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Definition of DoCup learning outcomes based on skills needs and identified gaps



**UPSKILLING DOMESTIC CARE WORKERS TO ENSURE
RESILIENT EMPLOYMENT PATHWAYS**



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THE DOCUP PROJECT

The COVID-19 pandemic has affected domestic care workers, care recipients, and intermediate, including home health agencies, in several important ways. Many of the challenges encountered were entirely new and caused directly by the pandemic. In other words, the pandemic worsened long-standing challenges in the medical care sector. Governmental bodies addressed some of these issues through changes in regional and national policies, regulations, and guidance. Domestic care agencies also responded to challenges to their own policies and practices regarding the employees.

Domestic care workers and domestic care agencies provide services and support to help individuals remain safely in their homes. Domestic care term refers to medical, administrative, and other relative services provided in the home, such as occupational therapy, physical therapy, and nursing, as well as personal care assistance.

The sector represents 9.5 million jobs, or 4% of total employment (EU-27 average), and is now facing a huge domestic care skills gap that needs to be defined. Personal and household services cover jobs and services carried out to support households:

- 63% are care activities: childcare, assistance to the elderly, dependent or disabled, excluding healthcare, and
- 37% are non-care activities: cleaning, laundry, meal preparation, gardening, small house repairs and private lessons

DoCUP is an Erasmus+ KA220 project, which aims to address the abovementioned challenges by providing a comprehensive framework for upskilling domestic care workers. The project will also develop flexible training delivery methods (i.e. e-book, MOOC) and innovative open-access resources to address practical, technological, and organisational aspects of teaching and learning.

INTRODUCTION

Health and social services are one of the largest growing economic sectors. At the same time, the sector is challenged by fundamental societal changes such as the ageing population, globalisation, growing cultural diversity which increase the needs for social services. Scientific evidence also shows the negative consequences of social inequality in terms of health, psychosocial problems, crime and less social cohesion. Health and social services are also steered by new policy trends such as deinstitutionalisation.

Changing care practices within families, demographic changes, and the increase of the elderly population in need of care, together with shifting attitudes in favor of home-based (as opposed to institutional) care before and mainly after the COVID-19 epidemic, have rendered domestic care services increasingly important in EU countries.

Despite the long-held association of paid domestic work with the unpaid work performed by women in their own homes, domestic work is an increasingly diverse sector encompassing a diverse set of tasks. However, during the pandemic, the set of duties expected from domestic workers, particularly women, became even broader. More specifically, significant numbers of domestic carers have been asked to use technological software and applications to monitor their clients' health needs, provide clients with extensive medical care, physical and psychological therapy and even nursing. The breadth and level of skills and competences with which domestic care workers are equipped present significant variations. In fact, a substantial share of care workers, namely those low-skilled, unemployed, and/or belonging to disadvantaged communities (e.g., refugees, migrants, people living on benefit) have either a limited empirical or no prior knowledge before embarking on in-home care positions. They are among the most vulnerable groups of workers and at heightened risk of contagion, social precarity, and exploitation.

The COVID-19 pandemic has affected domestic care workers, care recipients, and intermediate, including home health agencies, in several important ways. Many of the challenges encountered were entirely new and caused directly by the pandemic. In other words, the pandemic worsened long-standing challenges in the care sector. Governmental bodies addressed some of these issues through changes in regional and national policies, regulations, and guidance. Domestic care agencies also responded to challenges to their own policies and practices regarding the employees.



Domestic care workers and domestic care agencies provide services and support to help individuals remain safely in their homes. Domestic care term refers to medical, administrative, and other relative services provided in the home, such as occupational therapy, physical therapy, and nursing, as well as personal care assistance. DoCUp is an Erasmus+ KA220 project, which aims to address the abovementioned challenges by providing a comprehensive framework for upskilling domestic care workers. The project will also develop flexible training delivery methods (i.e. e-book, MOOC) and innovative open-access resources to address practical, technological, and organisational aspects of teaching and learning.

METHODOLOGICAL APPROACH AND RESEARCH ACTIVITIES

The methodological tools and guidelines were set up for developing and deploying a diagnostic tool in the area of adult education. Research builds upon European data, relevant academic literature & skills intelligence to map out care workers' skills requirements, and vocational training needs. This has provided an informed basis for creating a competence framework for care workers, and corresponding learning outcomes that will set the basis for the design of a course curriculum. This, in turn, will improve care workers' knowledge in their field of work, support the development of communication, interpersonal, and monitoring skills, and provide them with background knowledge and assets for protecting themselves and their clients from exposure to and infection, which are vital in the aftermath of the COVID-19; a need that has been stressed more than ever given that the (domestic) carers constitute frontline workers in this pandemic.

In order to obtain a comprehensive picture of actual skill needs and workplace requirements, we have consulted three different groups, **domestic care workers, care receivers, and intermediates**, in an attempt to identify their existing knowledge, skills, needs, and competences in the field of medical care, digital and administrative skills and soft skills.

The purpose of information collection activities was to help define the range of hard and soft skills and competences required for domestic care services provision, thus proffering an informed basis for the formulation of learning outcomes that addresses the actual and future workplace needs as emerging from the challenges experienced under the 2020 pandemic across most EU countries.

A combination of desk and field research was conducted; desk research provided evidence on in-demand skills for domestic care and data on relevant existing training provisions/offerings, while field research will gather field experts' and relevant stakeholders' perceptions on domestic care skills through an online survey.

Desk research was the primary activity for gathering evidence on challenges & working skills that domestic care workers have to take into consideration. One part of the research was on a European level and another one on a national level in partner countries. Further to the above,

secondary research was also employed to collect information on existing training provisions in the field of domestic care services.

Field research was implemented through an online survey, addressed to three different target groups (domestic care workers, care receivers, and intermediates) on the skills and competences required for the effective provision of domestic care services.

For the desk research we collected numbers of answers for following target group and country:

	Spain	Greece	Italy	Poland	Sweden
Domestic Care Workers	7	7	6	12	7
Care Recievers	7	7	7	12	6
Intermediates	7	6	17	5	6

Desk research was conducted as a means of gathering information on current and future training needs of domestic care workers in the DoCUp partnership countries and beyond, focusing on the area of domestic care services.

This activity includes a literature review on:

1. Required skills and competencies for domestic care services
2. Challenges encountered by domestic care workers in each partnership country and beyond
3. Existing training provisions and educational resources, focusing on domestic care workers
4. Skill mismatches and gaps in the labour market requiring domestic care skills
5. Ways in which employers and educational providers can support the process of transitioning their teams/employees to domestic care services

The identification of skills demand through desk research was mainly realized by collecting skills needs evidence from European bodies, national reports, and databases across the project countries.

