



2018-1-DE02-KA202-005156

MIGRANTS IN CARE

ECVET Mobile Learning App on customer care

O2 – MIGRANTS CARE MOBILE LEARNING POLICY RECOMMENDATIONS to better support migrants, refugees and professionals working with them in continuous VET

EN



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1. Intro & purpose of this document

Europe is confronted with an ageing population and a shrinking workforce, as well as labour and skills shortages: While in 2010, just over 4.2 million people in Germany e.g. were 80 and older, in 2050, experts estimate, there will be over 10 million. OECD (2014) estimates working-age population to decline by 7.5 million (-2.2%) between 2013 and 2020 and with zero net migration it would be expected to decline by even -3.5% by 2020 in the 28 EU countries.

In the care sector in Germany, the ver.di trade union, estimates 70,000 skilled workers are already missing nationwide in nursing. 40,000 additional specialists are needed in geriatric care and this issue will become even more severe in the future. According to forecasts of the *Deutsche Pflegerat* (German Nursing Council), 300,000 caregivers will be missing by 2030, 200,000 of them in geriatric care alone."¹

To overcome this situation, many countries, inter alia Austria and Germany, have invited high qualified workers but without having explored yet one possibility well: that of involving migrants and refugees who, in many cases, show respective qualifications or at least knowledge, skills and competences to start in the care sector.

The project “Migrants in Care – ECVET Mobile Learning App on customer care” (short: MIGRANTS CARE) (project n° 2018-1-DE02-KA102-004804) elaborates - in this light - innovative education material and accompanying support documents as follows: A MOBILE LEARNING APP and POLICY RECOMMENDATIONS to better support migrants and refugees and professionals working with them in continuous VET.

For this purpose, this document will provide the MOBILE LEARNING APP POLICY RECOMMENDATIONS the basis generated from field research (i.e., interviews/questionnaires of target groups and experienced experts in the matter) as input from their side on the following topics, which are related with the implementation of MOBILE LEARNING APPS in related training/ learning activities:

Interview and Case Studies - Sectors

In the frame of the MIGRANTS IN CARE project, the participating partners of the consortium, namely IB Mitte gGmbH (Germany), BEST (Austria) and INNETICA (Spain) and CEMEA (France) conducted and/or implemented interviews and case studies in order to elaborate good practices and areas of further improvements when implementing mobile learning in the field VET in general and in the care sector in particular.

Prior to the implementation the partners developed sets of questions covering several sectors relevant for migrants wanting to enter the care sector show casing

¹ www.tagesschau.de



success stories, good practices and innovative tools on one hand and areas for improvement on the other hand as shown in the following chart:

Sectors	Responsible partner organisation
Care sector & migrants/refugees – to learn from successful implementation	INNETICA
Migrants/refugees – innovative education, tools and approaches to foster integration	BEST / INNETICA
Work based learning in the care sector – time and procedures on how to do better	IB
Didactic recommendations for upscaling mobile learning	BEST
Elder care – customer care a new education challenge	IB

The results and findings from all interviews and case studies can be summarised in the following categories: Innovation, Opportunities, Challenges, Barriers and Good Practices and Success Stories.

• Innovations

The participants in the interviews and case studies in the involved countries Germany, Austria and Spain identified the following innovative aspects of mobile learning, beside many others:

- Use of ICT (information and communications technology) to provide knowledge about values, tasks and competences in elderly care
- Provision of (time) space where learners can try out mobile learning
- Integration of digital tools and infrastructure into care provision, by using tablet PCs and mobile devices beside stationary PCs to facilitate educational processes
- Providing access to learning content in a work-based environment
- Provision of a link between theoretical and practical education and training by enhancing a sustainable learning effect
- Facilitating a good way to transfer the theoretical knowledge into the work practice and test it, evaluate results and effects in a theoretical way and try out the improved knowledge once again.

In addition to that, based on the topics provided by the MIGRANTS IN CARE MOBILE LEARNING APP and a brief needs analysis, it was seen as an innovative idea to develop a training ward for learners to self-organising and implementing daily work tasks, e.g. daily and communication routines, shift planning, decision taking etc. supervised by trainers and qualified staff.

• Opportunities

The case studies and interviews named the chances and opportunities of mobile learning by:



- improving the learner's practical skills and prioritising different measures through a better practical understanding
- implementing a circle of continuous improvements, by adapting quality management measures to the benefit of the learner and the client (here the elderly in care homes)
- transferring theoretical knowledge instantly and in realistic way into practical work
- providing clear, precise and concrete training
- facilitating cultural differences as a chance for improved learning experiences and practicing social and professional inclusion
- taking full advantage of digital processes for professional skills development
- including individual learning experiences, backgrounds and goals using mobile learning
- improving accessibility of learning content
- facilitating learning processes referring to individual life realities, including improvements of the learners language skills, social interaction and professional chances on the labour market
- improvement of self-confidence through individual approaches and experiences of success
- facilitating a practical and theoretical learning approach by combining work-based learning and mobile learning
- further implementation of digital tools in the work environment
- offering multiple access to intercultural understanding of the care system in home and hosting countries
- strengthening communication and comprehensive skills
- enhancing self-guided learning through mobile learning
- adaptation of intercultural topics, different approaches and concepts of working in an institutionalized care system
- improvement of self-responsibility and a better understanding of important topics, such as gender mainstream and diversity management
- implementation of diversified and individualised learning content
- exchanging and transferring mobile learning content, experiences and tools easily with a network of partner organisations

- **Challenges:**

The elaborated challenges can be sub-categorised into

General challenges of the care sector

- the general financing of the care sector in general and the care centres in particular
- the reduction of bureaucracy and the improved requirements of documentation work
- painting a positive image of the care jobs themselves
- the chronic shortage of skilled labour in the sector
- the "generalisation" of the training in the care sector (Germany) in order to enable graduates to work in different fields of care, e.g. health care, child care, elderly care



- appropriate salaries
- a quick and easy access to VET in the care sector using mobile and work-based learning approaches
- providing the right context for mobile learning in a work-based learning environment, regarding location, time-management and tasks etc.
- networking with other organisations on local, national and international level

Specific challenges of migrants in the care sector

- intercultural and digital skills development for trainers and learners
- individual language learning support
- facilitating to train migrants about values, norms and basic attitude in the care sector
- raising awareness for educational and training needs
- recognition and certificating migrants' qualifications
- requirements of standards regarding re-adaptation of language, intercultural skills and competences, factual knowledge as well as communication skills
- the need of "out of the box" thinking, regarding migrants' requirements in order to foster integration in a social and professional context

• **Barriers**

The main identified barriers of migrants in general are due to their status within the hosting country and the lack of international standards in the training sector,

- Requirement of a permit of residence and work
- Not recognised international qualifications

• **Good Practices and Success Stories**

Participants of the interviews and case studies reported numerous already implemented examples of good practices and success stories, like shown below.

Good practices:

- raised awareness and good knowledge of intercultural differences in the care sector
- implemented digital (learning) tools
- introduction of migrant learners to the professional field of care, showing chances and opportunities in the care sector, also by using mobile learning applications
- support of migrants inclusion by experienced trainers with intercultural skills and language competencies
- integrating the different view, respect and value as well as the appreciation of the elder person into the work in the care sector
- staff with migration background as valuable members of professional team
- cooperating and networking with institutions and stakeholders for a better understanding of training goals and objectives



- creating opportunities for migrants in the care sector, local/national, public or private institutions, e.g. hospitals or care centres
- practiced networking and cooperating with labour market authorities

Success Stories (Germany)

Story 1: Portuguese migrants were able to work in one of our IB Care centres once they mastered the language barrier. They were able to work regularly and become a valuable member of the team of staff. They experienced on a daily basis intercultural richness in work environment and were able to use, test and evaluate their individual level of skills and knowledge. It was even possible for them to bring new aspects and newly gained theoretical knowledge to the team.

