



# MIGRANTS *take Care*



*Enhancing the Employability Skills of  
Migrant Care Workers*

## ECVET

## Qualification Description

2018-1-ES01-KA204-050413



## ECVET Qualification Description for MIGRANT CARE WORKERS

***Migrants take Care - Enhancing the employability Skills of Migrant Care Workers  
(2018 – 2020)***

The project aims to enhance the employment conditions for Migrant Care Workers in the Care Sector.

*Migrants take Care* succeeds that by creating education and training materials tailored to the needs of low skilled or low qualified migrants.

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## Introduction



There is a growing shortage of employees in the care service sector in Europe. Therefore, hiring migrants for domestic work has significantly increased in many European countries, especially in Greece, Italy, Spain and France<sup>1</sup>. However, migrants are often employed on a semi-legal or even illegal condition, partially because they are missing a formally recognized certificate in the host country or partially because they have never been formally trained for care work. Indeed, many of the migrant care workers have gained practical experience in caring for elderly individuals over the years, but their non-formally acquired competences are not formally recognized in the host country.

Due to existing structural barriers in the European countries and discriminatory practice of societies, many migrants neither have access to legal employment nor to formally recognized trainings.

Therefore, *Migrants take Care* aims to enhance the social inclusion of migrants from a particularly disadvantaged background into employment within the care service sector. The project does this in the first place by creating education and training materials which are tailored to the needs of low skilled or low qualified migrants who wish to work legally in the home/residential care service sector.

In order to design training material, the project team had to overcome two main challenges:

1. There is no existing formally recognized training qualification on a very low training level (EQF Level 1) for the care sector in the partner countries, which means that the project team couldn't find any training qualification on low training level that would fit the training needs of migrants with no formally recognized qualification.

The entrance level for care trainings in EU is EQF Level 2 or higher, but many migrants can't access this level due to the lack of an adequate certification allowing them to study Level 2.

2. The regulations of the care sector are very different when comparing the Northern and the Southern European countries. Thus, the qualification requirements are different and the areas, where migrant care workers are mostly employed (formally or informally), are different. Some relevant aspects for this project are:

In the UK/Northern Ireland and Germany, it is more common to have residential care centres, which are highly regulated. In general the migrant care workers are working legally in the residential sector. In the Southern European countries, represented in this project through Greece, Italy and Spain, it is more common for the migrant care workers to work in domestic care, where there are often less strict regulations and less (governmental) oversight on whether the rules are followed in the workplace. They are quite often directly employed by the families under legal or illegal conditions.

This is why the project team decided that before designing training material, project participants need to take a step backwards: The team needs to define a care qualification on a very low level that would fit to EQF Level 1 and would fit different regulations and care competence areas in which migrants may

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<sup>1</sup> Robert Schuman Centre for Advanced Studies Global Governance Programme: Europe 2020: Addressing Low Skill Labour Migration at times of Fragile Recovery, 2015, p. 10  
[https://cadmus.eui.eu/bitstream/handle/1814/31222/RSCAS\\_PP\\_2014\\_05.pdf?sequence=1](https://cadmus.eui.eu/bitstream/handle/1814/31222/RSCAS_PP_2014_05.pdf?sequence=1)

be employed in each country. Based on this common definition of a “low qualified care worker” the project team proceeded to design training material.

Another objective of this qualification description is to be in line with the Europe 2020 strategy that aims making lifelong learning and mobility a reality<sup>2</sup>. Because migrants are probably one of the biggest target groups in the EU that fits to this strategy as they are mobile all of their lives: many migrant care workers will not only immigrate once in their life, but will move to different countries or back and forward during their migration trajectory. This makes a continuously learning process necessary in order to adapt to the new learning requirements in each host country.

Both concepts, Lifelong learning and Mobility, need especially two aspects for being successful: transparency and comparability in qualification descriptions. In the vocational training sector, this should be achieved by using the principles of the European Credit System for Vocational Education and Training (ECVET).

This is why the project team designed the *Migrants take Care* (MTC) qualification description of a “low qualified Migrant Care Worker” in accordance to the requirement of an ECVET qualification description.

## 1. ECVET Qualification Matrix

### 1.1 What is ECVET?

The European Credit System for Vocational Education<sup>3</sup> and Training is a technical framework for the transfer, recognition and accumulation of an individual’s learning outcomes with a view of achieving a qualification. ECVET relies on the description of qualifications in units of learning outcomes, on transfer, recognition and accumulation processes and on a series of complementary documents. ECVET supports the recognition of learning in one context, so that it counts towards a qualification in another.

The principles of ECVET can be applied flexibly in different countries and in different educational contexts. Some countries have decided only to use ECVET in connection with transnational learning mobility, whereas other countries also use it nationally in connection with lifelong learning strategies.

ECVET relies on a series of common goals, principles and technical components that centre on the recognition of learning outcomes and achievements for European citizens undertaking vocational education and training. This recognition should not be dependent on a specific learning context, location or delivery method, but be based on what the citizen knows and learns. Thus, learning can also take place through informal learning as a result of daily activities relating to work, family life or leisure, or can take place in a non-formal learning setting, for instance work-based learning could be non-formal, if it happens as a part of a job or internship.

In the context of lifelong learning, the focus on flexibility of workers to move between different jobs, companies, employers or sectors and the transition from unemployment or inactivity into employment is highly important in order to assure the matching between the needs of the labour market and the

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<sup>2</sup> Communication from the Commission: MAKING A EUROPEAN AREA OF LIFELONG LEARNING A REALITY, 2001.  
[http://viaa.gov.lv/files/free/48/748/pol\\_10\\_com\\_en.pdf](http://viaa.gov.lv/files/free/48/748/pol_10_com_en.pdf)

<sup>3</sup> <http://www.ecvet-toolkit.eu/introduction/what-ecvet>

supply. Thus, the concept of ECVET, which is based on the recognition and validation of knowledge, skills and competence, is a very useful and beneficial tool for lifelong learning<sup>4</sup>.

