionnaires from 14 people representing their experience at a management level at the following stakeholder organisations:

- Refugee and Migrant Centre Wolverhampton (1)
- Birmingham Carers Hub (3)
- Focus on Disability Foundation – UK and Africa (1)
- Sikh Temple – Sandwell (2)
- Age Concern Birmingham (2)
- Jubilee Citizens (1)
- South Birmingham Mental Health Trust (1)
- NNS Edgbaston (1)
- Age UK (1)
- Digital WM (1)

Of these stakeholder organisations, 3 provide support directly to migrant groups and employ a majority of people from migrant organisations; 10 are employers; 1 is a faith organisation; 6 are registered charities; 2 are statutory agencies; 2 are social enterprises or CICs; and 1 an organisation working both in the UK and in Africa.

Between the organisations there is a range of services provided including:

Job shadowing (5); volunteer work (7); job placements (2); counselling/mentoring (2); networking (12); language classes (2); cultural familiarisation (3); health and wellbeing (8); IT support (1); legal advice (2); advice to carers (3); employment to migrants (1); fundraising and awareness (3); food banks and poverty support (2); mental health support (3).

100% of the organisations that we engaged with say they provide networking services or that they prioritise networking to support their main work. 75% of the organisations said that wellbeing provision plays some role in their services.

100% of the organisations that we engaged with identified that they think the biggest barriers and challenges that face migrant workers in the UK are language competency and legal status. Other barriers are identified as legislation, discrimination issues and professional competencies. Stakeholders seem to put professional competencies lower as long as training is to be provided in the UK to reach those competencies.

Very few organisations told us that they are fully aware of their obligations towards migrant workers. Only one organisation which works directly with migrants as a service user group claims to have a high level of knowledge and competency about migrant needs and rights. Most organisations (92%) state that there are gaps in their knowledge about language support; intercultural awareness; and legal status of migrants and refugees.

5 of the stakeholders we engaged with provide some form of direct care to older people or advice and support around health and social care. These organsiations included care providers based in residential social care; care provision in people's homes; care providers in day centre services.

Others included a wide range of health and wellbeing services including TB clinics, parent & toddler groups; NHS familiarisation; 1 advice to carers, referrals, assessment, events for carers; self-help services within a specific cultural community. We found there was a distinct difference between recently arrived migrants who tend to be employed at lower qualified levels and people who have lived in the UK for many years who are more frequently employed in higher status jobs, including management and governance of organisations. Organisations who said they employ migrants said that they value the language skills and cultural knowledge and diversity this brings to their workforce. Migrants are also valued in advice giving roles where their cultural perspectives and knowledge is important in a diverse community.

Care agencies reflect the wider group of stakeholders in stating that there are gaps in their knowledge about the social and labour conditions of migrants and refugees in the workforce. One of these organisations stated they only seek information on a needs basis if it affects an individual employee. Most organisations said they have gaps in their knowledge about language and culture and about legal, training and information needs.

Most organisations do not provide orientation to migrant employees which would support integration. These organisations see this as outside of their remit. Most organisations do provide some form of equality training to all employees which is of a broad nature addressing all equality issues. One organisation in particular gave very

good examples about their orientation work, citing social and cultural events such as shared food events and orientation through local visits and networking.

Organisations which employ workers at a low paid level of social care provision said that they do consider non formal and informal care competencies usually assessed at recruitment stage through CVs, interviews, references and certificates. This will include migrant workers who articulate their past experience during normal recruitment processes.

100% of care agencies we engaged with said that they are interested in gaining more information about the development of training, peer support and knowledge to help them support migrants and refugees into employment.

We added a section of questions about caregiving at the time of a pandemic. The key findings were that all organisations have made significant adjustments to services and all had continued to provide services if not increased their delivery but in a changed way.

Many organisations used the government furlough scheme to temporarily reduce non-essential staff, especially administrative staff and non-essential volunteers. Some organisations had increased their staff numbers for key essential roles but on a zero hours contract whilst other organisations have had to make redundancies.