Story 2: Closely monitored work with apprentices in the practical part of the training, e.g. on wards and in care centres, showed that they have a better understanding of what's needed for each individual client and therefore improved their skills faster. In reference to communications skills, treatment, social skills, and other soft a hard skills improved faster by practicing in the real world. A culture of allowing mistakes (in a supervised manner), enabled all trainers and staff involved an instant feedback. Seeing and experiencing cause and effect in a real working environment improved skills faster as well.

All the mentioned results are only a selection and were used when drafting the MIGRANTS IN CARE Policy Recommendations in order to sustain good practices and innovation, but also to improve educational process in a VET environment for migrants in the care sector and challenges the face regarding access to education, tools, social systems and inclusion into our societies as a whole.



2. The MIGRANTS IN CARE MOBILE LEARNING APP

General

MIGRANTS CARE MOBILE LEARNING APP is an application to run on smart phones/ tablets / PCs for androids or IOS systems. It is designed as OER, for access via our website.

The project's website can be reached here: <https://www.migrantsincare.eu>

The content provided is related to customer care subjects in the care sector, in specific elder care for those cared for at home (by relatives and/ or by outpatient care services), in nursing homes or other similar services; including people with disabilities due to age (e.g. Alzheimer, limited mobility, hearing impairments or similar).

The core user in mind is a learner who has a migration background (1st or 2nd generation), language skills in the national language (min. B1 level) as well as basic prior knowledge/ skills necessary in care.

The APP can be used in school training context, work-based learning or as self-guided learning tool (for min. 50 hrs learning time).

Therefore, it was decided within the consortium to base its functionality on the widely used Moodle learning platform to ensure adaptability in learning and teaching processes in a school, training or even work-based learning environment. Numerous learners are already familiar with the functionality and appreciate the usability of the Moodle learning platform.

When using the MIGRANTS CARE MOBILE LEARNING APP, the user will be passing a diagnostics self-assessment (Initial Test) defining and suggesting lessons to go to. Within the lessons (units), learners are able to take flexible learning paths (i.e. modular structure).

Learning Outcomes (LO)

The MIGRANTS MOBILE LEARNING APP learning content in its complete version is available in partners' languages (German and French) and additionally in English, in order to focus and enhance a learning experience based on the language of the "new home countries".

To further support the learning process, the consortium made the main learning content available additionally in the main migrants/refugees' languages in Arabic and Turkish, Serbian as open resource.

In order to let the learner experience 'a day in care service' - learning is organised in thematic units and subunits containing micro-learning sessions (5-10 minutes) presented mainly in a dialogue setting simulating learning in work-based learning environment, where learners ask experts and skilled care service staff for advice or support, even for challenging situations they might face when working in a care centre or other care services.



The topics clustered in learning units are generated from field research and experienced experts and cover the following aspects:

- Effective communication (Constructive & active listening skills, Nonverbal communication, Proper and clear use of language, reading instructions/ work reports/ Health, Safety & Security information/ texts on medication/ internal information and guidelines, producing standardised reports)
- Business ethics & respect (Understanding of basic Human Psychology, Management of Personal Emotions, Empathy, dealing with fear and frustration among customers, grasping biographic messages)
- Organisational skills (Memorising Protocol and Guidelines, Time Management Skills, Planning activities/ tasks)
- Problem solving (Situation Evaluation and Analysis, Identify and Anticipate needs, Handling customer complaints)
- Cultural facts and basics of the new home country (values, norms, traditions in country)
- Detecting and dealing with impairments (hearing, dementia symptoms, personality disorders)
- Empowerment of elder care patients (Activate, Motivate, Encourage)

Learners are further encouraged to perform tasks (as challenges - which are based on good practices from real case scenarios) in the environment of an elderly care home.

Automatic feedback will be given after finishing a unit depending on the score the user has achieved in the appointed self-assessment unit tests. If the challenge was successfully tackled - once the self-assessment was done - the learner will receive a badge. If the learner does not achieve the threshold, he or she will be encouraged to study the content again and/or re-take the unit test.

Innovative Aspects

The MIGRANTS MOBILE LEARNING APP offers several innovative aspects such as:

- a prior learning assessment in the frame of the Initial Test, to assess the core Key Skills & Competencies (KSC) of a person on delivering great customer service in the care sector which is encouraging and enabling and motivate learners to gain more knowledge throughout formal, informal, non-formal or experiential learning;
- micro learning, i.e. mini bytes of learning content made available to the learner (Micro-learning is a learning strategy known for quickly closing KSC gaps, by providing 5-10 minute innovative and concise practical training resources that doesn't burden the learner with too much cognitive reading.)
- To base the mobile app contents on ECVET which will allow transfer and transparency to VET providers in other countries; that includes needed skills for Europass CV and similar documentation
- Badges will be given to learners, when successfully passing a test (Initial, Unit and Final test) with more than 60% of correct answers

Who is it for?

The MIGRANTS MOBILE LEARNING APP and its use is targeted at three different categories of people (target groups).

Migrants/ refugee (target group (target group 1)

They, as learners, will have an innovative, joyful tool to improve their self-esteem and knowledge/skills in customer care. Furthermore, they will have the possibility to use and integrate their prior achieved skills.

Professionals (target group 2)

In order to support and facilitate the learning process for the migrants/refugees, the MIGRANTS MOBILE LEARNING APP offers VET staff of the care sector an innovative tool to use in daily practice (school and/ or work-based learning)

Stakeholders (target group 3)

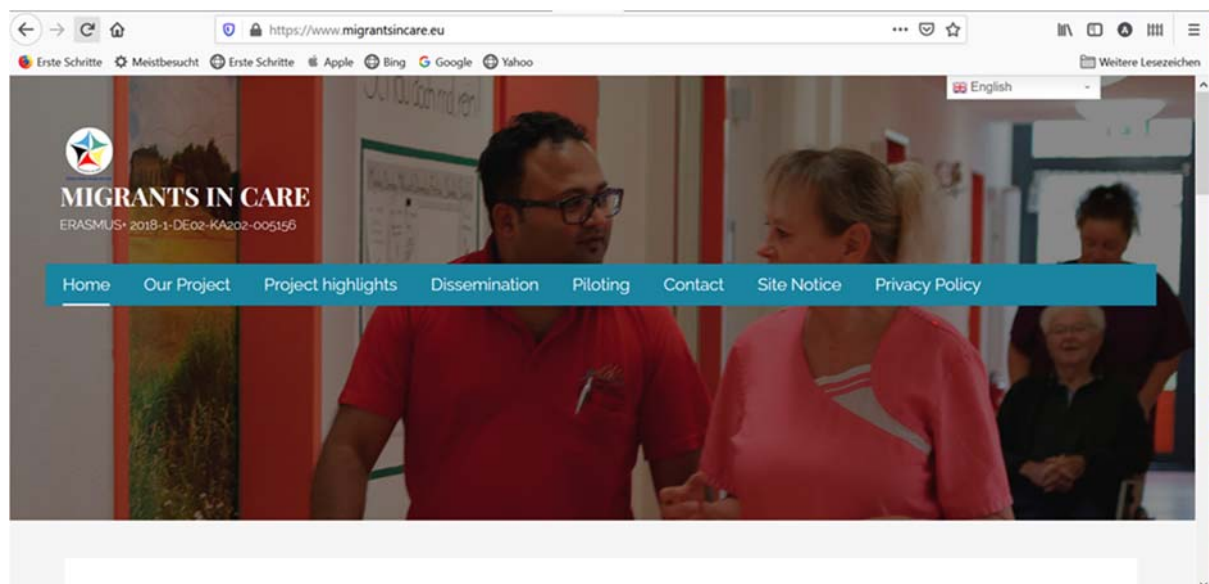
For stakeholders, the MIGRANTS MOBILE LEARNING APP is an innovative tool without additional funding ready to use for social group(s) at risk. They are able to feed the education system with innovative technologies and can implement it more in human resources (HR) in sector with workforce gaps.