ECVET goes in line with the already set and implemented European Qualification Framework (EQF). The purpose of this reference framework is to make qualifications more readable and understandable across different countries and systems. EQF provides a comprehensive overview over qualifications in the 39 European countries currently involved in its implementation.

The idea behind credit systems is that once people have achieved specific learning outcomes, these remain relevant over a certain period of time. Asking people to undertake learning, leading to the same outcomes would be a waste of time and resources. This is why credit can be transferred and accumulated to achieve a qualification. Furthermore, ECVET enables learners to achieve qualifications partly by having non-formal and informal learning validated and recognised and by achieving the remaining units through formal learning.

When looking on the *MTC* project target group, this aspect is especially relevant for the achievement of a qualification by migrant care workers. As explained in the introduction, many migrant care workers have gained considerable knowledge in taking care of (elderly) people over the years, or because they have already been trained for the care work in their home countries ( which is not formally recognized in the host country) or because they have been working informally as care workers several years already. Through a credit system, they can validate their learning achievements and transfer and accumulate them to achieve a care qualification.

The *MTC* qualification description is designed as a care qualification on EQF Level 1. Many migrants of the target group will be able to validate several knowledge, skills and competences described under this qualification which enables them to achieve a certificate for Care on EQF 1 and access that way to the higher EQF level 2, which exists in most EU countries as the lowest qualification level in care of (elderly) people.

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<sup>4</sup> Note prepared by the ECVET Users' Group : Using ECVET to Support Lifelong Learning, 2012, p. 9; [http://www.ecvet-projects.eu/Documents/ECVET\\_Lifelong\\_Learning\\_LLL\\_Final\\_Web\\_ISBN.pdf](http://www.ecvet-projects.eu/Documents/ECVET_Lifelong_Learning_LLL_Final_Web_ISBN.pdf)

	Knowledge	Skills	Responsibility and autonomy
	In the context of EQF, knowledge is described as theoretical and/or factual.	In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments).	In the context of the EQF responsibility and autonomy is described as the ability of the learner to apply knowledge and skills autonomously and with responsibility
Level 1 The learning outcomes relevant to Level 1 are	Basic general knowledge	Basic skills required to carry out simple tasks	Work or study under direct supervision in a structured context
Level 2 The learning outcomes relevant to Level 2 are	Basic factual knowledge of a field of work or study	Basic cognitive and practical skills required to use relevant information in order to carry out tasks and to solve routine problems using simple rules and tools	Work or study under supervision with some autonomy
Level 3 The learning outcomes relevant to Level 3 are	Knowledge of facts, principles, processes and general concepts, in a field of work or study	A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information	Take responsibility for completion of tasks in work or study; adapt own behaviour to circumstances in solving problems
Level 4 The learning outcomes relevant to Level 4 are	Factual and theoretical knowledge in broad contexts within a field of work or study	A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study	Exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities

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## 1.2 Defining Learning Outcomes

The core element of the ECVET Description is to define Learning Outcomes. A Learning Outcome is based on a set of knowledge, skills and competences.



What is understood by knowledge, skills and competences has been defined already through the EQF:

**Knowledge:** Theoretical and/or factual

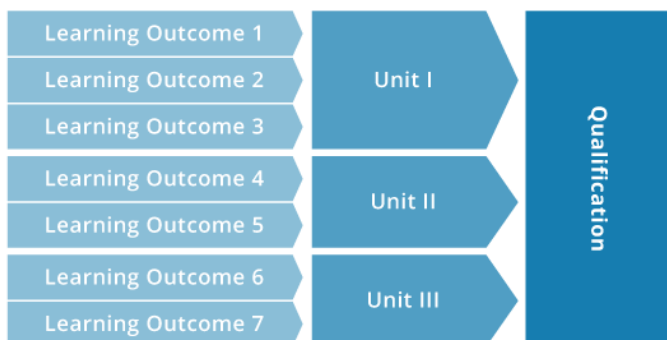
<sup>5</sup> <https://ec.europa.eu/ploteus/en/content/descriptors-page>



**Skills:** Cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments)

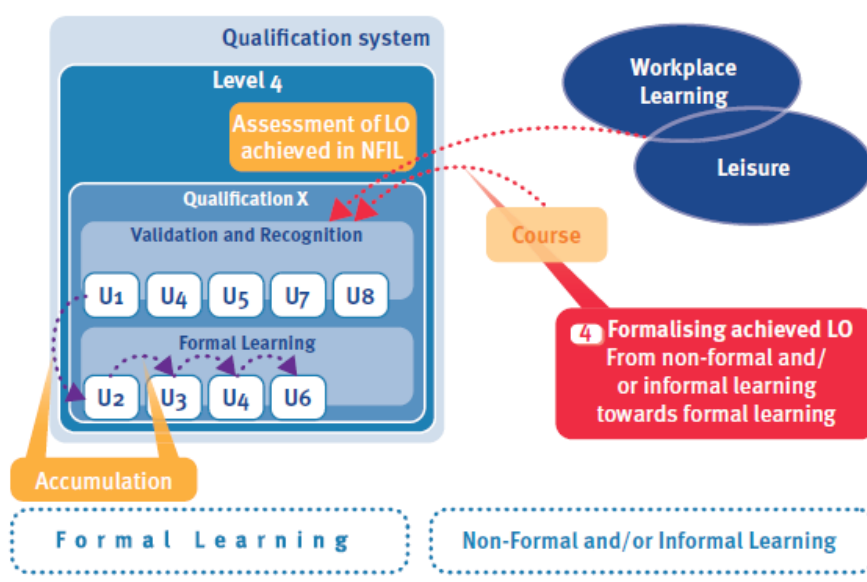
**Competence:** the ability of the learner to apply knowledge and skills autonomously and with responsibility.