Existing education and training provision (skills supply) provided us with useful information on the availability and content of existing formal & non-formal training offerings for domestic care workers



(e.g. Higher education programs, Vocational and Education Training (VET) programs, online courses, seminars, workshop, etc.

COVID 19 had a significant impact on the domestic care demand and supply of work as well as on working conditions and skills needed. In order to make sure that the training curriculum developed within the project takes these changes into account, research was conducted on the challenges faced and lessons learned for domestic care workers that had to work in the front lines of care during the COVID-19 pandemic, summarized in the COVID impact report.

Field research was carried out to supplement the results drawn from desk research on workplace requirements and on the actual domestic care (medical, administrative, digital and soft) skills of the domestic care workforce.

HOME CARE PROVISION

Workforce characteristics and occupational profiles

Faced with the challenges of demographic aging and better work-life balance, European citizens demand for an increasing number of domestic workers has increased. The need for manpower will continue to grow as, throughout Europe, an increasing number of families and private individuals need support to carry out domestic and essential care tasks, to look after children or elderly relatives. There is growing demand for domestic work and care work in Europe that the local labour workforce cannot meet. In this context, migration can be considered as an opportunity to meet these needs. A large number of domestic workers are already migrants, the large majority of whom are women. However, foreign workers often have language barriers and no specific training. Prevailing working conditions are rather poor and do not attract new workers. Social services are an expanding economic sector, confronted with a growing shortage of care workers. Although an opportunity for many migrants, the complexity of this sector due to the coexistence of various forms of employment, including undeclared work, is underpinned by the following features: the isolation of female workers working alone in private homes, poor social recognition, and major recruitment and retention problems due in particular to the salary and hours of work.

In southern Europe, it is more common for domestic home care worker to work in a family, and even to live with the family, while this is very uncommon in e.g. Sweden where domestic home care services for older people are always administrated through municipalities and therefore counted as an institution. Therefore, to include all care worker in the field research, it can also be relevant for this report to follow OECD definition of “LTC workers” (Long-term care workers) which are individuals who provide care to recipients at home or in LTC institutions (other than hospitals). LTC workers comprise two main professional categories: nurses and personal care workers. Personal care workers include formal workers providing LTC services at home or in institutions (other than hospitals) and who are not qualified or certified as nurses. Personal care workers are the target group for this project.

Personal care workers' activities can cover four main functions i) providing assistance with activities of daily living (ADL) such as getting dressed and feeding; ii) helping with elderly people's instrumental activities of daily living (IADL) such as cooking; iii) communicating with care recipients and their families; and iv) performing health care monitoring. In most countries, they are central actors in preventing elderly people's loss of autonomy. The most common tasks within each function are many and includes maintaining elderly people's hygiene standards, monitoring their health status evolution and response to care, transporting them from their home to outside places and providing emotional support. Personal care workers' main role across OECD countries is to provide basic care. Formal LTC workers are defined as paid staff who provide care and/or assistance to people limited in their daily activities at home or in institutions, excluding hospitals.

In more than half of OECD countries, population ageing has outpaced the growth of LTC supply. The LTC workforce has stagnated or declined even in countries where the LTC supply is much higher than the OECD average (such as Denmark, the Netherlands, Norway, and Sweden). As populations continue to age, demand for LTC workers is likely to rise. Responding to increasing demand will require policies to improve recruitment; improve retention; and increase productivity.

Less than one-quarter of LTC workers hold tertiary education across OECD countries. Very few countries currently require personal care workers to hold minimum education levels, licenses and/or certifications. Despite being mostly staffed by lower-skilled workers, LTC involves spending significant time delivering more complex tasks than basic care. Personal care workers do not always have sufficient knowledge and training, which can affect the quality of care delivered.

Personal care workers include different categories that may be called different names in different countries. Because personal care workers may not be part of recognized occupations, it is more difficult to collect comparable data for this category of LTC workers across countries. LTC workers also include family members or friends who are employed under a formal contract by the care recipient, an agency, or public and private care service companies. Data refer only to workers employed in the public sector for some countries, but include workers in the private and not-for-profit sectors for others.

A majority of LTC workers hold upper secondary educational qualifications or equivalent (medium education level) across OECD countries (63%). Across OECD countries, 63% of LTC workers have a high school diploma or attended vocational schools, while 16% have lower education and

21% higher education. In the field research, the care workers had everything from primary education to master's degrees or certificate/diplomas. The employment status was both formal and informal in all the partner countries except In Sweden where all were formal. Many of the care workers in the countries got some kind of training such as on the job-training or vocational training. However, many of the respondents (also from intermediates) considered that it would be helpful with training.

In some countries like Greece, a higher share of LTC workers has high education levels, at around 40% or more. This was confirmed by field research whereas in Greece six out of seven respondents had Bachelor's or master's degree. However, higher education for care workers doesn't necessary mean education in care work since many well-educated migrants come to Europe but need to take work as caregiver.

Reports about domestic work state that it is a female-dominated occupation with 83% of women. Taking into account gender aspects of domestic work is therefore essential when assessing the national legislative and policy measures that affect the status and the situation of domestic workers. Labour migration is characterized by a high rate of feminization and domestic work follows this trend.

Work conditions

According to desk research, there are different contexts and challenges in the partner countries. However, there are similarities and many common challenges regarding work conditions for care workers. Work conditions in this sector tend to be relatively poor. This tends to affect women disproportionately since they hold the majority of the jobs in the sector. Many of workers are employed on a part-time basis. Part-time work is particularly widespread among personal carers and home-based workers. The fact that basic LTC services are mostly needed for reduced hours at specific times of the day may contribute to explain such high rates. In addition, half of LTC workers experience shift work and almost one-quarter are on temporary contracts. Further, while LTC tends to be demanding, both physically and mentally, pay is often low.

Migrant domestic workers in Europe are in principle covered by general labour laws but in practice they face many obstacles to their basic rights being respected. Legislative and policy measures have been adopted at the European level regarding migrant workers and domestic workers but their implementation remains uneven in the different Member States of the EU. There is a need for recognition and visibility of the home employment sector at the European level, a necessary improvement of working conditions and inclusion of the home employment sector in European public policies.

It is essential that these millions of jobs are declared and made safe, but also that domestic workers are professionalized. The economic and social value of these jobs currently seems obvious, but workers' professional skills must be developed to ensure quality services for the households needing them.

Care workers' jobs are demanding, and subject to high professional risks: toxicity of cleaning products, musculoskeletal disorders due to the daily carrying of children or moving dependent elderly persons, household chores, along with the emotional commitment which is necessary for many relationships of care and assistance. In order to meet the expectations of families and individuals, and also to learn to protect oneself and prevent occupational illness or accidents, domestic workers have to develop professional specific skills.