In addition to that the final beneficiaries will be the members of staff in the care centres. They can benefit from motivated and skilled (new) care personnel.

How does it work?

- **Logging In**

Starting point for reaching the MIGRANTS MOBILE LEARNING APP is the already mentioned project website: <https://www.migrantsincare.eu>



Scrolling down the screen, the learner will reach direct access to the different language versions of the MIGRANTS MOBILE LEARNING APP.



Welcome to the Migrants in Care project!

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[Link to the MIC APP](#)

[Link zur MIC APP](#)

[Lien vers le MIC APP](#)

[MIC Uygulamasina bađlantı](#)

[Link do aplikacije MIC](#)

[رابط لتطبيق MIC](#)

Our aim

MIGRANTS in CARE project elaborate innovative education material and accompanying support documents for their

When the learner is selecting the language, he or she would like to start his learning session in, he or she reaches the course page and has two options to log in:

1. Logging in via “Log in” button at the top right of the page.

Home / Courses

Migrants in Care

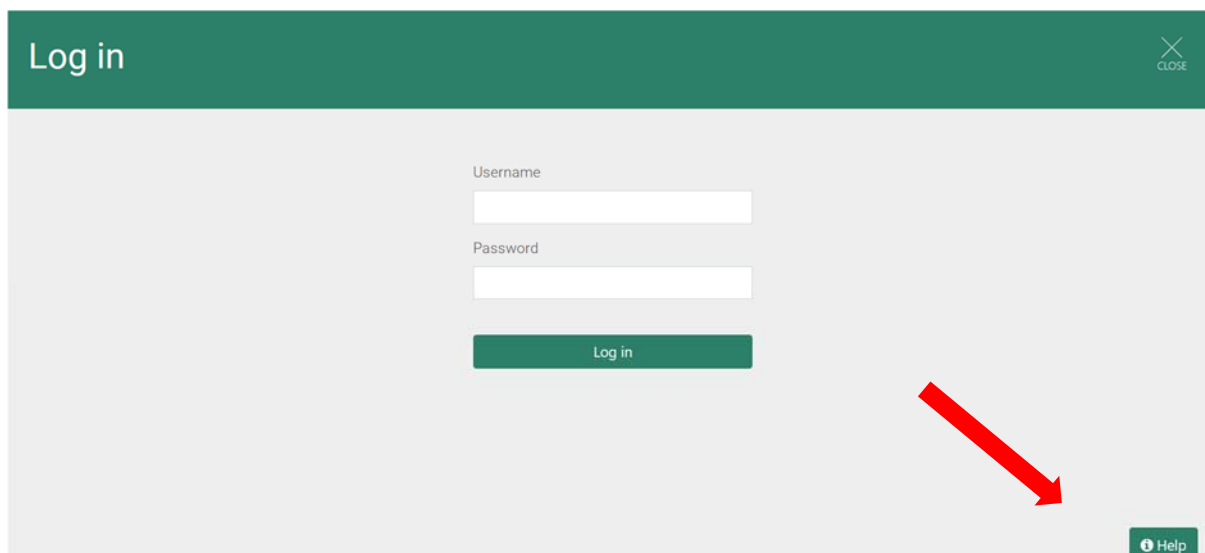
Migrants in Care – ECVET mobil Learning-App with the main emphasison caregiving

Search courses

Category: Migrants in Care

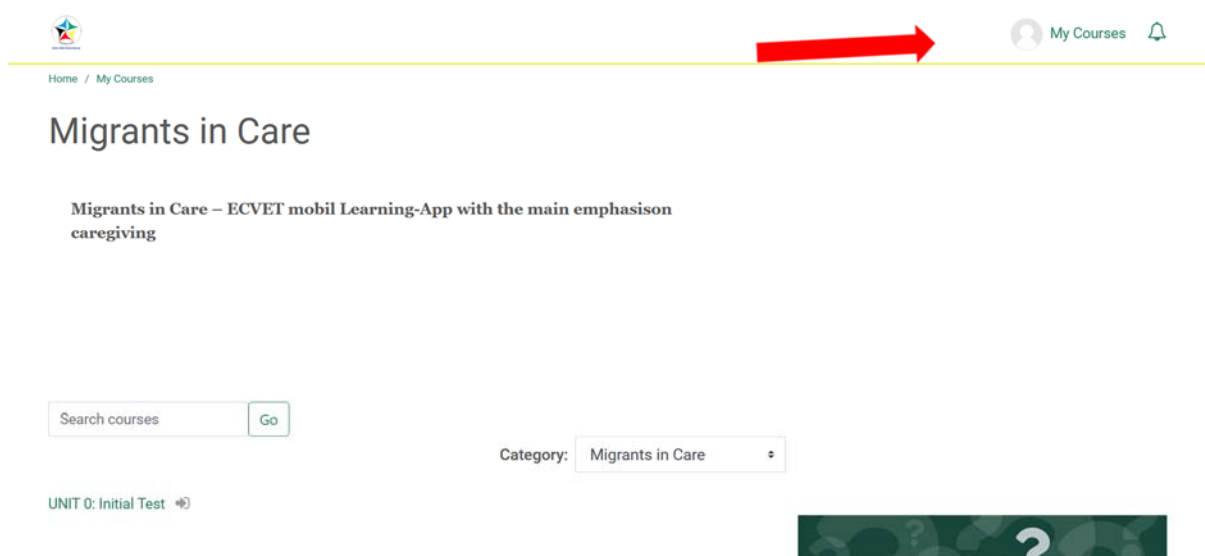
UNIT 0: Initial Test

Learners can click on that button and will have access to the following page:



For registered users: they can directly log in using their personalised access data.

For new users: they need to register first, by pressing the help button at the bottom of the screen. They will then have the option to “Create new account” including personalised access data. After registering, the user can access the learning content and start the session, like shown above.



The logged-in-status will be indicated to the learner like shown above.

Being based on the Moodle Learning Platform, learners can select avatars or own pictures to have a more individualised appearance of the app learning environment. If the learners chose to personalise their profile after log in, their personal picture or avatar will appear at that location.

2. Logging in via selecting a Unit

The learner can browse the MIGRANTS IN CARE MOBILE LEARNING APP, to view the general content and get an overview of the different units. Once the



learner clicks on any learning unit, without being logged in, he or she will be redirected to the menu of option 1 and can follow the steps mentioned.

- **Learning Content**

As mentioned above the learning content of the MIGRANTS MOBILE LEARNING APP is organised in units as shown below.