Several Learning Outcomes than are grouped together in Units of Competences (UC). A UC is a coherent combination of learning outcomes, subject to evaluation and autonomous validation. A UC should be legible and understandable. UCs can be grouped together to form a qualification that can be assessed, validated and certified.



The Learning Outcomes refer to what the learners know, able to do and capable of doing autonomously. The Learning Outcomes describe the actual state of knowledge, skills and competences of an individual and not the learning objective of a training.

As explained previously, learning outcomes can also be achieved through validating non-formal and informal learning. In the context of ECVET, this means that the expected knowledge, skills and competences of a person, required in the context of a specific qualification, has to be validated:



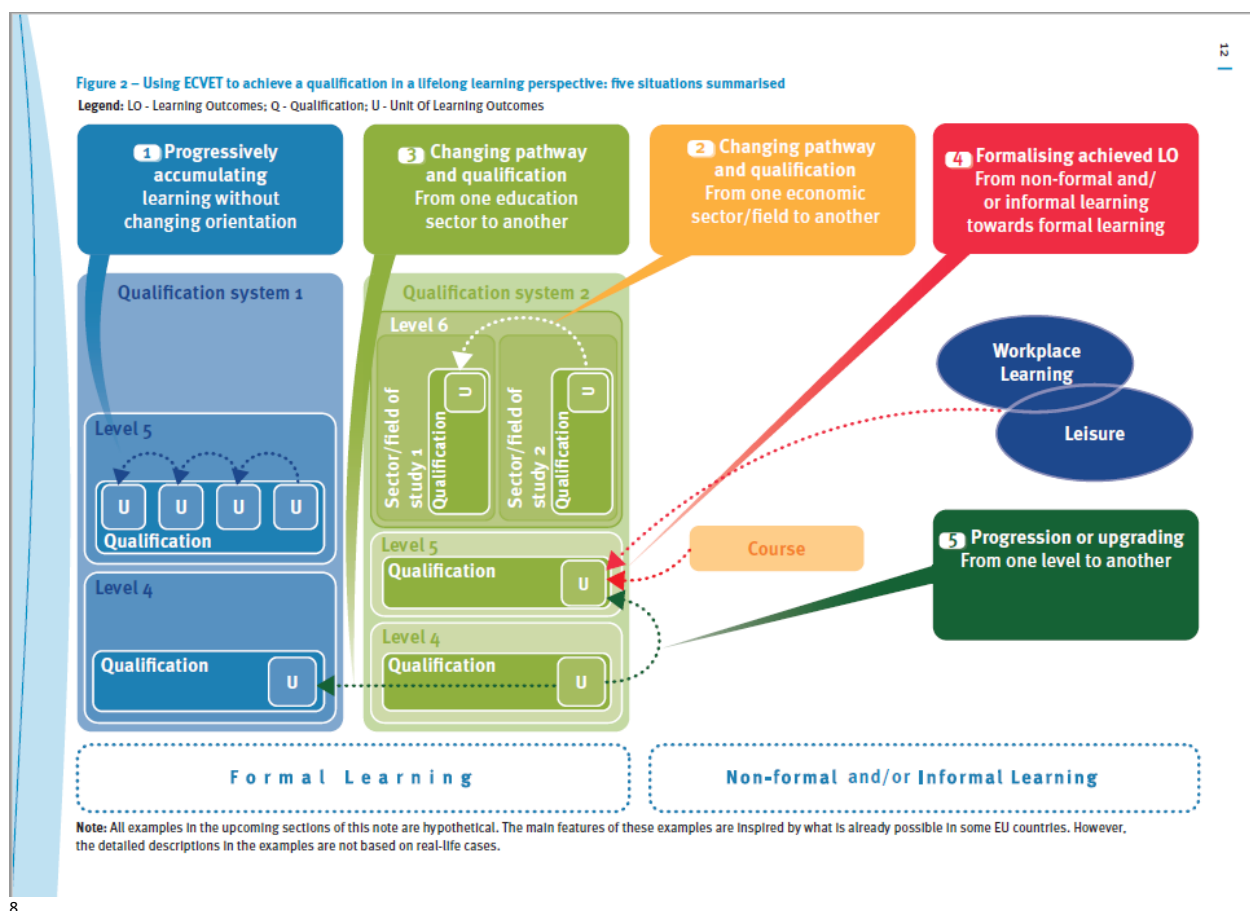
Validation and recognition of non-formal and informal learning can take many forms, from acknowledgement of one's competences by an employer (appraisal or job offer), through guaranteeing

<sup>6</sup> Note prepared by the ECVET Users' Group : Using ECVET to Support Lifelong Learning, 2012, p.20

access to a training programme or an exemption from part of the programme to the award of a (full or partial) qualification<sup>7</sup>.

Five aspects can be distinguished in how ECVET can be used in a lifelong learning perspective:

1. Progressively accumulating learning
2. Changing the pathway and qualification within the same qualification system
3. Changing the pathway and qualification from one system to another.
4. Formalizing achieved learning outcomes
5. Progressing or upgrading a qualification



In fact, the first learning perspective “Progressively accumulating learning” is a very important objective for the projects’ target group. Many migrant care workers are working as home carers and have very little free time in the mornings or afternoons, when trainings courses usually take place. Furthermore, many migrants have family commitments which make it difficult for the learners to participate in a full-time learning programme. Thus, the concept of units is extremely useful, since the units are grouped into learning outcomes which are smaller than a full qualification and therefore facilitate the accumulation of learning over a longer period of time. Once all units have been achieved, the award of the qualification may follow automatically. Or a certifying authority might wish to condition the award of the qualification with a requirement that learners must successfully complete through a final assessment. This assessment would indicate that they are capable of combining the

<sup>7</sup> Cedefop (2009): European Guidelines for validating non-formal and informal learning

<sup>8</sup> Note prepared by the ECVET Users’ Group : Using ECVET to Support Lifelong Learning, 2012, p. 12

knowledge, skills and competences from all units in view of a more complex product or project, as for instance in a workplace internship.