Most organisations increased their awareness training and information about the Covid-19 pandemic and the requirements to protect vulnerable older people and other groups. Most organisations provided personal hygiene and PPE such as face masks where it was essential for for-to-one care provision. All organisations issued instructions about how to provide duties safely and all organisations introduced distance regulations, risk assessments and closure of non-essential buildings or parts of buildings.

Some organisations, including the mental health service introduced remote ways of seeing clients for clinics and team meetings and case conferences. The Carers Hub enabled advice workers to work at home using a soft phone system linked to the office.

Migrant Questionnaires

Preliminary questions

In distributing and collecting migrant questionnaires we faced the same if not greater barriers experienced with our questionnaire for stakeholders because the access to migrant based organisations was virtually nil from the start of the Covid-19 pandemic. We therefore used a combination of questionnaires to migrants where we could access individuals; we also widened our definition from non-European migrants to all individuals in the UK from any migrant community which included migrants who had been in the UK for a long time and in towards the end of the project widened this

further to individuals who had close knowledge and experience of working alongside colleagues from migrant communities. This actually gave us a very wide range of experiences and viewpoints.

Of 35 respondents, 37% were aged 26-35; 55% were aged 36-50 and 8% were aged 50 years and above. 74% of our respondents were female.

Most people from migrant communities that we spoke to, who have lived in the UK for longer than 10 years have an advanced or senior level of education. For people working in the care sector this includes the qualifications we have spoken about in our policies and procedures section which qualify individuals to work at a basic level of care provision. For those migrants who are more recently arrived in the UK the picture is more complex and reflects our aforementioned research in that individuals arriving from Europe, India and certain other countries have a strong educational background whereas people coming from sub-Saharan Africa for example seem more likely to have a secondary or senior secondary level but not an advanced qualification.

Language and workplace culture

Similarly we found a wide range of language skills with people's perception of their own spoken skills (oral expression and comprehension) being higher than their self-perception of their writing and reading skills). Perhaps we can theorise from this the priority to make oneself known in spoken language before studying the written word, which might impact on the ability to study and get academic qualifications.

It is reassuring to find out that around 90% of respondents feel they have settled into the new community of the UK. Though this was complemented with various comments, including:

- I volunteer at a centre for migrants. This helps me to feel integrated
- I have attended ESOL classes and I am interested in employment in caring
- I find people kind but when you arrive it is very isolating living in government housing.
- I miss my home country.
- I am a black British citizen and feel proud

About one third of our migrant respondents said that they have experienced prejudice in the UK, though some people added comments showing their resignation towards this being part of life in a foreign country, including one person who said "There are racist people about but more people are not racist" perhaps indicating that in the balance direct instances of racism are less than positive experiences. One person also said that

they feel more discrimination since the vote to leave the EU (BREXIT), but this short survey may not be comprehensively representative or allow us to make conclusions.

None of our respondents said they felt discrimination in the workplace but 42% said they were aware of inter-cultural differences in the workforce, one person said “people tend to make friends with people from their own culture first”.

Caregiving

We asked our migrant group of respondents about their experience in caregiving and because of the wide range of our respondents from newly arrived individuals to people who have lived in the UK for many years, there was a big difference between less than 6 months up to above 10 years.

This was also represented in the range of skills developed by migrants in the field of caregiving. At the level of younger or more recently arrived migrants, the majority have poor skills to some skills; whilst amongst the people who have lived in the UK for longer than 3 years the skill levels were much higher right up to excellent. What we can theorise from this is that new migrant communities will benefit from skill training whilst existing long-stay communities are already established with high skill levels. Amongst those individuals who said they have excellent caregiving skills are people who have worked in the NHS or in social services for long periods. They are role models and pathfinders for new generations.

Skill acquisition is also dependent on experience and training, specialist medical knowledge and skills like caring for brain injury or supporting a medical team tend to score higher less frequently than more basic skills such as domestic care, first aid or supporting someone with independence. Again, we do not feel there is necessarily enough data in our brief study to enable detailed conclusions other than referring back to the point made in our literature review that the skills gap for the care of the ageing population in the future begins at the level of non-academic and non-clinical care provision, with higher and specialist levels of knowledge being developed as part of a career progression for our prospective migrant carers.