Domestic workers are often faced with very low wages and excessively long hours, with only one rest day per week guaranteed. They are sometimes exposed to physical, psychological or sexual abuse, or restrictions to their freedom of movement. The sector of declared home employment is facing a double challenge: that of being a powerful vehicle for positive integration for these workers as well as for their families, and the challenge of their inclusion in a society that respects and ensures their fundamental rights, and gives them access to social protection. It appears clear that where collective negotiations exist, the employment conditions are better defined and structured, of benefit both to the employers through the quality of the services offered, and to the workers through their working conditions and vocational training. Undocumented workers are often not declared. They therefore have difficulty in claiming their fundamental rights, in particular decent working conditions, and are excluded from social protection schemes, which may lead to situations of exploitation or servitude. In view of their long working hours, exposure to

chemical products, heavy lifting and carrying, solitary work and a significant psychological burden, these female workers face higher risks than in other sectors.

The desk research in **Spain** shows that the high level of informal working is still contributing to precarious employment and the black economy, where rights violations might take place. Challenges include the legal status of domestic care workers and lack of access to training programs. The intense incidence of poverty among female workers of the home has a double reading. On the one hand, it is a subsidiary sector or “refuge”, since many women find in it a resource of easy access in moments of difficulty and in the absence of other employment options; but, on the other hand, it is a poorly paid job and precarious conditions that do not allow them to get out of the situation of initial vulnerability, only to live poorly. The current situation is the result of years in which the sector has been downgraded and devalued, despite the struggles for recognition by certain social sectors and the significant improvements achieved. Their rights and obligations in terms of social protection must be made equal to those of other wage earners. In Spain, the Workers' Statute guarantees the recognition of promotion and professional training at work, including that aimed at adapting to changes in the job, as well as the development of training plans and actions aimed at favoring their greater employability. However, the domestic employment sector is characterized by both the poor training of workers and the almost total absence of professional training on offer. The transfer between the private sphere (families) and the public sphere (residences and day centers) is evident, which makes this sector an employment niche with high growth potential, but which must be dignified. This is achieved through training and professional qualification, necessary to have specialized labor.

In **Greece**, studies noticed a decrease in health self-assessment and the trends in health, while showing increasing unmet needs of users and deterioration of the access to healthcare services. The financial recession also affects negatively many dimensions of health care (mental health, suicides, public health expenditure and management, health care workforce and services, pharmaceutical market, research).

There is an inequality in access. Services are provided by nongovernmental organizations, mainly in the capital, usually targeted at specific patients. There is no public concern for reimbursement of HHC services by the main insurance institution (EOPPY), in contrast with other European countries. Not only do Greek families have the main responsibility for caring for their disabled members at home, but also they provide in-hospital care.

In **Italy**, desk research suggests that domestic work is mainly carried out by two figures: the domestic helper (whose tasks are more related to housekeeping) and the domestic care workers (who mainly take care of a person who is not self-sufficient). However, it can be demonstrated that there is currently less demand for domestic helpers and more demand for home care workers, who are increasingly fulfilling not only care roles but also the management of the domestic environment. At present, a large proportion of home care workers are employed irregularly, implying an unmonitored and unsafe situation for them as workers and for the recipients of care.

In **Poland** there is an insufficient supply of home care workers in relation to the social needs of an ageing population and increased dependent, disabled and chronically ill people. In addition, rising expectations of quality of care from future cohorts of older people, who have mostly experienced good standards of living during their working lives, may provide a rationale for higher prices of care. This situation is complicated by the problem of staff shortages in the formal care sector. The problem of insufficient personnel in this sector is also connected with relatively low-paid employment in difficult working conditions. The care can be provided for a certain number of hours per day or as 24-hour care (caregiver lives with the elderly/independent/disabled person). Working in long-term care is hard and stressful. Due to the high physical strain, workers are often at risk of injuries and accidents. This is also the result of violence (physical and verbal), which carers often experience from their clients. Difficult working conditions combined with low job prestige, highly limited career prospects and a general lack of satisfaction with employment conditions often lead to burnout and premature professional deactivation. Difficult working conditions and low salaries obviously translate into problems in recruiting new employees and high staff turnover.

In **Sweden**, the status report for elderly care in Sweden shows that life expectancy is increasing, and the share of foreign-born older people has increased with 13 %, which means that language differences and cultural differences put challenges on the elderly care. There is a growing need to prevent physical and mental illnesses. More older people now get care in their homes and with more complex needs. Development of e-services is slow. At the same time, some of the digitalization processes hampers the social benefits of the services. Loneliness and isolation, depression and agony, drug abuse, alcohol consumption and mental illnesses are increasing challenges among older people. It is difficult to meet the need of the older who don't speak

Swedish, language barriers can lead to misunderstandings, difficulties to understand clients and insufficient documentation. 91 % working with home care in Sweden are women. Two out of three care workers feel time pressure (it is common with time controlling), and one of three is in the risk of being burnt out.

For all countries, in terms of health and safety at work, the specific nature of home employment means that the difference between domestic accidents and work accidents in the home is not always precise. Domestic workers may also be exposed, in their workplace, to harmful chemical cleaning products, be injured or be the victim of physical disorders caused by arduous tasks and actions such as frequently repeated lifting (e.g. moving persons with reduced mobility) or uncomfortable