## 2. Methodology

The *MTC* qualification matrix is embedded in the health and social care sector and displays the competence areas of a care worker caring for elderly people persons in residential care settings but moreover in home care settings. The *MTC* matrix especially addresses the needs of migrants by including the perspective on intercultural bias, employment rights, skills assessment tools and the aspiration of migrants to progress towards higher qualifications. However, given the fact that in many EU countries the first generation of migrants are now becoming older and are users of care services, learning achievements linked to intercultural bias may also be relevant for national care workers.

### 2.1 The process of developing the *MTC* qualification matrix

The project team followed different steps during the process of defining the *MTC* qualification matrix:

1. In the initial stage each partner began by screening the different care qualifications that exist in their region or country:

- **Basque Country/Spain:** *Atención socio-sanitario a personas en domicilio (SSCS0108)*<sup>9</sup>, EQF Level 2
- **Northern Ireland:** *Diploma in Health and Social Care (Adults) for Wales and Northern Ireland*<sup>10</sup>. EQF Level 2
- **Greece:** The Greek partners consulted various formal and informal training which exists in Greece on a lower level, because the official trainings for care workers start from EQF Level 3. Care qualifications consulted:
  - *Helping Hands Organization Live-in Care Training for Greek citizens who wish to work in UK*<sup>11</sup>
  - *Greek Care Homes Association (PEMFI)*<sup>12</sup>
  - Certification provided by National Center for the Certification of Lifelong Learning Structures (EKEPIS)<sup>13</sup>
  - Nursing Assistance
  - Educational program for Volunteers of the Municipality of Chania<sup>14</sup>

<sup>9</sup> Total duration of 600 hours: [https://apps.lanbide.euskadi.net/descargas/egailancas/certificados/catalogo/SSCS0108\\_FIC.pdf](https://apps.lanbide.euskadi.net/descargas/egailancas/certificados/catalogo/SSCS0108_FIC.pdf)

<sup>10</sup> Minimum Guided Learning Hours (GLH) are 319: [https://www.skillsfirst.co.uk/downloads/managed/2930/HSCD2W\\_Level\\_2\\_Diploma\\_in\\_Health%20\\_Social\\_Care\\_\(Adults\)\\_for\\_Wales\\_and\\_Northern\\_Ireland\\_\(QCF\)\\_v3\\_010713.pdf](https://www.skillsfirst.co.uk/downloads/managed/2930/HSCD2W_Level_2_Diploma_in_Health%20_Social_Care_(Adults)_for_Wales_and_Northern_Ireland_(QCF)_v3_010713.pdf)

<sup>11</sup> <https://www.helpinghandshomecare.co.uk/jobs/carer-training-process/training-live-in-carers/>

<sup>12</sup> PEMFI is the Hellenic union representing all legal care homes in Greece, founded in 1974 has not yet implemented a system of regular quality evaluation and monitoring, which would help to promote good practice training of informal carers

<sup>13</sup> Home care profession although accredited by the new accreditation service of Greece, EKEPIS remains a specialty someone can acquire through nonformal vocational training

<sup>14</sup> Department of Social Policy and protection of people with disabilities and equality of the Municipality of Chania offers trainings that enables volunteers to work in Open elderly protection centers

- **Italy:** *Qualifica Professionale di O.S.S. come da accordo Stato Regioni del 22/01/2001*, EQF Level 3<sup>15</sup>
- **Germany:** *AltenpflegerIn: Elderly Care Assistant*<sup>16</sup>, EQF Level 2

2. In parallel the project team checked different publications in relation to European Care Frameworks<sup>17</sup> and Qualification comparisons of other European projects<sup>18</sup>.

3. On the basis of this research, project participants developed the qualification description: first by defining different competence areas, secondly by defining and agreeing the Learning Outcomes (LO) related to each competence area, which would fit to a migrant care worker on EQF Level 1. Afterwards the project team agreed for each Learning Outcome on the related description of knowledge, skills and competences.

At this stage, the project team realized that reorganization of the competence areas was needed due to the way each partner described and understood the knowledge, skills and competences of each LO. This was mostly due to the fact that the competence areas of a migrant care worker are slightly different when comparing a home care worker setting, where the care worker is directly employed by a family member to a care worker who works in a residential setting as assistant. After reshaping the competence areas, project members agreed on the LOs and the related descriptions and defined Learning Units. The project team agreed on a number of mandatory units and each country edited some optional units in order to better fit to the national requirements and migrant care worker's working context. However, optional units were later included into the qualification description with the objective that the outcome of the project should be one single version of the MTC qualification matrix, fitting to all partner countries. When each partner country will implement the training, this could be reduced to less units or LOs.

4. As a next step, the project team had to adjust the descriptions of knowledge, skills and competences to the ECVET requirements, while reducing and condensing each description line. At this step, partners included the LOs concerning "cultural bias" for each training unit, reflecting the potential needs of migrants in understanding and acting adequately to the national context and/or the specific background of the elderly person.