Home / Courses

Migrants in Care

Migrants in Care – ECVET mobil Learning-App with the main emphasison caregiving

Search courses

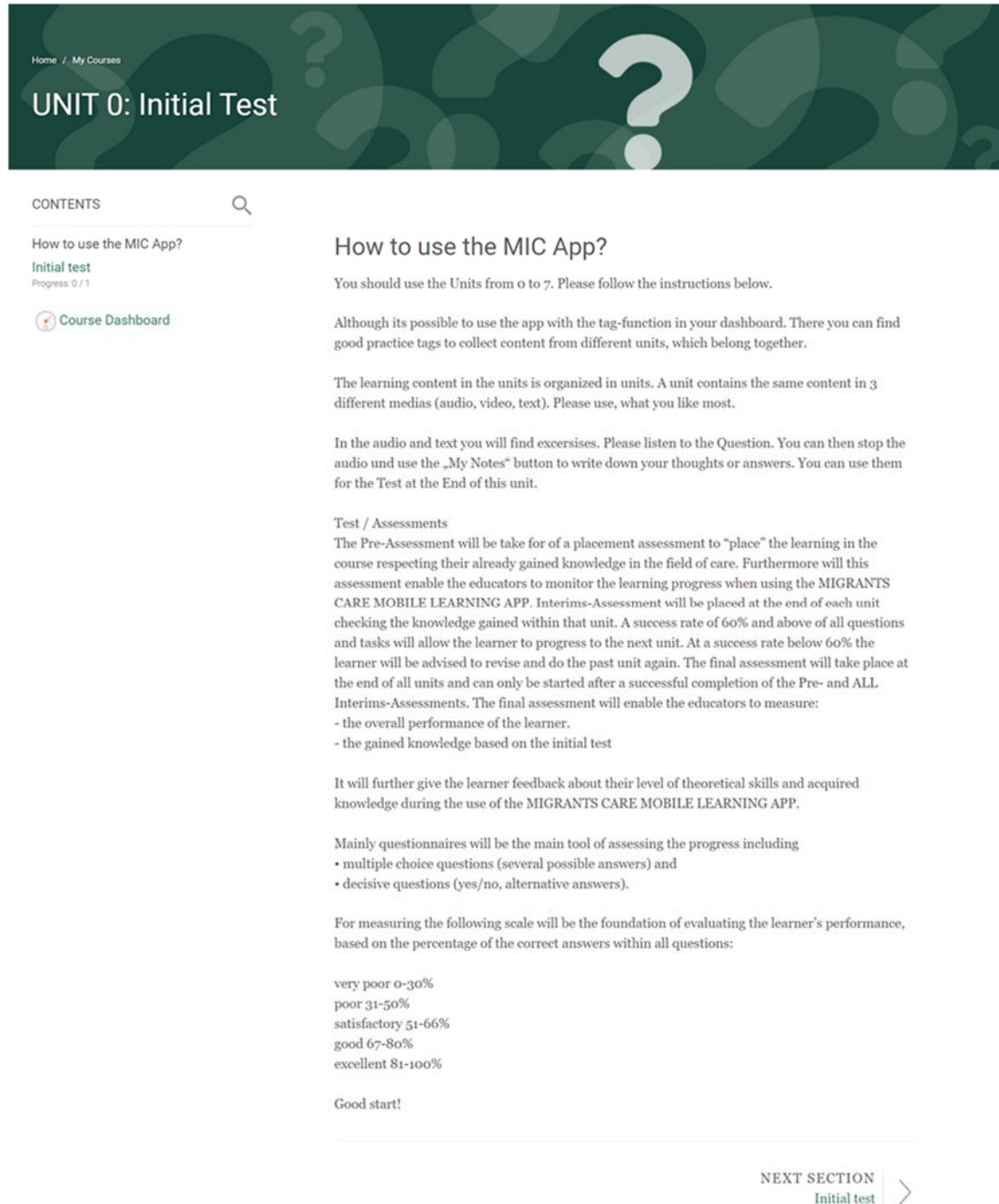
Category: Migrants in Care ▾

UNIT 0: Initial Test	
UNIT 1: Cultural facts and basis of the new home country	
UNIT 2: Effective communication for caregivers	
UNIT 3: Business ethics and respect in care giving	
UNIT 4: Organisational skills for caregivers	
UNIT 5: Problem solving for caregivers	
UNIT 6: Detecting and dealing with impairments in elderly people's care	
UNIT 7: Empowerment of elder care patients for caregivers	
UNIT 8: Final Test	

When enrolling in any unit, the learner will be given instructions on how to use the MIGRANTS MOBILE LEARNING APP, just like shown below, as an example for the Initial Test.

- **Initial Test**

The first unit (Unit 0) contains the initial test, designed as self-assessment test, showing the learner, how much knowledge he or she already possesses, before starting the actual course.



The screenshot shows the app's interface for 'UNIT 0: Initial Test'. The top navigation bar includes 'Home / My Courses' and a search icon. The main content area is titled 'How to use the MIC App?' and contains several paragraphs of text. A sidebar on the left lists 'Initial test' with a progress indicator 'Progress: 0 / 1' and 'Course Dashboard'. At the bottom right, there is a 'NEXT SECTION' button with a right-pointing arrow and the text 'Initial test' below it.

Home / My Courses

UNIT 0: Initial Test

CONTENTS

How to use the MIC App?
Initial test
Progress: 0 / 1

Course Dashboard

How to use the MIC App?

You should use the Units from 0 to 7. Please follow the instructions below.

Although its possible to use the app with the tag-function in your dashboard. There you can find good practice tags to collect content from different units, which belong together.

The learning content in the units is organized in units. A unit contains the same content in 3 different medias (audio, video, text). Please use, what you like most.

In the audio and text you will find excersises. Please listen to the Question. You can then stop the audio und use the „My Notes“ button to write down your thoughts or answers. You can use them for the Test at the End of this unit.

Test / Assessments

The Pre-Assessment will be take for of a placement assessment to “place” the learning in the course respecting their already gained knowledge in the field of care. Furthermore will this assessment enable the educators to monitor the learning progress when using the MIGRANTS CARE MOBILE LEARNING APP. Interims-Assessment will be placed at the end of each unit checking the knowledge gained within that unit. A success rate of 60% and above of all questions and tasks will allow the learner to progress to the next unit. At a success rate below 60% the learner will be advised to revise and do the past unit again. The final assessment will take place at the end of all units and can only be started after a successful completion of the Pre- and ALL Interims-Assessments. The final assessment will enable the educators to measure:

- the overall performance of the learner.
- the gained knowledge based on the initial test

It will further give the learner feedback about their level of theoretical skills and acquired knowledge during the use of the MIGRANTS CARE MOBILE LEARNING APP.

Mainly questionnaires will be the main tool of assessing the progress including

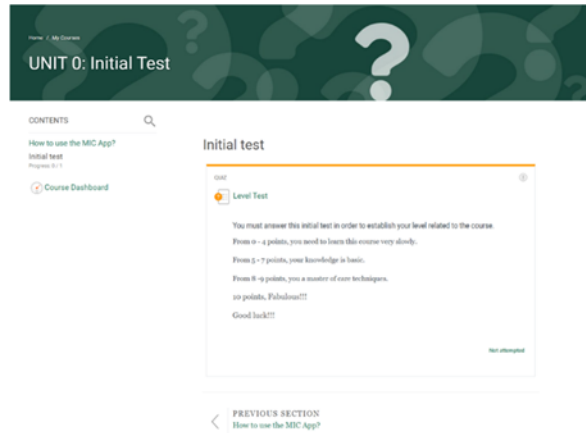
- multiple choice questions (several possible answers) and
- decisive questions (yes/no, alternative answers).

For measuring the following scale will be the foundation of evaluating the learner's performance, based on the percentage of the correct answers within all questions:

- very poor 0-30%
- poor 31-50%
- satisfactory 51-66%
- good 67-80%
- excellent 81-100%

Good start!