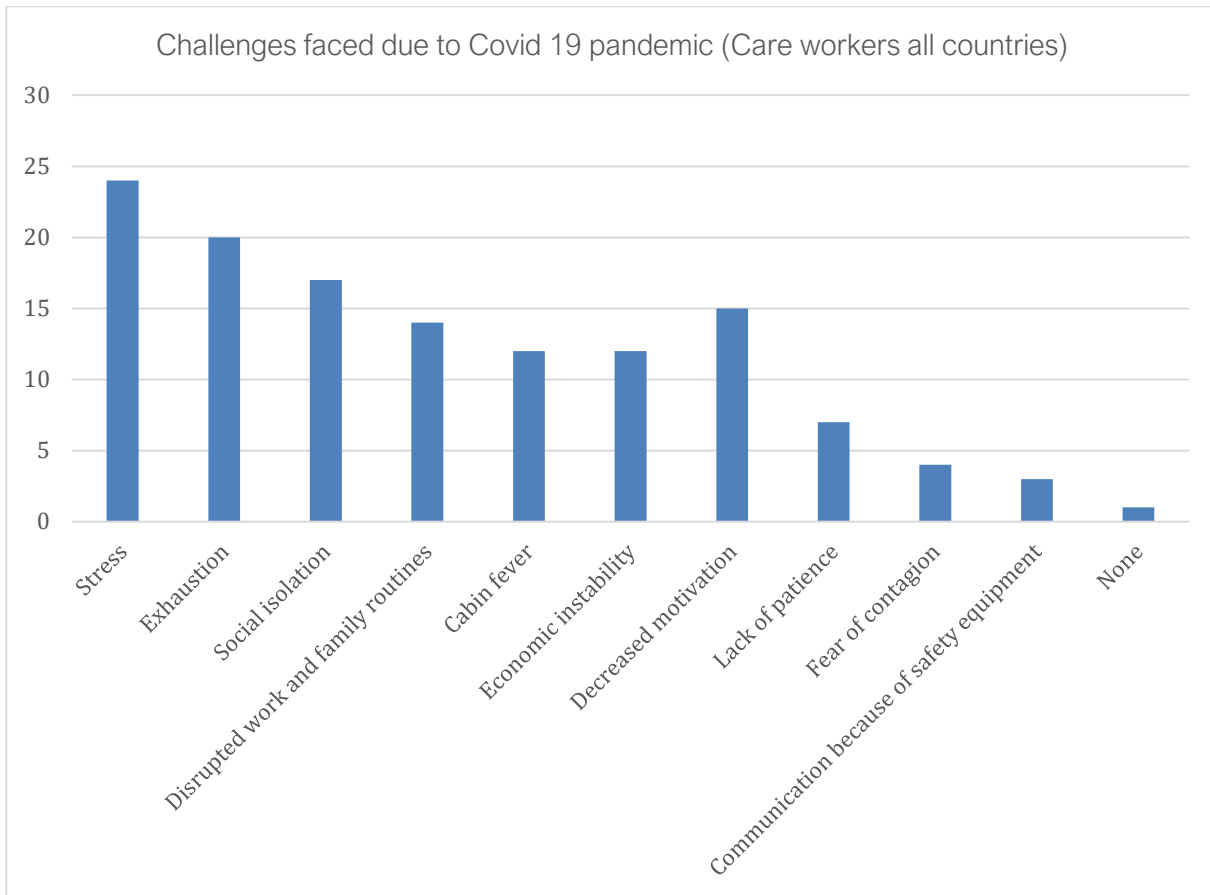
positions, or be exposed to verbal and physical violence. Occupational illnesses may also be found for workers of the sector allergies and eczema, acute or chronic MSD (Musculoskeletal Disorders) or stress, professional burn-out or depression. Workers and employers are therefore directly affected, meaning that a quality social dialogue must be established in order to identify the risks and recommend efficient and mutually profitable solutions.

Common challenges for all countries (and increased in scope after Covid-19) includes:

- Growing challenges with older population
- Unstable work conditions
- Expansion of activities/ Increasing number of patients
- Increased care in homes and not institutions
- Complex caring needs are increasing
- Increased job burden
- No training/lack of education for personnel
- Stress and high number of sick-leave, personnel shortages
- Many vacancies
- Feelings of not being able to maintain a good quality in work
- Lack of support from managers who are also stressed
- Time pressure, difficult ethical decisions and big changes easily lead to conflicts and stress
- Limited mobility
- Job stress and staff burnout
- Unstable regulatory regime
- Loss of funding

Challenges and lessons learnt from covid-19

In the field research, we asked care workers which challenges they faced due to Covid 19 pandemic. Following are the answers:



As we can see from the chart, almost everyone (except one person) experienced one or several of these challenges such as stress, exhaustion, social isolation etc.

The pandemic has affected domestic care workers, care recipients, and intermediates, including home health agencies, in several important ways. Many of the challenges encountered were entirely new and caused directly by the pandemic. In other words, the pandemic worsened long-standing challenges in the care sector. Governmental bodies addressed some of these issues through changes in regional and national policies, regulations, and guidance. Domestic care

agencies also responded to challenges to their own policies and practices regarding the employees.

From the field research we can see that many care receivers faced obstacles such as interruption of the service since they were afraid of contagion, the care workers resigning or they had to replace the care worker or numbers of hours decreased.

According to the *COVID 19 impact- report*, one of the topics on which researched focused during the COVID-19 pandemic are the Personal Protective Equipment (PPE) and its use among health care workers, which was extensive during the pandemic. Training about appropriate PPE use and knowledge of skin hygiene is of utmost importance. Another aspect which emerges from international research is that as a direct result of COVID was that older adults with dementia have an extremely high risk of worsening neuropsychiatric symptoms and severe behavioural disturbance. Therefore, the presence of skilled staff, capable of managing these symptoms, is essential to maintain social interaction.

Furthermore, many countries identify the need to support the mental health of care workers, which has been challenged by the COVID-19 and its restrictions: psycho-educational programme to manage stress and anxiety and to prevent burn-out are suggested. On the other hand, it is highlighted how the pandemic has worsened the symptoms of care recipients, in terms of depression, isolation and challenging behaviours: professionals should be trained to better deal with them as well.

The pandemic also made clear how much the care sector can integrate the use of ICT to provide remote care when needed: in this sense, it is necessary that care workers develop more technological skills.

Finally, it should be considered that knowledge related to infection prevention and the correct use of PPE has become more important than ever, therefore it should be included as a key-topic in the training. More generally speaking, research highlights the shortage of trained staff in the care sector and the specific challenges related with the predominantly migrant background of care workers, which makes it necessary to consider cultural and linguistic barriers when planning a training programme.

DOMESTIC CARE WORKERS: SKILL DEMAND AND SKILL SUPPLY

Domestic work continues to be often underestimated with regards to the skills and the skills and responsibility it requires. Professionalizing the sector through education not only makes it more attractive to future workers, but also to those already engaged in domestic employment. The requirements may vary according to the needs of the person to be cared for: it may be an elderly person who has no particular problems, but only needs assistance with household tasks, or a person with a disability. Care workers jobs are more complex than often portrayed. Their tasks go well beyond activity of daily living provision. Educational and training requirements for personal care workers are low. In most countries, almost anyone can become a personal care worker. This is confirmed by the desk and field research in the countries. This can be problematic when workers are asked to perform tasks beyond basic care. Increasing training participation, at least for some personal care workers, should help reaching the right mix of workers/competencies. Professional life today demands new flexibility and new competences. The limits between different professions are more and more blurred and new areas arises.