<sup>15</sup> The qualification of OSS is obtained at the end of a training course which lasts a total of 1000 hours, between theory and internship, organized differently depending on the entity that manages the course.  
<https://www.operatoresociosanitario.net/oss/chi-e-l-oss>

<sup>16</sup> Fulltime training: 1-2 or part time training of 2-3 years: "Altenpflegehelfer/in":  
Alhttps://berufenet.arbeitsagentur.de/berufenet/faces/index;BERUFENETJSESSIONID=3jSDatnU0ztj6hyX8sOIMGtf3bURlMvfcib1t8jgAKtcx3n5Xd11719283107?path=null/kurzbeschreibung&dkz=9063

<sup>17</sup> One of the most interesting publications we have found:

Project NOMOBA: Compete Mat ix "Elderly Care": Grant agreement number: LLP-LDV-TOI-11-AT-0011

<sup>18</sup> Two of the most relevant publications we have found:

Project ECETIS: "European Qualifications Framework. Medical and Paramedical professions. Country comparative", an EU founded Project that compared different Health Care professions in Europe: [https://forotf.com/wp-content/uploads/2018/04/4\\_European\\_Qualifications\\_Framework-Medical\\_and\\_Paramedical\\_professions.pdf](https://forotf.com/wp-content/uploads/2018/04/4_European_Qualifications_Framework-Medical_and_Paramedical_professions.pdf)

Beobachtungsstelle für gesellschaftliche Entwicklungen in Europa: „(Alten)Pflegeausbildungen in Europa.

Ein Vergleich von Pflegeausbildungen und der Arbeit in der Altenpflege in ausgewählten Ländern der EU", 2014

By including “cultural bias” LOs for each unit, the project team wanted to make sure that these personal and intercultural competences are understood as a cross-sectional and interdisciplinary competence, integrated in the context-related description of each competence area, and not to be described as distinct competence areas.

5. This MTC qualification version was shared with internal professionals and external experts. Project members gathered feedback and adjusted the matrix again.

The objective of gathering feedback was also to make sure that the described competence level fits to a very basic EQF Level 1. Indeed, the project team wants to avoid, that the required care needs of elderly persons are underestimated and that a care worker trained at EQF Level 1 cannot be requested to perform care tasks which require advanced competences, e.g. taking care of an elderly person who is partly immobile cannot be required for Level 1.

### 3. Use of *MTC* qualification matrix

The *MTC* qualification matrix is the common base for the project partners to design the *Migrants take Care Toolkit*. This toolkit includes training activities for each unit, which can be implemented in formal and non-formal training settings and adapted to the specific training needs of each migrant target group and the context in each partner country. The partnership estimated for each Unit a min. number of learning hours which need to be adjusted to the specific learning group and the number Los that will be studied in each Unit.



The toolkit can be used by health care training providers and by organizations for coaching migrants. It is expected that this training will enhance the quality of care provision.

The MTC training should include an official practical workplace training that should take place in a dual approach, where the migrant care worker will apply the competences achieved under the supervision of a professional. However, internship arrangements and workplace trainings are very differently organized and administrated in the partner countries and across the EU. Especially when the migrant care worker is still in the procedure of claiming for residency and/or work permit, in most countries it is very difficult to undertake a workplace training. This is why the partnership agreed just on a view, most important competences descriptions for this learning unit.

The partnership tried to define the different dual workplace arrangements in each partner country, but due to the Covid-19-crisis, care providers were not available or willing to cooperate in this task.

The *MTC* qualification matrix shall also be used by training providers and employers in order to validate previous learning achievements of migrant care workers and thereby define a training program that fits the specific training gaps of an individual. By providing the qualification description in ECVET format, the use of MTC matrix ensures standardisation of training, transparency and comparability.

Finally, each partner will undertake the necessary steps to present the qualification description at the respective accreditation body in order to receive official accreditation in the near future.

 <div>Co-funded by the Erasmus+ Programme of the European Union</div>	<b>Migrants take Care</b>					
<b>Entrance Qualification for Migrant Care Workers EQF Level:</b>	1					
<b>ECVET Points:</b>	(if applicable)					
<b>ECTS Credits:</b>	(if applicable)					
<b>EQF (NQF) Level</b>	ES	UK	DE	IT	GR	
	1	1	1	1	1	
<b>Aggregated Units of Learning Outcomes</b>	<b>Migrants take Care – U1</b>		The National Care System and the Role of the Care Worker			
	<b>Migrants take Care – U2</b>		Principles of Personal and Professional Development in Care			
	<b>Migrants take Care – U3</b>		Principles of Communication in Adult Care Settings			
	<b>Migrants take Care – U4</b>		The Care Value base for Health and Social Care			
	<b>Migrants take Care – U5</b>		Awareness of Health and Safety in Health and Social Care			
	<b>Migrants take Care – U6</b>		Principles of Safeguarding in Health and Social Care			

	<b>Migrants take Care – U7</b>	Body Systems and Common Conditions with Aging
	<b>Migrants take Care – U8</b>	Principles of Daily Care Activities in Adult Care
	<b>Migrants take Care – U9</b>	Applying for Jobs and Interviews
	<b>Migrants take Care –U10</b>	Employment Rights and Responsibilities
	<b>Migrants take Care – U11</b>	Practical workplace training
<b>Cross-sectional Learning Outcomes</b>	<p>To acquire the learning outcomes properly the following transversal competences are essential:</p> <p>The person...</p> <ul style="list-style-type: none"> <li>- is able to work in a team</li> <li>- shows respect for diversity and tolerance</li> <li>- is able to communicate in the national language</li> <li>- is able to read and write simple sentences in the national language</li> <li>- shows motivation and self-discipline</li> <li>- is able to use a computer and has very basic ICT knowledge in office</li> </ul>	<p><b>Disclaimer</b></p> <p>The European Commission supports the production of this publication and does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.</p>