NEXT SECTION
Initial test >



Home / My Courses / Initial Test / Initial Test

UNIT 0: Initial Test

CONTENTS

- How to use the MC App?
- Initial test
- Progress 0%
- Course Dashboard

Initial test

QUIZ

Level Test

You must answer this initial test in order to establish your level related to the course.

From 0 - 4 points, you need to learn this course very slowly.

From 5 - 7 points, your knowledge is basic.

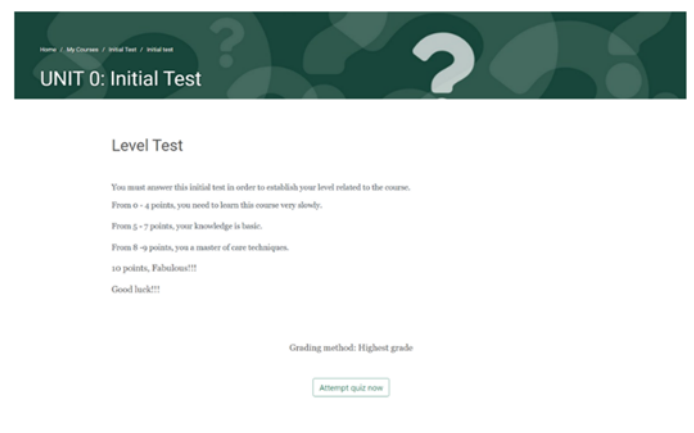
From 8 - 9 points, you a master of care techniques.

10 points, Fabulous!!!

Good luck!!!

Not attempted

PREVIOUS SECTION
How to use the MC App?



Home / My Courses / Initial Test / Initial Test

UNIT 0: Initial Test

Level Test

You must answer this initial test in order to establish your level related to the course.

From 0 - 4 points, you need to learn this course very slowly.

From 5 - 7 points, your knowledge is basic.

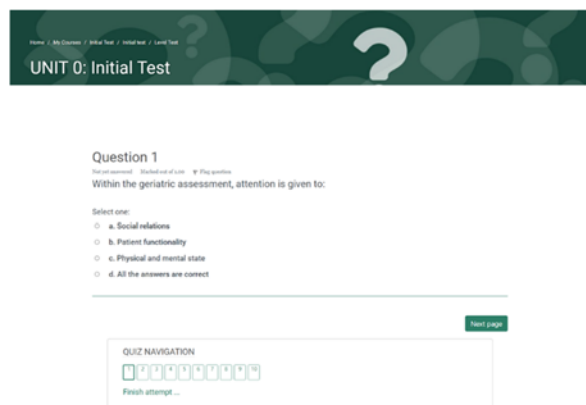
From 8 - 9 points, you a master of care techniques.

10 points, Fabulous!!!

Good luck!!!

Grading method: Highest grade

Attempt quiz now



Home / My Courses / Initial Test / Initial Test / Level Test

UNIT 0: Initial Test

Question 1

Within the geriatric assessment, attention is given to:

Select one:

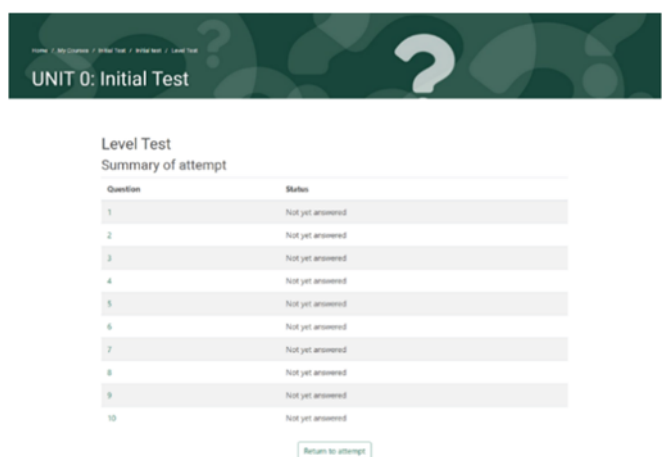
- a. Social relations
- b. Patient functionality
- c. Physical and mental state
- d. All the answers are correct

Next page

QUIZ NAVIGATION

1 2 3 4 5 6 7 8 9 10

Finish attempt...



Home / My Courses / Initial Test / Initial Test / Level Test

UNIT 0: Initial Test

Level Test

Summary of attempt

Question	Status
1	Not yet answered
2	Not yet answered
3	Not yet answered
4	Not yet answered
5	Not yet answered
6	Not yet answered
7	Not yet answered
8	Not yet answered
9	Not yet answered
10	Not yet answered

Return to attempt

As shown above, the learner will be guided through the process of taking the test, including an indication of where the learner currently is within the test itself (number of questions). Once finished the learner will be shown an evaluation of all answers given, including an indication of the correct answer in order to facilitate the learning process further.



O2 – MIGRANTS CARE MOBILE LEARNING POLICY RECOMMENDATIONS



UNIT 0: Initial Test

Started on	Wednesday, 21 April 2021, 9:31 PM
State	Finished
Completed on	Wednesday, 21 April 2021, 9:37 PM
Time taken	6 mins 28 secs
Grade	0.00 out of 10.00 (0%)

Question 1

Not assessed Marked out of 1.000 Flag question

Within the geriatric assessment, attention is given to:

Select one:

- a. Social relations
- b. Patient functionality
- c. Physical and mental state
- d. All the answers are correct

Your answer is incorrect.

The correct answer is: All the answers are correct

Question 2

Not assessed Marked out of 1.000 Flag question

To facilitate the intake of adequate medication ..

Select one:

- a. We will use tools such as pillboxes with lockers and notebooks
- b. We will leave all the medicine packages that the elderly person needs up to date
- c. We will leave the medical prescriptions insight

Your answer is incorrect.

The correct answer is: We will use tools such as pillboxes with lockers and notebooks

Question 3

Not assessed Marked out of 1.000 Flag question

After patients have completed their cleansing autonomously..

Select one:

- a. We will ask them about each step they have taken and how do they had taken them
- b. We will fully respect his independence
- c. We'll have to check that they've been cleaned properly

Your answer is incorrect.

The correct answer is: We'll have to check that they've been cleaned properly

Question 4

Not assessed Marked out of 1.000 Flag question

For the hygiene of patients with ulcers...

Select one:

- a. I must make sure the area is well covered throughout the day
- b. I must place cushions in areas with risk of infection
- c. I have to press the infested area with a towel

Your answer is incorrect.

The correct answer is: I must place cushions in areas with risk of infection

Question 5

Not assessed Marked out of 1.000 Flag question

To ensure effective cleaning, the floor shall be scrubbed...

Select one:

- a. Whenever common rooms are used
- b. With special products for wood
- c. With double-cube system

Your answer is incorrect.

The correct answer is: With double-cube system

Question 6

Not assessed Marked out of 1.000 Flag question

The client's life is improved if:

Select one:

- a. All the answers are correct
- b. He is treated with in a personalised manner
- c. His decisions are respected
- d. His privacy is protected

Your answer is incorrect.

The correct answer is: All the answers are correct

Question 7

Not assessed Marked out of 1.000 Flag question

To promote patient's autonomy in personal hygiene

Select one:

- a. We'll let him make decisions for himself without any control
- b. We will motivate him to do all the activities he can for himself
- c. We will encourage him to complete his routines by himself despite his physical impediments

Your answer is incorrect.

The correct answer is: We will motivate him to do all the activities he can for himself

Question 8

Not assessed Marked out of 1.000 Flag question

A symptom of dementia is ...