Training needs for care workers identified from the **desk research** in all partner countries are following:

- Risk prevention
- Knowledge about diseases such as dementia and mental illness
- Basic nursing care interventions
- Stress management
- How to meet different emotions and behaviours
- Effects on physical, mental health and current lifestyle during the pandemic
- Basic elements of psychology
- Main techniques of relationship and communication
- Who to contact in case of emergency
- Ability to identify a dangerous situation
- How to use the main communication tools
- First aid measures

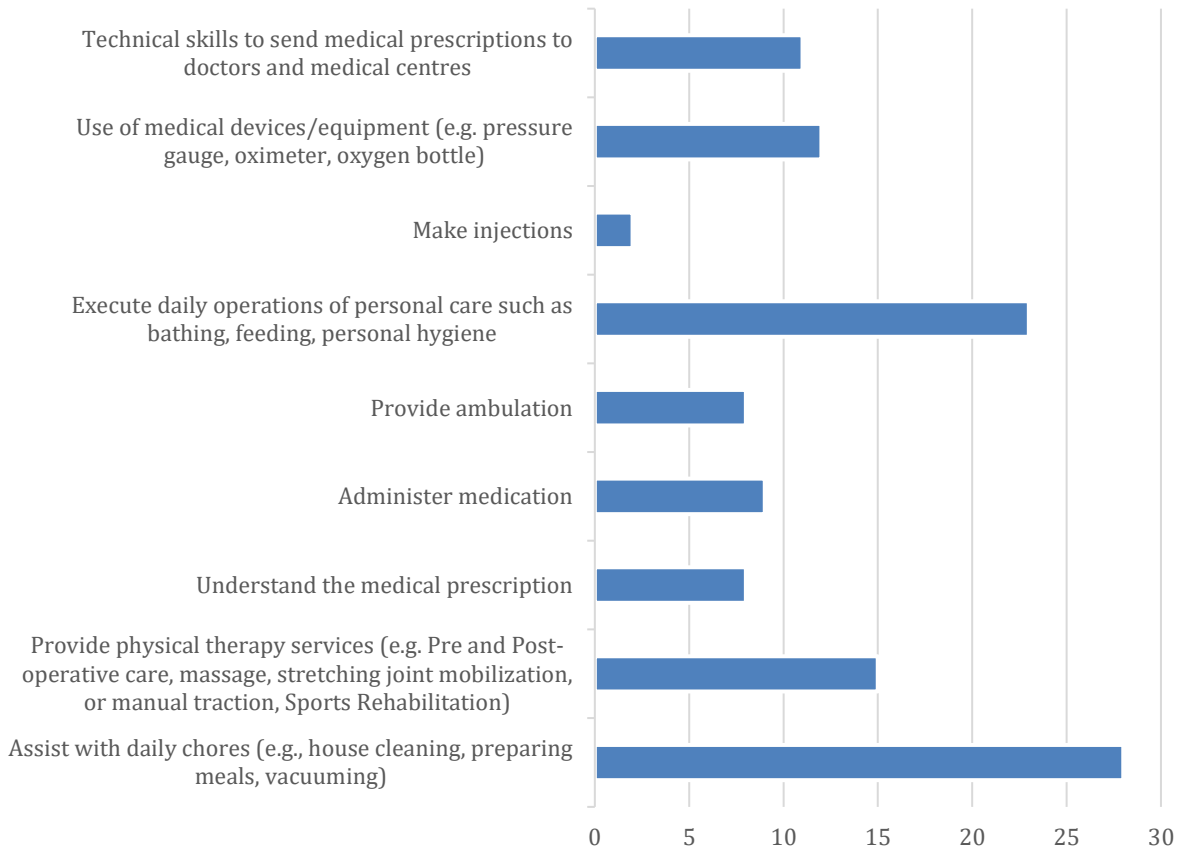
- Using of medical devices and instruments commonly present in the home
- Communication
- Soft skills: empathy, patience, active listening
- Cognitive stimulation, emotional support
- Digital and administrative skills such as writing journals, e-health devices
- To select methods, techniques, tools and forms of performing caring and supporting activities in relation to the life situation, health condition and recognised problems
- Time management
- Ethical questions
- Cultural expressions (for taking care of people from other countries)
- Professional language, knowledge of elementary notions of the language and culture

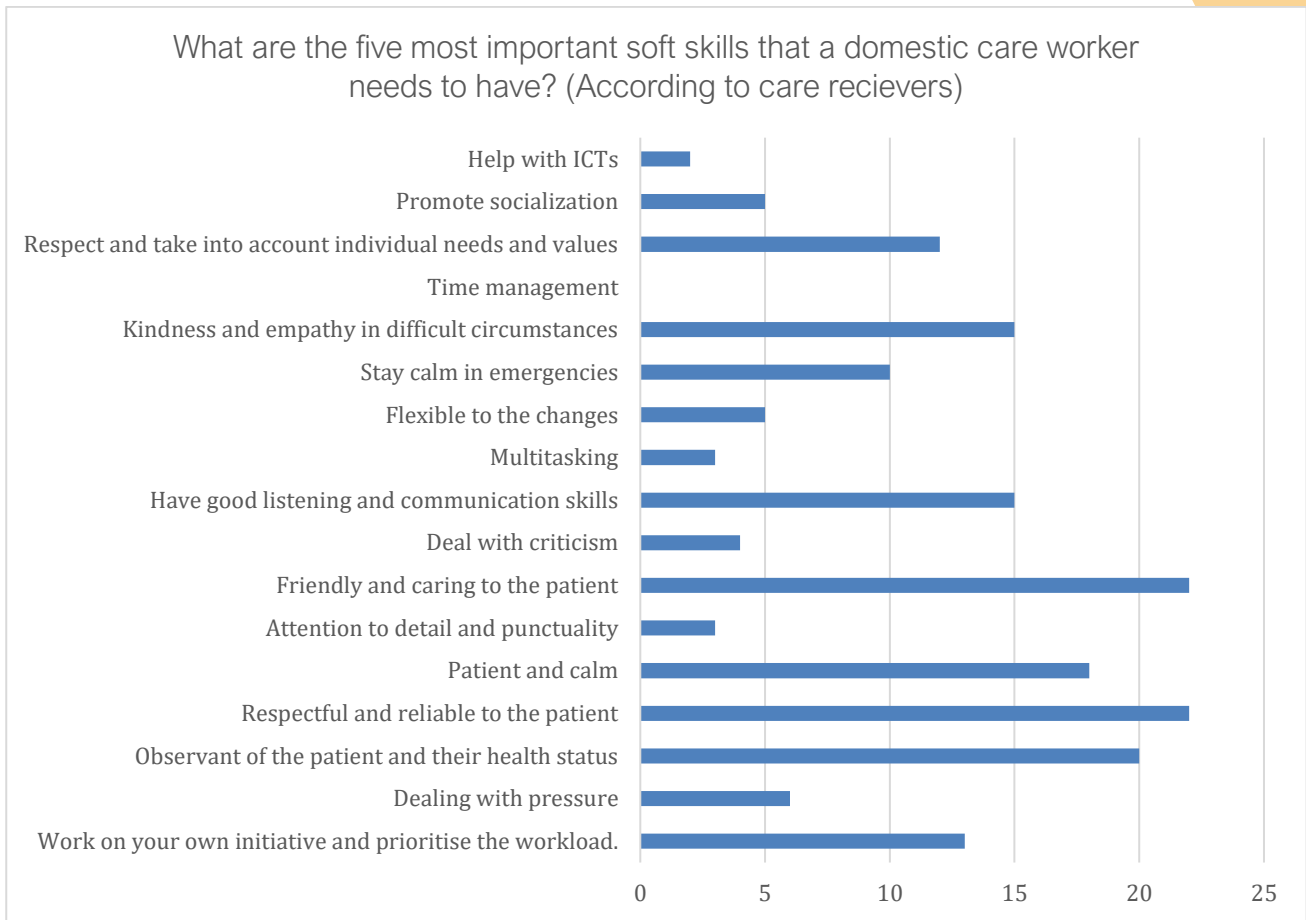
Desk research on EU-level emphasises also that the careworkers are subject to high professional risks: toxicity of cleaning products, musculoskeletal disorders due to moving dependent elderly persons and household chores, along with the emotional commitment which is necessary in many relationships of care and assistance. In order to meet with the expectations of families and individuals, and also to learn to protect oneself and prevent occupational illness or accidents, domestic workers have to develop professional specific skills. Therefore, both aspects of health and safety are stressed as well as personal agency and well-being. The current workforce also needs training on new technical evolutions and generic competences such as empowerment and multicultural diversity.