Learning Outcomes			
Migrants take Care – U1 The National Care System and the Role of the Care Worker	Learn-ing hours	Competence	
	6	Knowledge	Skills
1.1 Structure of the national care system and key services related to adult care		is able to claim for a specific care service needed in a specific circumstance	
		is able to understand in general the national care system, specifically with perspective of elderly care	is able to identify a range of key services within the national care system related to adult care
1.2 Key roles and career pathways in adult care settings		is able to reflect the own role and the challenges in care settings	
		is able to describe key roles and career pathways in adult care settings	is able to identify key roles and career pathways in adult care settings
1.3 Professional working relationships in adult care settings		is able to assume the responsibility of the agreed ways of working	
		is able to work in partnerships	
		is able to agree with the employer the ways of working	
		is able to describe different working relationships in elderly care settings	is able to explain how a working relationship is different from a personal relationship
		is able to describe the importance of working in ways that are agreed with the employer	is able to provide examples why it is important to adhere to the agreed scope of the job role



			is able to explain why it is important to work in partnership with others
			is able to provide examples why it is important to adhere to the agreed scope of the job role
			is able to integrate into the work in partnership with others
			is able to identify ways of working that can help improve partnership working
1.4 Cultural bias in working relationships in adult care settings		is able to find the appropriate level of distance and speed in working relationships	
		is able to act accordingly to the parameters of a professional relationship in the host country	
		knows the suitable norms for communication and behaviour in working relationships in the company and in adult care settings	can communicate via written and oral communication
			plans his/her work according to a schedule and complies with norms of punctuality
<b>Migrants take Care – U2</b> <b>Principles of Personal and Professional Development in Care</b>	<b>Learn-ing hours</b>	<b>Competence</b>	
	6	<b>Knowledge</b>	<b>Skills</b>
2.1 Good practice in adult care roles		demonstrates responsibility of appropriate personal attitudes and beliefs in the workplace	
		demonstrates responsibility to ensure that that her/his personal attitudes or beliefs do not obstruct the quality of work	

		is able to describe what is required for good practice in adult care roles	is able to identify behaviours which don't support good practice
		is able to describe learning activities that develop knowledge, skills and understanding	
2.2 Personal development plan		is able to recognize her/his own training needs for assuring good practice in adult care job roles	
		is able to conduct her/his 'personal development plan' and takes responsibility for continuous professional development for a care worker	
		is able to describe the circumstances, sources and persons that helps her/him to improve the quality of caregiving	is able to motivate her/him-self for training
2.3 Intercultural view on good practice in adult care roles		is able to include own/cultural experiences regarding care work in the good practice and adds value	
		reflect and question stereotypes concerning culture, role of men and women, age etc.	
		knows about the cultural specifications and expectations towards the care work	is able to adapt his/her role according to the expectations of the client
<b>Migrants take Care – U3</b> <b>Principles of Communication in Adult Care Settings</b>	<b>Learn-ing hours</b>	<b>Competence</b>	
	10	<b>Knowledge</b>	<b>Skills</b>
3.1 Communication in adult care settings		assumes responsibility of communication with the care user to be understood	
		uses clear communication to ensure the care user has a clear understanding	

		is able to explain why communication is important in adult care settings	is able to identify different reasons why people communicate
		is able to describe ways how to meet the communication and language needs, wishes and preferences of an individual	is able to observe an individual's reactions when communicating
		is able to describe ways how to reduce barriers to communication	is able to choose between a range of communication methods
			is able to find out an individual's communication and language needs, wishes and preferences
			is able to check that communication has been understood
3.2 Confidentiality and the need for secure handling of information in adult care settings		assumes responsibility when an information normally considered to be confidential might need to be shared with agreed others	
		is able to describe the term confidence	is able to identify the persons to whom s/he should communicate confidential information
		has a clear understanding of the concept of confidentiality and clearly understands when information should be shared	is able to maintain confidentiality in day to day communication
3.3 Aspects on intercultural communication in adult care settings		is able to recognize possible sources for misunderstandings which occur because of different expectations and miscommunication	
		is able to adapt to the cultural norms of communication of the service user	
		knows that there is always the risk of a misunderstanding because of different terms and expectations	is able to ask questions and check for misunderstanding with the client

		knows about the potential differences in nonverbal communication in another cultural setting	is able to understand nonverbal communication in another cultural setting
<b>Migrants take Care – U4</b> <b>The Care Value base for Health and Social Care</b>	<b>Learn-ing hours</b>	<b>Competence</b>	
	5	<b>Knowledge</b>	<b>Skills</b>
4.1 Key legislation and codes of practice		applies practices which can reduce the likelihood of discrimination	
		is able to describe key legislation and codes of practice relating to diversity, equality, inclusion and antidiscrimination in adult care setting	
		is able to define the key terms diversity, equality, inclusion and antidiscrimination	is able to illustrate by example how direct or indirect discrimination may occur in the work setting
		is able to explain the implications of duty of care	is able to communicate about dilemmas that may arise between the duty of care and an individual's rights to the person agreed
		is able to describe how the duty of care affects own work role	applies techniques to support individual identity and autonomy of the elderly person linked with well being
4.2 Person centred approaches		knows where to get additional support and advice about how to resolve dilemmas	
		encourages the elderly person to participate actively in day-to-day life/activities.	
		is able to describe the person centred approaches for care and support	
		is able to describe activities to promote an individual's well-being	assesses ways to contribute to an environment that promotes well-being.