Select one:

- a. Aggressive behavior
- b. Happiness
- c. Listlessness

Your answer is incorrect.

The correct answer is: Aggressive behavior

Question 9

Not assessed Marked out of 1.000 Flag question

In the Catholic countries on November, the 1st it is celebrated:

Select one:

- a. The day of all the Saints
- b. Halloween
- c. The day of the Martyr
- d. The day of the dead

Your answer is incorrect.

The correct answer is: The day of all the Saints

Question 10

Not assessed Marked out of 1.000 Flag question

For Easter, people...

Select one:

- a. Colour, paint and hide eggs.
- b. Decorate a tree.
- c. Have to go to church.

Resposta incorrecta.

The correct answer is: Colour, paint and hide eggs.

Finish review

QUIZ NAVIGATION



Show one page at a time

Finish review



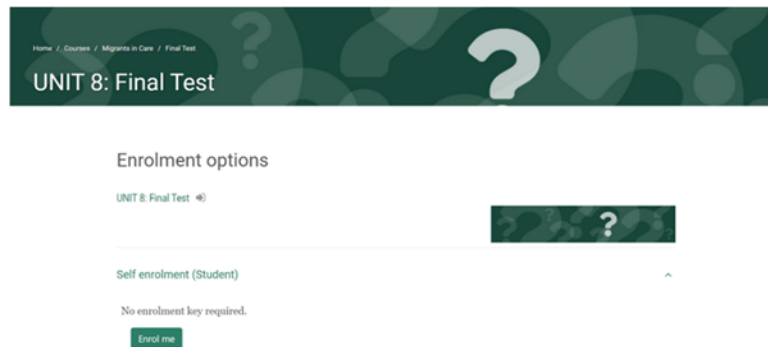
This project (project n° 2018-1-DE02-KA202-005156) has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

- **Unit Tests**

After each unit, the learner is advised to take a so-called unit test, covering the content of the just finished unit. Results will be an indicator to the learner, how well he or she understood the content of that particular unit.

- **Final Test**

The Unit 8 contains the Final Test, following the same pattern as Initial Test and Unit Tests. The learner is recommended to enrol in the final test after all the learning content has been studied thoroughly, at the end of the course.



The purpose of this test is to check the progress made by the learner since starting to study the content of the MIGRANTS MOBILE LEARNING APP, after taking the Initial Test at the very beginning of the learning process. Therefore, the learner will be motivated to compare the outcomes with the results of the Initial Test.

For each test the learner will be rewarded a badge. In the end, the user will receive a badge indicating that he or she has successfully completed the course.





- **Units**

As mentioned above the learning content is laid out in Units, each covering a particular topic taken from every day's working life of a member of staff in the care sector.

The structure within each Unit is very similar, indicating the number and the overall topic of the unit and designated subunits.

Home / My Courses

UNIT 1: Cultural facts and basis of the new home country

CONTENTS

Overview

- 1.1. Values, norms and traditions
Progress: 0 / 10
- 1.2. Behaviour as a caregiver
Progress: 0 / 6
- 1.3. Final test UNIT 1
Progress: 0 / 1

[Course Dashboard](#)

NEXT SECTION
1.1. Values, norms and traditions >

Once the learner enrolled into the unit and enters a subunit, a complete list of micro learning and mini bytes of learning content (learning material) will be presented. The learner can freely select the order of studying the content, but it is recommended to study them in order, due to their logical sequence as shown below.

Home / My Courses

UNIT 1: Cultural facts and basis of the new home country

CONTENTS

- Overview
- 1.1. Values, norms and traditions
Progress 0 / 10
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Progress 0 / 6
- 1.3. Final test UNIT 1
Progress 0 / 1
- Course Dashboard

1.1. Values, norms and traditions

Values, norms, traditions in the country of interest in customer care/ in the care system.

LESSON	First day	⊗
LESSON	Introduction	⊗
LESSON	Welcome a new resident	⊗
LESSON	Good contact	⊗
LESSON	Palliative care	⊗
LESSON	Daily hygiene Part I	⊗
LESSON	Daily hygiene Part II	⊗
LESSON	Nutrition Part I	⊗
LESSON	Moving in	⊗
LESSON	Leisure and activities	⊗

< PREVIOUS SECTION
Overview

NEXT SECTION >
1.2. Behaviour as a caregiver

Once the learner selected the topic to study within the subunit, a short introduction to the particular learning content is provided in order to give a quick overview of what to expect, when studying the content.



Home / My Courses / Cultural facts / 1.1. Values, norms and traditions

UNIT 1: Cultural facts and basis of the new home country

First day

Learning objectives referring to the situation

- to get information on the general norms (culture in elderly care centre) and values
- to get information about health and safety in the institution in general
- to know about responsibilities and how they are regulated
- to talk about oneself and fill in forms
- to talk about the technical means of the institution available to the patient
- to talk about the management of work time dedicated to the patient

[-> Start](#)

[Introduction ▶](#)

Each content is presented in a dialogue style (supervisor, learner) and follows the same pattern of:

- providing an audio file (text to speech),
- the written dialogue in order to follow the audio or for references
- a simply animated video (in some cases in the English version)

UNIT 1: Cultural facts and basis of the new home country

First day

Welcome and learning about rules, regulations, guidelines.

Meli is a 28-year-old caregiver who just got a new job at an nursing center. In her lunch break, she has a conversation with two other caregivers, Maria and Oleg.

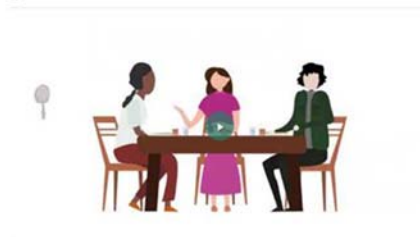
Good practice No. 1

45 Audio

Read the conversation as text.

Meli: Hello, is this chair free?
 Maria: Yes, please sit down.
 Meli: Thank you.
 Oleg: You just started working here, right?
 Meli: That is correct. It is my first day today.
 Maria: Welcome. It is a good time to start here because the weather gets nicer around Easter and you can go outside with the residents. It really lightens their mood.
 Maria: I remember it was sunny but still cold last year and Mrs Wang insisted on going outside.
 Meli: So you went for a walk with her?
 Maria: Well, she is in a wheelchair, but I took a warm blanket to cover her feet and she wore a warm jacket and cap. I asked her to tell me when she wanted to return.
 Maria: We stayed out for half an hour and both went back very refreshed.
 Oleg: But it is already very warm this year. We are even thinking about relocating some of the Easter activities to the garden.
 ? When I plan an activity with a client I consider...
 *His/her preferences
 *His/her individual timing, habits, interests and physical and mental well-being
 *The opinion of others
 Meli: What do you usually do for Easter?
 Oleg: Michael, the priest who volunteers at this center, organizes an Easter mass in the day room.
 Oleg: And after the mass, the residents and the staff paint Easter eggs. Coloured eggs and sweets are handed out for the residents.
 Maria: Only for those no comma who eat allows them to eat sweets.
 Oleg: We also have nuts, sugar-free cakes from volunteers or sweets for diabetics people. Also, it is not that dangerous no comma if they only have a small piece of chocolate. But still, you have to keep an eye on them.
 Meli: That sounds nice. And do many residents attend the mass?
 Oleg: It is. The majority of our residents are Christians, mainly Catholics. As Michael is a Catholic priest, it is a Catholic mass that takes place on Easter Sunday.
 Oleg: Easter is the most important celebration for Catholics. Not all of them are devout believers, no comma but I think they enjoy the spiritual time, since residents of other denominations also like to attend the mass.
 Oleg: For the residents of other denominations, the center offers masses or visits for spiritual leaders for special occasions.
 Meli: And when does the mass take place?
 Maria: The mass is at 10 am and it is enough. Afterwards, the priest talks to the residents.
 Maria: At 12 pm we have lunch and a break from 1 pm to 2 pm, then we start painting the Easter eggs.
 Meli: So the celebrations last almost all day. How do residents handle painting the eggs?
 Oleg: Actually, painting supports the residents' fine motor skills. But of course, not everyone is able to paint the eggs by themselves.
 Oleg: Many residents find it entertaining and they use these activities to talk to each other and tell stories to the staff or relatives who visit them.
 Oleg: However, some of them prefer to be alone because they feel easily overwhelmed by a crowd of people. And for those with dementia it can help to tell them about these traditions, show them the painted eggs, etc.
 ? I can show appreciation for a national tradition by...
 *Decorating the rooms of clients as a surprise
 *Supporting their activities, asking questions and listening to their stories
 *Giving them presents, e.g. sweets
 Meli: Of course. You have to consider a resident's individual needs. And what happens to the eggs after they are painted?
 Maria: Well, the painted ones will be hung on the tree outside. We received them from a company not far from here.
 Maria: Their eggs have little holes on the bottom and top. The inside of the egg runs out and is used for cooking.
 Maria: The shells can be used for decoration. You hang them by pulling a string through the holes.
 Meli: I am looking forward to that. It will also be a good opportunity for me to get to know the clients better.
 Oleg: It is. You will like it.