From the **field research**, following tables show important care and medical skills and soft skills according to care receiver's perspective (from the different partner countries)¹:

¹ The answers are a collection from all the countries, therefore some of the answers only apply to certain countries, e.g. making injections or giving medicines which is prohibited in some of the partner countries.

What are the five most important care and medical skills that a domestic care worker needs to have?





Skills that are missing according to care receivers in the different countries includes: lack of professional language, physical therapy, injections, relationship skills, psychological skills, know how to deal with cognitive impairments, knowledge of first aid services, be polite, communication with doctors. Regarding the questions if they consider that their needs are met, if they consider care workers are well-trained and have the necessary skills to provide care and nursing services, the answers differ in the countries. Care receivers are more positive in Spain, Poland and Sweden than in Greece and Italy. One possible explanation could be found in desk research from Greece that moderate evaluation of the services might be that they believe that the family provides better care. Another explanation could be that the family members are reluctant to admit they need support from a formal system of service. Therefore, perception of services may not be influenced by their adequacy and availability per se, but also by the cultural values of the perceiver, and should be taken into consideration.

In the field research regarding care workers, there are no clear pattern of what is mostly important in care workers tasks, almost all the aspects in the questionnaires are mostly answered with *extremely important* or *very important*. In some regards, it differs between the countries. In Greece, e.g., several of the respondents answered that it is important to understand medical prescription, in Spain no one. Only in Spain and in Sweden, the technical skills seemed to be less important (in some aspects). However, in the other countries they are mostly stated as extremely or very important.

This reflects that what is required for care workers can differ to some extent between the countries but also in the countries. However, the desk research in all countries confirm the growing importance of digital and administrative skills. Therefore, it can be said that all skills and competences from the questionnaires (following list) are important which is also supported by the desk research:

Care and medical knowledge:

- Mental health, dementia, and learning disabilities
- The nutrition and fluids for patient's needs based on their diet
- Infection prevention and control practices
- First aid techniques
- Covid 19 protocol
- Clean and care for wounds
- Assist with daily chores (e.g., house cleaning, preparing meals, vacuuming)
- Provide physical therapy services (e.g. Pre and Post-operative care, massage, stretching joint mobilization, or manual traction, Sports Rehabilitation)
- Understand the medical prescription
- Give medicines
- Provide emotional support
- Support with mobilization and provide ambulation
- Execute daily operations of personal care such as bathing, feeding, personal hygiene
- Use of medical devices/equipment (e.g. pressure gauge, oximeter, oxygen bottle)
- Request medical prescriptions to the doctors and medical centers

- Support and promote autonomy
- Promote socialisation in a safe way
- Perform non-pharmacological therapies (for ex. For people with dementia)
- React to challenging behaviours
- Support cognitive stimulation

Digital and administrative skills:

- Understand and follow policies and procedures
- Fill in care plans
- Complete digital records accurately
- Safely share data with colleagues in other organisations/professions
- Comply with data protection laws and data sharing for safeguarding best interests
- Technical skills on mobile (e.g. use mobile apps, camera, download and send documents, etc.)
- Technical skills on emails and sharing data (e.g. outlook, Gmail, yahoo)
- Use telecare systems
- Perform remote consultation
- Help someone access services online (such as claiming benefits, paying rent, booking appointments)
- Research local activities for a person you support
- Find, use and store medical records
- ICT skills to support with e-health devices
- ICT skills to support communication with family members

Soft skills

- Work on your own initiative and prioritise the workload
- Dealing with pressure
- Observant to the patient and their health status
- Respectful and reliable to the patient
- Patient and calm

- Attention to detail and punctuality
- Friendly and caring to the patient
- Deal with criticism
- Have good listening and communication skills
- Multitasking
- Flexible to the changes
- Stay calm in emergencies
- Kindness and empathy in difficult circumstances
- Time management

Both in field research and desk research, it is clear that usually, the demand of skills are not very high for obtaining a job within home care. Aspects such as personality, experience etc is sometimes more important. However, home care workers are expected to do diverse tasks (also different between the countries) which requires basic nursing skills, digital and administrative skills. It is a very clear pattern that in all countries the workforce has a lot of stress (and especially during and after pandemic) and therefore, the skills of time management and to take care of oneself are also essential for the care workers. In the field research, intermediates were asked if they consider that the care workers had necessary care skills and basic nursing skills. The answers varied (e.g. in Spain they don't consider their employees have "nursing and recovery needs" skills but the other skills. In Greece they are more positive, in Italy they are negative for all skills. In Sweden intermediates are positive but a little less on nursing needs). However, the desk research clearly points out that care workers are often required to do more complex tasks than before (such as basic nursing skills) and not only to provide basic care (dressing, cleaning etc.).