Enhancement of other skills

Our questions in this section were around other support migrant workers would need for a role as a caregiver? The answers were rounded up as follows:

Stress management: handling responsibilities	35%
Organizational skills: care planning	72%
Personal/interpersonal skills	45%

My rights as employee (leave, wage, harassment/ discrimination policies, working hours, etc.)	68%
National health care system	80%
Activities to prevent isolation issues	38%
Maintain a daily nutrition and exercise program	49%
Assistance for skills validation	82%
Language skills	56%

Caregiving at the time of a Pandemic, such as Covid-19

Most of our respondents (95%) told us that they feel they know how to protect themselves and those they care for at the time of a pandemic situation. This perhaps demonstrates that the messages and information about protecting older and vulnerable people have been successful. All of our respondents said that the Covid-19 pandemic has affected their caregiving during 2020 and all respondents said they would find more information useful.

When people were asked to assess their own level of self-stress management on a scale from 1 to 5, 86% of people said they cope well with stress and know the signs of burn-out, scoring about 3. A similar majority of respondents said they had high resilience to Covid-19 and good coping skills in all the areas we asked them about. Again, we are not sure we can draw meaningful conclusions from this quick table of high confidence based purely on self-declaration questions, though it perhaps does show that the level of education, training and awareness during the Covid-19 period has been effective for care workers. We would also suggest that respondents felt it important to declare high levels of knowledge which would indicate the need to give such training high priority for workers moving from one global region to another.

When asked in the final question about digital skills there was a more evenly spread response from few skills (13%) through to high skills (18%) and the majority evenly spread in the centre.

Annex 1

Questionnaire for stakeholders who support, train or employ migrants and refugees

MiCare – Migrant Training in Caregiving

An innovative project funded by Erasmus+ to develop certificated training in caregiving for migrant workers.

Project Code: 2019-1-UK01-KA204-062046

Data Protection

Please read the following statement about your data protection rights and how we will protect your data in this project:

> I understand that my participation is ABSOLUTELY VOLUNTARY, and I am free not to fill in the questionnaire. The collected data will be recorded, processed, managed and archived in paper and electronic form, automated and computerized for the exclusive purposes connected with the research, in absolutely anonymous form.
>
> The data collected, will be subject to statistical processing and in this form, always absolutely anonymous, inserted in publications and/or congresses, conferences and scientific seminars. Your identity will not be disclosed and your data will not be used outside of the project purpose. By continuing with the questionnaire I agree that I have been adequately informed about the purposes of the research and protection of my data.

Questionnaire

Thank you for agreeing to complete our questionnaire aimed at stakeholders who support, train or employ migrants and refugees who wish work to in the caregiving sector. The questionnaire will help us to understand the support that they need to develop skills and competences in this field of employment. Please fill in all the parts of this form.

Part A

Please answer Part A of the questionnaire if your organisation trains, employs or supports migrants / refugees.

Part B

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Please also answer Part B of the questionnaire if your organisation is in the care giving sector and employs migrants / refugees.

If your organisation is not in the care giving sector please disregard Part B and return the questionnaire.

Part C

Please answer Part C of the questionnaire with regard to the caregiving sector during Covid-19

PART A: Organisations that train, employ or support migrants / refugees

1. Nature of your organisation.

   Please tell us what type of organisation you work for and what sector your organisation works in. For example, a hospital in the public sector.

   Type of organisation…….

   Sector……..

2. If your organisation provides a service which enables migrants / refugees to access training, employment or support, please indicate what you do:

   Trade union
   Chamber of Commerce
   Social partner
   Employment agency / association
   Education / Training institution
   Employer
   Other, please specify ……

3. Which of the following services do you provide to migrants / refugees?

   Job shadowing
   Internships / vocational training
   Volunteer work
   Job placements
   Counselling / mentoring
   Networking
   Language classes
   Cultural familiarisation
   Other, please specify ……

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4. In your opinion which of the following barriers/challenges face migrants / refugees, on their pathway to the labour market?