		is able to describe ways how to support an individual's right to make choices	is able to take into account the history, preferences, wishes and needs of an individual when providing care and support
			is able to identify the risks that can be part of an individual's choice
			is able to analyses her/his personal views to avoid influencing the individual's choices
4.3 Key cultural differences in communication, well-being and respecting individual choices		is able to behave in the way that suit the cultural expectations of the care service user	
		is able to describe aspects in communication that may be different in another cultural context	is able to identify her/his own cultural communication habits which are different to the ones of the care service user
		is able to describe the concept of well-being with regards to the cultural background of the care service user	is able to identify potential cultural differences in the concept of well-being of the care service user
		has some basic understanding of cultural ideas of individualism vs collectivism	is able to identify his/her own behaviour in accordance to cultural ideas
		has a basic understanding of the appropriate distance and physical contact to the client	is able to adapt his/her behaviour according to the right professional distance
		has an understanding of common conversation topics	is able to make small talk accordingly (e.g. talk about the weather) at the beginning of meetings with the client
Migrants take Care – U5 Awareness of Health and Safety in Health and Social Care	Learn-ing hours	Competence	
	5	Knowledge	Skills
		while carrying out the daily care, is able to prevent general risks	

5.1 Responsibilities and risk assessment relating to health and safety in adult care settings		is able to explain key health and safety procedures related to elderly care	is able to use a health and safety risk assessment and knows how to report identified risks
		is able to list some most common health and safety risks in elderly care	is able to maintain a safe environment in order to ensure the care and wellbeing of service users
		is able to demonstrate an understanding of Health and Safety legislation particular to the country that they are working in	
5.2 Accidents and sudden illness		shows responsibility if an accident or sudden illness occurs	
		understands about the existence of common accidents and sudden illness that may occur in an elderly care setting	is able to follow the correct procedure if an accident or sudden illness should occur
		understands what actions should be taken in the event of an accident or sudden illness occurs	is able to complete an accident/ illness reporting
		is able to explain key procedures required following accidents and sudden illnesses in an adult care setting	
5.3 Environmental safety procedures in the adult care setting		follows agreed and clear defined instructions of medical personnel or employer about handling medication	
		can identify possible environmental risks within an adult care setting	
		is able to explain ways to work in order to reduce the spread of infection	is able to follow rules of hygiene in order to prevent infection (washing hands, wearing gloves etc.)
		is able to explain in which way one should move and handle equipment and other objects safely	is able to apply principles and procedures for safe moving and handling

		knows how to handle hazardous substances	is able to safely store, use and dispose of hazardous substances which may be found in a social setting
		is able to explain basic ways of procedures regarding handling medication	is able to follow agreed key procedures for handling medication
		is able to explain in which way food should be handled and stored safely	is able to handle, store and dispose of food in a safe and hygienic way
5.4 Cultural perspective on Health and Safety		is able to recognize and behave according to the health and safety regulations and expectations of the client	
		knows the cultural differences between the target context and the own perspective	clarifies questions according to health and safety regulations if they are not similar to his/her home context
			adapts to the guidelines of health and safety in the targets living environment
Migrants take Care – U6 Principles of Safeguarding in Health and Social Care	Learn-ing hours	Competence	
	8	Knowledge	Skills
6.1 Abuse, safeguarding, protection		demonstrates responsibility for reporting suspicions of abuse to the relevant person/authority	
		is able to explain signs associated with different types of abuse	is able to follow procedure when there are suspicions or allegations that an individual is being abused
		is able to describe factors that may contribute to an individual being more or less vulnerable to abuse	is able to follow safe practices to reduce the likelihood of abuse
		is aware of local policies, agencies and systems that relate to safeguarding and protection from abuse	

6.2 National and local context of safeguarding and protection		is aware of local policies, agencies and systems that relate to safeguarding and protection from abuse	is able to define the role of care worker within the local and national context
6.3 First Aid Course		is able to act autonomously in the agreed ways to provide First Aid	
		is able to describe the different steps to follow to provide First Aid	is able to demonstrate the actions required to provide First Aid
6.4 Cultural bias		is able to identify the cultural signs and norms regarding abuse	
		knows how to react on signs of abuse	is listening and alert on signs of abuse according to the context
<b>Migrants take Care – U7</b> <b>Body Systems and Common Conditions with Aging</b>	<b>Learn-ing hours</b>	<b>Competence</b>	
	6	<b>Knowledge</b>	<b>Skills</b>
7.1 Basic physical and psychosocial changes		follows clear instructions regarding the care provided for common conditions in elderly people	
		is able to explain the basic physical and psychosocial changes associated with aging	is able to identify basic physical and psychosocial changes associated with aging of an elderly person
		is able to explain difference between a healthy way of aging and an unhealthy aging	is able to adjust caregiving to address a range of physical and psychosocial changes that occur with the aging process
7.2 Process of ageing in different cultural contexts		reflects his/her own cultural perspective and experiences in comparison to the cultural elements of the client	
		is able to identify prejudices and stereotypes of ageing that may be different in another cultural setting	is able to reflect on his/her own cultural prejudices and stereotypes against elderly people
		understands different perspectives on aging according to different cultures	Shows respect to the experience and opinions of elderly people.



Migrants take Care – U8 Principles of Daily Care Activities in Adult Care	Learn-ing hours	Competence	
	6	Knowledge	Skills
8.1 Care plan and daily care activities		shows responsibility to ask about the individual care plan of the elderly person and to follow this plan	
		takes responsibility to regularly review, understand and follow the care plan for each individual care service user	
		is able to explain the use of an individual care plan	is able to follow and work with a care plan while giving care to the elderly
		is able to illustrate activities in the personal hygiene of the elderly person	is able to assist adult personal care and personal hygiene safely
		is able to explain the basic standard procedures required to carry out adult personal care safely	
8.2 Dignity and respect in daily care activities		can identify and report on activities in the care plan that affects negatively the dignity of the elderly person	
		respects the care receivers personal preferences in the care activities if possible	
		is able to explain the importance of working with dignity and respect towards the elderly person	is able to carry out daily care activities with dignity and respect towards the elderly person
8.3 Nutrition and hydration in adult care		shows responsibility to maintain the diet of the elderly person	
		is able to list the different nutrients and hydration needs for a healthy diet of elderly persons	is able to follow the agreed upon diet of the elderly person
8.4 Cultural aspect on hygiene and nutrition of elderly persons		is able to adapt the care plan to the habits in aspects of hygiene and cooking of the elderly person	
		is able to adapt his/her caring regarding to hygiene and nutrition to the culture of the client where possible	