Professionalization of the profession can be seen as the first step towards recognizing the domestic workers sector. It guarantees higher quality of service and/or more safety in the results of the service provided and it is essential for specialisation and qualification, which are factors of progress. Developing domestic workers' skills is therefore the most definite way to ensure the development of real jobs with high human added value, and the best way to make societies and families aware that these jobs deserve wages, social welfare and professional recognition. Declaring domestic workers generates social contributions that automatically finance their professionalization, essential to the recognition of their jobs and to get out the underground



economy. Any household worker is entitled to a safe and healthy work environment and that this principle must be applied by taking into consideration the specific characteristics of the care worker's profession.

EDUCATION AND TRAINING PROVISION FOR DOMESTIC CARE WORKERS

In the partner countries, there are many different courses and diplomas such as Higher education programmes Vocational and Education Training (VET) Programmes, online courses and workshops. They cover a range of subjects, the list is non-exhaustive but it includes the topics/core modules:

Subjects in current training provision in Spain according to desk research:
Administrative operations and health documentation
Basic nursing techniques
Health promotion and psychological support for patients
Relationships in the work environment.
Hygiene and home health care
Characteristics and needs of hygienic-health care of dependent people
Administration of food and treatments to dependent people at home.
Improvement of physical abilities and first aid for dependent people at home.
Psychosocial care and support at home.
Management and psychosocial rehabilitation of dependent people at home.
Interrelation, communication and observation with the dependent person and his/her environment.
Management, provisioning, and cooking in the family unit of dependent people.
Maintenance, cleaning, and organisation of the home of dependent people.
Social and health care for the elderly: health promotion, home care, support networks and abuse of the elderly.
Nursing care in dependency, promotion of self-care and personal autonomy.
Physical and sensory stimulation and promotion of self-care in the elderly. indicators of bad prognosis
Major geriatric syndromes. prevention and care
Ethical principles in care practice

Care of the patient with advanced chronic illness
Care at the end of life
Planning for anticipated decisions. life testament
Care for carers of dependent persons

Subjects in current training provision in Greece according to desk research:
Introduction to home care - Historical dimensions of home care
Theoretical models of nursing care and case management for home care and case management home care - nursing roles
Direct and indirect home care with the provision of prevention, treatment and education services, rehabilitation, care of the chronically ill, palliative care, high technology
Intercultural care - care in the home of people with different cultures
Legal, ethical issues in home care
Technology products for care of people with disabilities mobility and cognitive problems.
Nursing
First Aid
Anatomy
Physiology
Pharmacology
Hygiene - Microbiology
What is dementia? Definition and basic pathology
Key health factors affecting cognitive function
Personal Care - Activities of Daily Living (ADLs)
Managing challenging behaviors
Home Environment & Personal Safety
Substantive Activities
Technology tools and aids
Legal Issues / Palliative Care
Career burden factors / Support provision
Clinical Nursing Applications and Techniques in Chronic Care
Health and Safety – Nutrition

First Aid in emergency situations
Ethical issues
Psychosocial problems of carers and patients - Quality of life
Information technology applications in house care
The Concept of Communication and its Importance
Forms and Types of Communication
Principles of Effective Communication and Barriers
Principles of Communication between Health Professional and Patient
Active Listening
The Art of Questioning and Reframing
Theoretical Approaches to the Professional Relationship
Health Professional-Patient
The Consistent Use of Conversations, The Use of the Directive, Guidance and Instructions
Conflict Management
Communicating Unpleasant News
Communication Management in a Medical Error Situation and Dealing with the Patient
Seeking Medical Information on the Internet

Subjects in current training provision in Italy according to desk research:
Relationship and communication
Health
Help with movement
Personal hygiene
Household hygiene
Nutrition: diet and meals
Dementia
Animation and leisure
Understanding the role and orientation in the social and professional context
To use basic information technology and Internet
The main pathologies of the elderly
The mobilisation of the assisted person

Personal hygiene of the elderly person
Assisting with food preparation and intake
Caring for the hygiene of the environment
Managing emergencies
Relating and communicating
Rights and duties of the Domestic care worker
Home care and cleaning: organising and carrying out work in the home
Ironing workshops, keeping the wardrobe, washing clothes
Cooking workshops, preparing meals, table service
The helping relationship with the elderly person: ageing
Care and hygiene, maintaining independence and the social dimension
Support for walking and the use of aids
Emergency management and calling for help
Professional ethics, professional identity
Psychology
Personal hygiene
Movement and motor management
Dressing
First aid and pharmacology
Legislation and professionalism
Use of technical equipment

Subjects in current training provision in Poland according to desk research:
Recognition of the functional problems and biological and psycho-social needs of the ill and dependent person at different levels of disease and different ages
Providing nursing and care services to an ill and dependent person at different stages of disease and of different ages
Co-operation with nurses and doctors and other medical staff
Performing selected medical activities in healthcare institution, in social welfare institutions and at patient's home
Psychology of ageing, problems and needs of older people

Sociology of old age, threats and pathology of old age
Human self-realisation
Social policy
Social and welfare law
Geriatric care
Social activation
Contemporary trends in management and administration of the system of helping the elderly.
Psychology of adult human development
Ethics of work of a carer of older person
Organisation of leisure time of an elderly person
Communication with older person
Duties of the carer of an older person
Caring activities in the field of hygiene and nursing
Activation and emotional support of an elderly person
First aid in geriatrics
Principles of proper nutrition of an elderly persons
Primary health care and family medicine
Family nursing
Health problems in particular stages of life
Mobility
Pain
Nutrition and housekeeping
Hygiene
Body care and well-being
Diabetes
Multiple sclerosis
Dementia

Subjects in current training provision in Sweden according to desk research:
Home care
Social care
Psychology
Social psychology
Rehabilitation
Health care
Health pedagogy
Disabilities
Health pedagogy
Medicine
Ethics
Psychology
Psychiatry
Health and social care work

Subjects in current training provision in EU according to desk research:
Residential Home Staff
Adult Social Care Workers
Domiciliary Care Workers
Home Care Workers
Care Assistants
Support Workers
Nursing Home Staff
Families and Carers
Your personal development
Duty of care
Equality and diversity
Work in a person-centred way

Communication
Privacy and dignity
Fluids and nutrition
Awareness of mental health, dementia and learning disabilities
Safeguarding adults
Safeguarding children
Basic life support
Health and safety
Handling information
Infection prevention and control.
Conflict Resolution
Equality, Diversity & Human Rights
Fire Safety
Infection Prevention & Control: Clinical
Person Centred Care
Duty of Care
Awareness of Dementia
Basic Life Support
Food Safety & Hygiene
Care Planning & Record Keeping
Lone Worker
The Values of Social Care
Promote Life Quality for the Individuals you support
Working with Risk
Understand your Role as a Care Worker
Safety at Work
Communicating Positively
Recognise and Respond to Abuse and Neglect

Even if many current courses in the partner countries and online, cover many different areas - Firstly, the most important issue is: Who can attend these courses? According to desk research,

the care workers are mainly migrants (and female migrants) – they are now the benchmark of social care. Many of them do not have access to the courses because of language barriers and also status in the country. Furthermore, it can be difficult to combine a full-time course if they already work. They might not have reached the level of language training necessary to enter into courses.