   Legislation
   Legal status of migrants / refugees
   Language competencies
   Professional competencies
   Equality or discrimination issues
   Other, please specify and explain if helpful..……
   ……
   …….

5. Do you know your obligations towards this category of trainees / workers? If not, are there areas where you need more information (e.g. legislation, language support, intercultural aspects).

   Gaps in your knowledge……
   ……..
   ……..

   Thank you for completing Part A of our questionnaire. If your organisation belongs to the care giving sector, please complete Part B. If not, then please return the questionnaire.

PART B – Care giving organisations and agencies

If your organisation is in the care giving sector, please help us by completing Part B

1. Nature of your care giving organisation:

   Care provider based in residential and social care

   Care provider working in people's homes

   Care provider in day services

   Other……

2. Does your organisation employ migrants / refugees in a care giving or a related role?

   Yes ….. No …..
   What main roles ……

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3. Are you aware of the social and labour conditions and issues of your migrant / refugee caregivers?

   Yes ….. No …..

   Gaps in your knowledge……..

4. Do you provide orientation for your employees, either before arrival, during their stay in the welcoming country or after their integration?

   Yes ….. No …..

   Give examples ……..

5. Do you provide skills recognition and validation of non-formal / informal competencies of care givers?

   Yes ….. No …..

   If yes, please describe the skills validation in your country / region / organisation? If no, do you know the procedure for validation of competencies?

   ……..

6. If you have identified gaps in your knowledge and support during our questionnaire, are you interested in being kept informed about the development of future training, peer support and knowledge to help you support migrants / refugees in your caregiving work force?

   Yes ….. No …..

PART C - Caregiving at the time of a pandemic, such as Covid-19

Is your organisation resilient enough to effectively care for your workers during a pandemic such as Covid-19? Please explain in 1-2 sentences:

……
……
……...

Has your organisation considered taking the following Covid-19 measures?

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	YES	NO
Workload distribution (rotating shifts)		
Increasing workforce		
team cohesion and engagement		
Provide specific training of workforce about Covid-19		
Provide specific equipment for safety reasons (gloves, masks, etc.)		
Provide clear instructions to employees on how to provide their duties safely		
Provide social support to employees such as help to access hospitals and health, services, financial support, awareness raising, etc.		

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Cuestionario para las partes interesadas que apoyan, capacitan o emplean a migrantes y refugiados

MiCare - Capacitación de migrantes en el cuidado

Un proyecto innovador financiado por Erasmus + para desarrollar capacitación certificada en el cuidado de trabajadores migrantes.

Código de proyecto: 2019-1-UK01-KA204-062046

Protección de Datos

Lea la siguiente declaración sobre sus derechos de protección de datos y sobre cómo protegeremos sus datos en este proyecto:

> Entiendo que mi participación es ABSOLUTAMENTE VOLUNTARIA, y soy libre de no completar el cuestionario. Los datos recopilados serán registrados, procesados, gestionados y archivados en papel y en forma electrónica, automatizados e informatizados para los fines exclusivos relacionados con la investigación, en forma absolutamente anónima.
>
> Los datos recopilados estarán sujetos a procesamiento estadístico y de esta forma, siempre absolutamente anónimos, insertados en publicaciones y / o congresos, conferencias y seminarios científicos. Su identidad no será revelada y sus datos no serán utilizados fuera del propósito del proyecto. Al continuar con el cuestionario, estoy de acuerdo en que he sido informado adecuadamente sobre los propósitos de la investigación y la protección de mis datos.

Cuestionario

Gracias por haber accedido a completar el cuestionario dirigido a los interesados que de apoyo, capacite o emplee migrantes y refugiados que desean trabajar en el sector de los cuidados. El cuestionario nos ayudará a comprender el apoyo que necesitan para desarrollar habilidades y competencias en este campo de empleo. Por favor complete todas las partes de este formulario.