Video



End of lesson

Jump to...

Introduction

Some Units provide additional learning material and content, such as interactive content (external videos) or further reading material, sometimes referenced in the actual content (dialogue) of the unit.

Home / My Courses

UNIT 6: Detecting and dealing with impairments in elderly people's care

CONTENTS

- Overview
- 6.1 Impairments in elderly people's care Progress: 0 / 3
- 6.2 Treatment and management of the main typical care deficiencies Progress: 0 / 2
- 6.3 Assessment and monitoring of health status Progress: 0 / 2
- Final test UNIT 6 Progress: 0 / 4
- Course Dashboard

6.1 Impairments in elderly people's care

Detecting and dealing with impairments in elderly people's care

- INTERACTIVE CONTENT
 - H-P DETECTING AND DEALING WITH IMPAIRMENTS in elderly people's care
- LESSON
 - Impairments in elderly people's care
- FOLDER
 - Reading Material

PREVIOUS SECTION Overview NEXT SECTION 6.2 Treatment and management of the main typical care deficiencies

Home / My Courses / Impairments / 6.1 Impairments in elderly people's care

UNIT 6: Detecting and dealing with impairments in elderly people's care

Home / My Courses / Impairments / 6.1 Impairments in elderly people's care

UNIT 6: Detecting and dealing with impairments in elderly people's care

DETECTING AND DEALING WITH IMPAIRMENTS in elderly people's care

What does the term "dementia" mean?

- Without a heart...
- Without a soul...
- Without spirit...

Check

Jump to: Impairments in elderly people's care

Reading Material

- Reading Material (Link) 2020-09-01 10:00
- Reading Material (Link) 2020-09-01 10:00

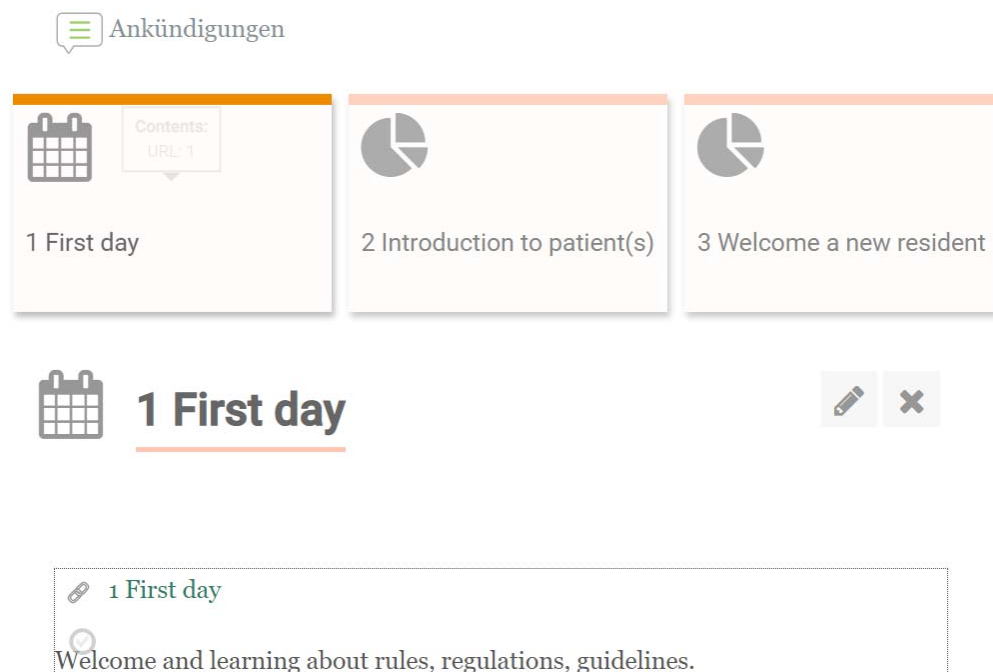
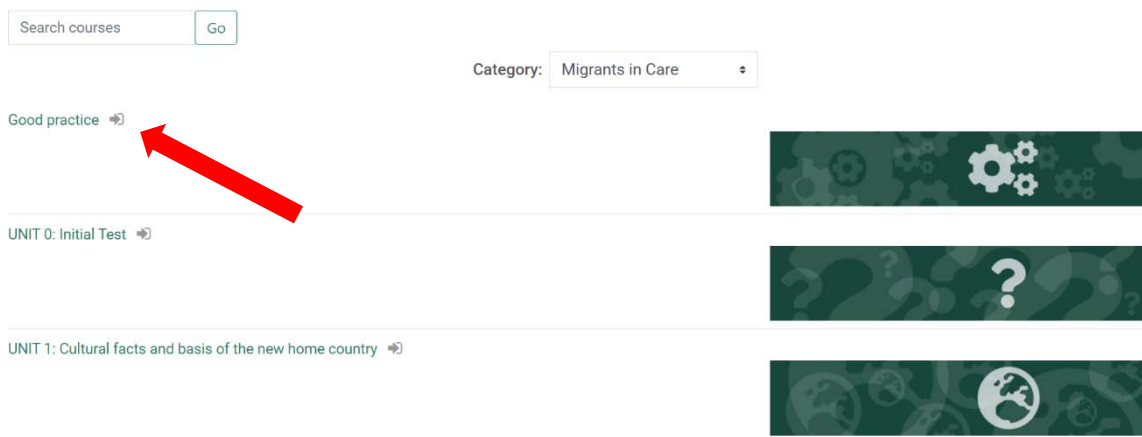
Download folder

Impairments in elderly people's care Jump to: Treatment and management of the main typical care deficiencies

- **Learning by situation / good practices**

Another option of studying the content is via certain identified situations, which might be repeated in various units. That way the learner can select a situation, e.g. “First Day” from the course “Good practices” of the app and all content connected to that particular situation will be presented to the learner in a compact format.

This way of learning can be chosen for revision purposes or for compact learning regarding a particular situation a learner might find him-/herself in, in a work environment, in order to find compact answers to identified situation.