Secondly, most of the courses are not updated after Covid 19 pandemic. Prevention in the area of health and safety at work presents a real challenge for the sector simply because the workplace is a private home. Furthermore, the language, social and cultural barriers experienced by migrants limit their access to the existing preventive measures.

In the field research, many of the respondents belonging to the group of care workers got some kind of training e.g. vocational training or on-the-job training. However, many of the respondents also answered that training is needed (and the same for intermediates and care receivers). In all countries (but even more in southern Europe) family members are sometimes responsible for home care. Therefore, even for this target group (family members as caregivers) it can be necessary with more training in basic nursing skills and stress management. (Especially during and after the pandemic).

It is very rare that the courses cover all emerging necessary skills and competencies which have been identified in the desk and field research to improve the quality of life of patients and their caregivers. One area which is quite rare in trainings is different cultural expressions in home care, but in the research, it is an emerging very important skill. Partly considering that a great share of the care workers are migrants and adapting to a new culture and also since a greater part of the ageing population is from other other cultures.

COMPETENCY FRAMEWORK AND TRAINING PRIORITIES

It is important to reach the target group of migrants who perhaps don't have access to training in different institutions and the recommendation for the material is that it should be:

- Preferably interactive to make it more accessible to the target group
- Easily accessible regarding the language
- Comprehensive, covering all basic necessary skills and competencies for the profession that are more difficult to learn at the job.

The training priorities will be emerging skills and competences required in the domestic care sector. Six different areas have been identified (recommended to be the units in the Curriculum of the project) and includes a diverse set of soft and hard skills:

Critical care skills

Health and safety

Digital and administrative skills

Relationship skills and cultural expression

Personal agency & well-being

Basic nursing skills

Under each heading there are numerous skills that are important according to desk and field research. None less essential, practical tasks as execute daily operations of personal care such as bathing, feeding, personal hygiene and assisting with daily chores (e.g., house cleaning,

preparing meals, vacuuming) are considered to be easier to learn on-the-job training, which from the field research are common for care workers. Therefore, the care skills will not focus on this. Also, health and safety need to be updated after Covid-19. Digital and administrative skills are getting more and more important in social care and relationship and autonomy skills have also shown to be very important. Concerning the high number of testimonies of stress, exhaustion and burn-outs, a great focus will be on personal agency and well-being.

Recommended units and topics for the Curriculum are following:

Unit 1: Critical care skills
Diseases such as dementia and disability of psysical, mental and social functions
The nutrition and fluids for patient’s needs based on their nutritional requirements
Clean and care for wounds and types of dressings
Support with mobilization and provide ambulation
Patient body hygiene in bathroom and in bed in the case of a recumbent

Unit 2: Basic nursing skills
Infection prevention and control practices
Use of medical devices/equipment (e.g. pressure gauge, oximeter, oxygen bottle)
Giving medicines (where allowed), understand the medical prescription
Pressure sore prevention
First aid techniques

Unit 3: Health and safety
Green skills for cleaning without harming the environment or one’s own health.
Risk prevention (learning the right movements and using products appropriately to avoid falls, musculoskeletal disorders and illnesses)
Sanitation & personal hygiene practices during the COVID-19 epidemic

Use of PPE (Personal protective equipment)
Emergency situations

Unit 4: Digital and administrative skills
Reporting, fill in care plans digital records
Technical skills on emails and sharing data (e.g. outlook, Gmail, yahoo)
Use telecare system
ICT skills to support with e-health devices
Organizational skills, attention to detail and punctuality

Unit 5: Relationship skills and cultural expression
Communication, empathy and active listening
Cultural awareness & expression (both of the host country and of other cultures)
Support autonomy, cognitive stimulation and emotional support
Acting in situations of conflict and resolving
Kindness and empathy in difficult circumstances

Unit 6: Personal agency & well-being
Stress management
Time management
Prioritize the workload
Empowerment
Worker's rights

LEARNING OUTCOMES BASED ON SKILL NEEDS ANALYSIS

Following are the learning outcomes for the units:

Learning outcomes, unit 1: Critical care skills
<i>The learner will be able to:</i>
Describe and perceive physical and psychological signs of common sicknesses
Describe nutrition and fluids for patient's needs based on their diet
Clean and care for wounds and apply an appropriate dressing
Use common technical aids in home care
Contribute for people's basic need of care and take care of the patient's body hygiene in the bathroom and in the bed if the person lying down
Promote people's health and self-care through supporting measures and information

Learning outcomes, unit 2: Basic nursing skills
<i>The learner will be able to:</i>
Use common medical devices/equipment
Use pressure sore prevention
Apply infection prevention techniques
Understand medical prescriptions and to give medicines by various routes
Describe common medicines, their area of use and side effects
Apply first aid techniques

Learning outcomes, unit 3: Health and safety
<i>The learner will be able to:</i>
Describe and analyse the importance of the work environment for the individual
Work from ergonomical, hygienic and environmental starting points
Take measures in case of emergency

Describe basic ergonomics and adjust the working place if possible to prevent work related injuries
Adhering to post-COVID-19 hygiene and cleaning protocols
Take actions for risk prevention (learning the right movements and using products appropriately to avoid falls, musculoskeletal disorders and illnesses)
Affect the learners own and others work environment to prevent phycological and physical illnesses and contribute to a good work environment

Learning outcomes, unit 4: Digital and administrative skills

<i>The learner will be able to:</i>
Describe and use common ICT in home health care
Use softwares for searching information and several services
Enhance reporting and writing journals
Use telecare system
Apply organization techniques and reflect over the importance of paying attention to detail and punctuality

Learning outcomes, unit 5: Relationship skills and cultural expression

<i>The learner will be able to:</i>
Describe and apply basic skills techniques in active listening, communication conflict resolution
Support cognitive stimulation and care recievers autonomy
Meet and communicate with people in different situations within social care
Develop knowledge about multicultural society and different ways of communication from social and cultural perspective
Describe health from different cultural and social perspectives

Learning outcomes, unit 6: Personal agency & well-being
<i>The learner will be able to:</i>
Practice techniques of stress management (such as relaxation, meditation, and mindfulness techniques)
Practice techniques of time management
Describe relevant worker's rights
Take actions for improving for one's own health
Strengthening personal agency and well-being of care recipients and care workers

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