Parte A

Responda la Parte A del cuestionario si su organización capacita, emplea o apoya a migrantes / refugiados .

Parte B

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Responda también la Parte B del cuestionario si su organización está en el sector de atención y emplea a migrantes / refugiados.

Si su organización no se encuentra en el sector de atención, ignore la Parte B y devuelva el cuestionario.

Parte C

Por favor, responda la Parte C del cuestionario con respecto al sector de cuidados durante Covid-19

PARTE A: Organizaciones que capacitan, emplean o apoyan a migrantes / refugiados

1. Naturaleza de su organización.

   Por favor, díganos para qué tipo de organización trabaja y en qué sector trabaja su organización. Por ejemplo, un hospital en el sector público.

   Tipo de organización …….

   Sector……..

2. Si su organización proporciona un servicio que permite a los migrantes / refugiados acceder a formación, empleo o apoyo, por favor indique lo que hace:

   Sindicato
   Cámara de Comercio
   Interlocutor social
   Agencia de empleo / asociación
   Institución de educación / formación
   Empleador
   Otro, especifique ……

3. ¿Cuál de los siguientes servicios proporciona a migrantes / refugiados?

   Observación de profesionales
   Pasantías / formación profesional
   Trabajo voluntario
   Puestos laborales
   Asesoramiento / mentoría
   Redes
   Clases de lenguaje
   Familiarización cultural
   Otro, por favor, especifique ……

4. En su opinión, ¿cuál de las siguientes barreras / desafíos afrontan los migrantes / refugiados en su camino hacia el mercado laboral?

   Legislación

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Estatus legal de migrantes / refugiados
Competencias lingüísticas
Competencias profesionales
Cuestiones de igualdad o discriminación.
Otro, por favor especifique y explique si es útil ……..……
……
……

5. ¿Conoce sus obligaciones con esta categoría de aprendices / trabajadores? Si no es así, ¿hay áreas en las que necesita más información (por ejemplo, legislación, apoyo lingüístico, aspectos interculturales).

   Lagunas en su conocimiento ……
   ……
   ……

   Gracias por completar la Parte A de nuestro cuestionario. Si su organización pertenece al sector sanitario, complete la Parte B. Si no, por favor, devuelva el cuestionario.

PARTE B - Organizaciones y agencias que brindan cuidados

Si su organización se encuentra en el sector sanitario, ayúdenos completando la Parte B

1. Naturaleza de su organización de cuidado:

   Proveedor de atención basado en atención residencial y social ……

   Proveedor de atención que trabaja en los hogares de las personas ……

   Proveedor de cuidados en centros de día ……

   Otros ……

2. ¿Su organización emplea a migrantes / refugiados en una función de cuidado o relacionada?

   Sí ….. No …..
   ¿En qué roles principalmente? ……

3. ¿Conoce las condiciones y problemas sociales y laborales de sus cuidadores migrantes / refugiados?

   Sí ….. No…..

   Necesidades en sus conocimientos…… ..

4. ¿Proporciona orientación a sus empleados, ya sea antes de su llegada, durante su estancia en el país de acogida o después de su integración?

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Sí ….. No…..

¿Por ejemplo?……

5. ¿Proporciona reconocimiento de habilidades y validación de competencias no formales / informales de los cuidadores ?

   Sí….. No…..

   En caso afirmativo, describa la validación de habilidades en su país / región / organización. En caso negativo, ¿conoce el procedimiento para la validación de competencias?

   …… ..

6. Si ha identificado lagunas en su conocimiento y apoyo durante nuestro cuestionario, ¿le interesa que se le mantenga informado sobre el desarrollo de la formación futura, el apoyo de pares y el conocimiento para ayudarlo a apoyar a los migrantes / refugiados en su fuerza laboral de cuidados?

   Sí….. No…..