		is able to explain in which aspects hygiene and cooking can vary in different contexts	is able to identify own habits in hygiene and nutrition which are different to the one of the elderly care user
		knows about cultural elements regarding hygiene and nutrition which are important for the client or asks for them	implements all activities of hygiene and nutrition according to the clients cultural norms where possible (e.g. washing)
<b>Migrants take Care – U9</b> <b>Applying for a Job as Care worker</b>	<b>Learn-ing hours</b>	<b>Competence</b>	
	5	<b>Knowledge</b>	<b>Skills</b>
9.1 Available employment options		demonstrates initiative to search for available job offers	
		is able to access information and advertisements for jobs in the care sector	is able to identify the job offers that suits her/him
9.2 Recognition and validation		demonstrates initiative to collect required documentation for recognition and validation process	
		is able to identify the body where to officially validate and recognize her/his learnings acquired in the host country and which papers are required from them	is able to contact the administrations in charge for validation and recognition
		is able to explain the administrative procedures to obtain access to legal employment arrangements	is able to identify the training offers which provide official recognized training
9.3 Job applications and interviews		is able to update her/his competence portfolio	
		is able to access application forms and use a CV template for job application	is able to complete application forms and Curriculum Vitae for adult care jobs and to update her/his CV
		knows the relevant questions which will be asked in an interview for an elderly care job	is able to prepare and perform a job interview

		knows the procedures for a job interview and knows social etiquette for job interviews	is able to follow the procedures and social etiquette of job interviews
9.4 Job applications in another cultural context		is aware for (individual) cultural norms and behaviours in the application process and during the job interview	
		knows what expectations the care provider has in the application process or in the job interview	adapts his/her application documents and behaviour in the job interview accordingly
			can highlight the benefits of his/her own cultural context to the care work of the care provider
<b>Migrants take Care – U10</b> <b>Labour Rights and Responsibilities</b>	<b>Learn-ing hours</b>	<b>Competence</b>	
	5	<b>Knowledge</b>	<b>Skills</b>
10.1 Statutory responsibilities and rights of employees and employers		is able to check whether the job complies with minimal working conditions and workers' rights	
		in event of a grievance with the employer, is able to follow the correct procedures	
		is aware of the benefits of joining a self-support network of colleagues	
		is able to explain the statutory responsibilities and rights of employees and employers in her/his area of work	is able to identify working conditions in her/his employment context which don't fit to the rights and responsibilities of an employee or employer
		is able to read an employment contract	is able to identify the relevant terms and conditions of an employment contract
		is able to find information and advice regarding employment responsibilities and rights	is able to read a pay slip

			is able to agree and defend ways of working that protect own relationship with employer
10.2 International labour rights		with support, is able to claim for compliance with labour rights	
		has basic knowledge on the specific international labour rights of (undocumented) migrant domestic/care workers	is able to identify aspects in employment conditions which don't comply with the requirements of international labour rights
10.3 Cultural aspects in international labour rights		with support is able to claim for his/her rights which protect him/her of cultural, gender, race, age discrimination	
		knows his/her rights which protect him/her of cultural, gender, race, age etc. discrimination	contributes to (cultural) diversity in the working environment
			strengthens activities which work against cultural, gender, race, age discrimination
			Reflects his/her own behaviour and is sensible and tolerant towards cultural and other differences
<b>Migrants take Care – U11</b> <b>Practical workplace training</b>	<b>Learn-ing hours</b>  min 2 weeks	<b>Competence</b>	
11.1 Professional working relationships in adult care settings		assumes the responsibility of the agreed ways of working	
		works in partnership with the team of colleagues	
11.2 Good practice in adult care roles		demonstrates responsibility of appropriate personal attitudes and beliefs in the workplace	
		shows initiative to include own cultural experiences regarding care work in the good practice and adds value	
		demonstrates self-evaluation initiative and motivation at workplace	

		shows self-confidence at work
11.3 Personal and professional development		recognizes if a workplace in adult care is a realistic vocational option for her/him and is able to recognize her/his own training needs for assuring good practice in adult care jobs
11.4 Communication in adult care		demonstrates good communication skills with elderly individuals in a care setting
		demonstrates good communication skills with colleagues
		communicates with the appropriate vocabulary in each care situation
11.5 Care Value Base		demonstrates adherence to the Care Value Base (choice, respect, dignity, patience, non-discriminatory practice) in all interactions and activities in care role within the care setting
		encourages the elderly person to participate actively in day-to-day life/activities
11.6 Health and safety		demonstrates adherence to health and safety requirements when fulfilling care role within a care setting
11.7 Body systems and common conditions with aging		recognises and can identify the physical and psychological changes of the elderly person she/he is caring for
		follows clear instructions regarding the care provided for common conditions in elderly people
11.8 Daily care activities		distinguishes between cultural background and personal identity of care users/colleagues
		acts accordingly the person's need and revises stereotypes
		shows basic routine in care activities
		reads and writes in simple language
		uses a computer and has basic ICT knowledge in office
11.9 Applying for an internship in the care worker sector		demonstrates initiative to search for available offers for internships
		is able to update her/his competence portfolio accordingly to the internship offer
		performs successfully an internship interview

		shows awareness to identify potential differences in norms and culture during an internship interview
11.10 Labour rights and responsibilities		analysis the working conditions whether they comply with minimal working conditions and workers' rights
		if necessary, with support is able to claim for his/her rights which protect him/her of cultural discrimination



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