PARTE C - Cuidado en el momento de una pandemia, como la Covid-19

¿Su organización es lo suficientemente resistente como para cuidar eficazmente a sus trabajadores durante una pandemia como la Covid-19? Por favor explique en 1-2 oraciones:

……
……
……...

¿Su organización ha considerado tomar las siguientes medidas Covid-19?

	SI	NO
Distribución de la carga de trabajo (turnos rotativos)		
Aumento de la fuerza laboral		

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Cohesión y compromiso del equipo		
Proporcionar entrenamiento específico a la fuerza laboral sobre Covid-19		
Proporcionar equipo específico por razones de seguridad (guantes, mascarillas, etc.)		
Proporcionar instrucciones claras a los empleados sobre cómo realizar sus tareas de forma segura.		
Proporcionar apoyo social a los empleados, como ayuda para acceder a hospitales y servicios de salud, servicios, apoyo financiero, sensibilización, etc.		

Estaría interesada/o en participar en un grupo focal: Si….. No…..

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Questionnaire for migrants and refugees

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>
> The data collected, will be subject to statistical processing and in this form, always absolutely anonymous, inserted in publications and/or congresses, conferences and scientific seminars. Your identity will not be disclosed and your data will not be used outside of the project purpose. By continuing with the questionnaire I agree that I have been adequately informed about the purposes of the research and protection of my data.

Questionnaire

Thank you for agreeing to complete our questionnaire aimed at migrants and refugees who wish to train and work in the caregiving sector. The questionnaire will help us to understand your skills and competences in this field of employment. Please fill in all the parts of this form.

Preliminary questions:

1. What is your age group?

   18-25 years old
   26-35 years old
   36-50 years old
   Above 50 years old

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2. Gender: ……..

3. What is your educational background? …….

……

4. Nationality ……..

PART A: Language and workplace culture

1. How would you rate your level in understanding and conversing in the language of your welcoming country (from 1 to 5)?

   Level 1 – Elementary

   Level 2 – Intermediary

   Level 3 – Upper intermediary

   Level 4 – Advanced

   Level 5 – Very advanced

	Level 1	Level 2	Level 3	Level 4	Level 5
Oral comprehension					
Reading comprehension					
Oral expression					
Written expression					

2. Do you feel settled in your hosting community?

   Yes ..... No ….. Prefer not to say …..

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Other comments……..

……

3. Have you experienced prejudice in your new community?

   Yes ..... No ….. Prefer not to say …..

   Other comments……..

   ……

4. Have you experienced discrimination at the workplace?

   Yes ..... No ….. Prefer not to say …..

   Other comments……..

   ……

5. Have you experienced intercultural challenges at the workplace?

   Yes ..... No ….. Prefer not to say …..

   Other comments……..
   ……

PART B: Caregiving

1. How much experience do you have in this field?

   0-6 months ….. 6 months-1 year ….. 1 year- 3 years …..

   more than 3 years ….. other …..

2. What skills from 1 to 5 have you developed so far in the field of caregiving?

	1 Poor or no skills	2 Some skills	3 Good skills	4 Very Good skills	5 Excellent skills
First aid					

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Hygiene					
Skin care					
Mobility					
Medication					
Blood pressure control					
Temperature control					
Rehabilitation & support towards independence					
Supporting medical team					
Diet & food (meal preparation)					
Mental health support					
Brain injury, stroke and dementia					
Physical exercise					
Stress management					
Domestic care (cleaning /washing					

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dishes /ironing)					
Planning a budget					

3. Do you experience any of these problems in the role of caregiving to your clients and/or relatives?

   Difficulty with communication ……...

   Feeling emotional pressure or stress ……...

   Difficulty in performing caregiving activities ……

   Managing difficult relationships in caregiving ……

   Other: ……

   ……

PART C: Enhancement of other skills

1.What other support would you need for a role as a caregiver? I would like to know more about:

Stress management: handling responsibilities …….

Organizational skills: care planning …….

Personal/interpersonal skills …….

My rights as employee (leave, wage, harassment/discrimination policies, working hours, etc.) …….

National health care system …….

Activities to prevent isolation issues …….

Maintain a daily nutrition and exercise program …….

Assistance for skills validation …….

Language skills …….

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PART D: - Caregiving at the time of a pandemic, such as Covid-19

Do you feel able to protect yourself and the people you care for during a pandemic situation, such as Covid-19?

1. Do you know how to protect yourself during a pandemic such as COVID-19?

   Yes / No …….

2. Do you know how to protect older people during a pandemic such as COVID-19?

   Yes / No …….

3. How has the COVID-19 pandemic affected your caregiving work in 2020?

   ……

4. I want more information about:

   Social support for older people through the pandemic …….

   How to inform people without panicking them …….

5. Assess your level of self-stress management in a scale from 1 to 5 …….
6. Do you know the signs of burnout? Yes/no …….

7. Assess your level of resilience during COVID-19 in a scale from 1 to 5: ……

8. In this table, assess your coping skills on a scale from 1 to 5:

	1 Poor skills	2 Some skills	3 Good skills	4 Very good skills	5 Excellent skills
Reduce tension					
Maintaining relationships					

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Preserving a routine and maintaining schedules					
Keep yourself active/healthy					
Coping with your own feelings					
Knowledge and application of hygiene and PPE					

9. Assess from 1 to 5 your **digital skills** in using devices for communication / telemedicine which enables doctors and patients to communicate

   ……

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Cuestionario para migrantes y refugiados.

MiCare - Capacitación de migrantes en el cuidado

Un proyecto innovador financiado por Erasmus + para desarrollar capacitación certificada en el cuidado de trabajadores migrantes.

Código de proyecto: 2019-1-UK01-KA204-062046

Protección de Datos

Por favor, lea la siguiente declaración sobre sus derechos de protección de datos y sobre cómo protegeremos sus datos en este proyecto:

> Entiendo que mi participación es ABSOLUTAMENTE VOLUNTARIA, y soy libre de no completar el cuestionario. Los datos recopilados serán registrados, procesados, gestionados y archivados de forma electrónica y en papel, automatizados e informatizados con fines exclusivamente relacionados con la investigación, de forma absolutamente anónima.
>
> Los datos recopilados estarán sujetos a procesamiento estadístico y de esta forma, siempre absolutamente anónimos, insertados en publicaciones y / o congresos, conferencias y seminarios científicos. Su identidad no será revelada y sus datos no serán utilizados fuera del propósito del proyecto. Al continuar con el cuestionario, estoy de acuerdo en que he sido informado adecuadamente sobre los propósitos de la investigación y la protección de mis datos.

Cuestionario

Gracias por haber accedido a completar el cuestionario dirigido a migrantes y refugiados que deseen formarse y trabajar en el sector de los cuidados. El cuestionario nos ayudará a comprender sus habilidades y competencias en este campo de empleo. Por favor complete todas las partes de este formulario.

Preguntas preliminares

1. ¿Cuál es tu grupo de edad?

   18-25 años
   26-35 años
   36-50 años
   Más de 50 años

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2. Género: ……..

3. ¿Cual es su formación académica? ……..

……

4. Nacionalidad: ……

PARTE A: Lengua y cultura laboral

1. ¿Cómo calificaría su nivel de comprensión y conversación en el idioma de su país de acogida (de 1 a 5)?

   Nivel 1 - Elemental

   Nivel 2 - Intermediario

   Nivel 3 - Intermediario superior

   Nivel 4 - Avanzado

   Nivel 5 - Muy avanzado

	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Nivel 5
Comprensión oral					
Comprensión lectora					
Expresión oral					
Expresión escrita					

2. ¿Te sientes asentado en tu comunidad de acogida?

   Sí ….. No ….. Prefiero no decirlo …..

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Otros comentarios……..

……..…

3. ¿Has experimentado prejuicios en tu nueva comunidad?

   Sí ..... No ..... Prefiero no decirlo .....

   Otros comentarios……..

   ……

4. ¿Has experimentado discriminación en el lugar de trabajo?

   Sí ..... No ..... Prefiero no decirlo .....

   Otros comentarios……..

   ……..……

5. ¿Has experimentado desafíos interculturales en el lugar de trabajo?

   Sí ..... No ..... Prefiero no decirlo .....

   Otros comentarios……..
   ……

PARTE B: Cuidado

1. ¿Cuánta experiencia tienes en este campo?
   0-6 meses ..... 6 meses-1 año ..... 1 año- 3 años .....

   Más de 3 años ..... Otra .....

2. ¿Qué habilidades del 1 al 5 has desarrollado hasta ahora en el campo del cuidado?

	1 Pobre o sin habilidades	2 Algunas habilidades	3 Buenas habilidades	4 Muy buenas habilidades	5 Excelentes habilidades
Primeros auxilios					
Higiene					
Cuidado de la piel					

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Movilidad					
Medicación					
Control de la Tensión Arterial					
Control de la temperatura					
Rehabilitación y apoyo a la independencia.					
Apoyo al equipo médico					
Dieta y comida (preparación de comidas)					
Apoyo a la salud mental apoyo					
Lesiones cerebrales, ictus y demencia					
Ejercicio físico					
Manejo del estrés					
Cuidado doméstico (limpieza / lavado de platos / planchado)					
Planificar un presupuesto					

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3. ¿Experimenta alguno de estos problemas en el papel de cuidar a sus clientes y / o familiares?

   Dificultad con la comunicación ……...

   Sentir presión emocional o estrés ……...

   Dificultad en la realización actividades de cuidado ……...

   Gestionar relaciones difíciles en el cuidado ……...

   Otros: ……

   ……

PARTE C: Mejora de otras habilidades

1. Qué apoyo adicional necesitaría para su rol como cuidador? Me gustaría saber más sobre:

   Manejo del estrés: manejo de responsabilidades …….

   Habilidades organizativas: planificación de los cuidados …….

   Habilidades personales / interpersonales …….

   Mis derechos como empleado (permisos, salario, acoso / políticas de discriminación, horas de trabajo, etc.) …….

   Sistema nacional de salud …….

   Actividades para prevenir problemas de aislamiento …….

   Mantener un programa diario de nutrición y ejercicio …….

   Asistencia para la validación de habilidades …….

   Habilidades lingüísticas …….

PARTE D: - Cuidados en el momento de una pandemia, como Covid-19

¿Te sientes capaz de protegerte a ti mismo y a las personas que cuidas durante una situación de pandemia, como Covid-19?

1. ¿Sabes cómo protegerte durante una pandemia como COVID-19?

   Sí / No …….

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2. ¿Sabes cómo proteger a las personas mayores durante una pandemia como COVID-19?

   Sí / No …….

3. ¿Cómo ha afectado la pandemia de COVID-19 a tu trabajo de cuidados en 2020?

   ……

4. Me gustaría tener más información sobre:

   Apoyo social para personas mayores a durante la pandemia …….

   Cómo informar a las personas sin alarmarlas …….

5. Valora tu nivel de auto-manejo del estrés en una escala de 1 a 5 .....
6. ¿Conoces los signos de estar quemada/o? Sí / no .....

7. Evalúa tu nivel de resiliencia durante COVID-19 en una escala del 1 al 5: ……

8. En esta tabla, evalúa tus habilidades de afrontamiento en una escala del 1 al 5:

	1 Pobres habilidades	2 Algunas habilidades	3 Buenas habilidades	4 Muy buenas habilidades	5 Excelentes habilidades
Reducir la tensión					
Mantener relaciones					
Mantener una rutina y los horarios					
Mantente activa / saludable					
Afrontar tus sentimientos					
Conocimiento y aplicación de higiene y equipo de protección individual (EPI)					

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9. Evalúa de 1 a 5 tus **habilidades digitales** en el uso de dispositivos de comunicación / telemedicina que permiten a los médicos y pacientes comunicarse

   ……

Estaría interesada/o en participar en un grupo focal: Si….. No…..

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