For some addition information on the MIGRANTS IN CARE MOBILE LEARNING APP, please also consult the fact sheet in the appendices to this document.



3. MIGRANTS IN CARE Policy Recommendations for upscaling in VET

IB Mitte gGmbH, BEST, CEMEA and INNETICA, partner in this project, joint forces elaborating the content of the MIGRANTS IN CARE project, namely the MIGRANTS IN CARE MOBILE LEARNING APP and the MIGRANTS IN CARE Policy Recommendations for upscaling in VET in order to tackle the challenges our society currently faces. On one hand migrants face numerous challenges, when arriving in the European Union in general and in the partnering countries of the project in particular, just to name a few: language barriers, recognition of professional qualification and cultural differences. On the other hand, the destination countries are facing a lack of skilled workers in many crucial areas of the national labour markets and especially in the care sector. The COVID19 crises emerging in 2020 have shown a light especially on the care sector, its value for society and its vulnerability, with drastic effects for service providers and their workforce and the users in need using these services, especially vulnerable groups, such as people with disabilities and the elderly.

The consortium believes opportunities arise from challenges. The MIGRANTS IN CARE project is providing opportunities for migrants, interested in working in the care sector and wanting to improve their professional skills and for service providers looking for skilled members of staff.

MIGRANTS IN CARE on The New York Declaration on Migrants and Refugees

The New York Declaration on Migrants and Refugees (A/Res/71/1) adopted by the UN General Assembly on 19 September 2016 (https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_1.pdf) noted that migration was always part of humanity for numerous of reasons. In 2015 more than 244 million people were on the move, among them "... roughly 65 million forcibly displaced persons, including over 21 million refugees, 3 million asylum seekers and over 40 million internally displaced persons." (p.1)

The undersigning parties had a general understanding about humanitarian support and for undertaking actions for sustainable solution.

The partners of the MIGRANTS IN CARE project fully support the notion of the New York Declaration and have the following recommendations based on a few aspects:

"We invite the private sector and civil society, including refugee and migrant organizations, to participate in multi-stakeholder alliances to support efforts to implement the commitments we are making today." (section 15)

Recommendation 1: Giving migrants the opportunity, with the support of the private sector and civil society, to be fully included into society and the labour market, e.g. by supporting the care sector, will be an inspiration for others to actively participate in society.



“Underlining the importance of a comprehensive approach to the issues involved, we will ensure a people-centred, sensitive, humane, dignified, gender-responsive and prompt reception for all persons arriving in our countries, and particularly those in large movements, whether refugees or migrants. We will also ensure full respect and protection for their human rights and fundamental freedoms.” (section 22)

[Recommendation 2:](#) Giving migrants the opportunity to share their valuable experiences overcoming obstacles especially regarding diversity, cultural differences, language barriers and gender equality will have an impact on the acceptance of diversity in age, gender, (dis-)abilities and cultural origin in favour of their fundamental freedom.

“We are committed to protecting the safety, dignity and human rights and fundamental freedoms of all migrants, regardless of their migratory status, at all times ...” (section 41)

[Recommendation 3:](#) Giving migrants and refugees the opportunity to be part of society, to play an active role and being recognized as individuals, will boost their confidence and support them to become a valuable and respected member of society.

“Recognizing that the lack of educational opportunities is often a push factor for migration, particularly for young people, we commit to strengthening capacities in countries of origin, including in educational institutions. We commit also to enhancing employment opportunities, particularly for young people, in countries of origin. We acknowledge also the impact of migration on human capital in countries of origin.” (section 44)

[Recommendation 4:](#) Giving migrants the educational opportunities and by supporting circular migration will generate a valuable and sustainable impact on their countries of origin upon their return.

“ ... Migrants can make positive and profound contributions to economic and social development in their host societies and to global wealth creation. They can help to respond to demographic trends, labour shortages and other challenges in host societies, and add fresh skills and dynamism to the latter’s economies. We recognize the development benefits of migration to countries of origin, including through the involvement of diasporas in economic development and reconstruction. ... ” (section 46)

[Recommendation 5:](#) By giving migrants the opportunity to be involved and contribute, e.g. to the care sector of the hosting countries, will contribute to combating the effects of demographical changes, labour shortages and other challenges as well as enhancing the opportunity to tackle economical and



societal challenges in their countries of origin by supporting circular migration.

“We will consider facilitating opportunities for safe, orderly and regular migration, including, as appropriate, employment creation, labour mobility at all skills levels, circular migration, family reunification and education-related opportunities. We will pay particular attention to the application of minimum labour standards for migrant workers regardless of their status, as well as to recruitment and other migration-related costs, remittance flows, transfers of skills and knowledge and the creation of employment opportunities for young people.” (section 57)

[Recommendation 6:](#) Giving migrants the opportunity to be part of the care sector will support their individual autonomy and independence, skills development and transfer and enhance employment promotion in the hosting countries as well as the countries of origin.

“We will support early childhood education for refugee children. We will also promote tertiary education, skills training and vocational education. In conflict and crisis situations, higher education serves as a powerful driver for change, shelters and protects a critical group of young men and women by maintaining their hopes for the future, fosters inclusion and non-discrimination and acts as a catalyst for the recovery and rebuilding of post-conflict countries.” (section 82)

[Recommendation 7:](#) Giving migrants the opportunity to be actively involved in the labour market, e.g. the care sector and enhanced by educational opportunities and vocational skills development on all levels will create an environment of change towards a more inclusive and non-discriminative society and a catalyst to the recovery and development of their countries of origin.

MIGRANTS IN CARE on Project's Case Studies and Interviews

The MIGRANTS IN CARE project is bringing migrants and service providers together, is supporting further qualification and is providing equal access to the European labour market.

Taken from the case studies, the interviews with experts and members of the above-mentioned targeted groups as well as an immediate result and feedback taken from the piloting periods of the MIGRANTS IN CARE project, the following Policy Recommendations can be concluded for the upscaling of VET sector in addition to the recommendations above:

[Recommendation 8:](#) Facilitating the integration of migrants on all levels, especially through the recognition of their qualifications and foreign degrees to improve labour-market integration.



Recommendation 9: Providing better access to information, integration programmes, learning platforms and to technical devices.

Recommendation 10: Providing a progressive digital infrastructure. Many individuals (learners, teacher, experts) involved in developing and testing the content of the MIGRANTS IN CARE products and results pointed out, that the MIGRANTS IN CARE MOBILE LEARNING APP being a web-based learning tool (WBL), works best on a digital device integrated in a progressive digital environment (intra- and internet).

Recommendation 11: Be inspired by the MIGRANTS IN CARE project for developing other inclusive measures and innovative projects for the care sector and beyond.

Recommendation 12: Providing training for teachers, trainers, health care workers and other experts to be aware and better understand migrants' specific needs.

MIGRANTS IN CARE on EU4Health

The already mentioned case studies conducted in the frame of the MIGRANTS IN CARE project showed further there is an urgent need for upskilling the healthcare and public workforces. This is in line with the EU4Health 2021-2027 – A vision to a healthier European Union (https://ec.europa.eu/health/funding/eu4health_en). The MIGRANTS IN CARE project with its MOBILE LEARNING APP is providing an useful tool for tackling the aftereffects of the COVID19 situation, even though it was not yet present at its developing phase.

In reference to the needs of the VET and the care sector the project consortium and its partners recommend further:

Recommendation 13: Providing support for training and educational programmes for upskilling the workforce in the (health-)care and public health sector, in particular programmes and projects for the improvements of their digital skills.

Recommendation 14: Supporting the digitalisation of the health- and care sector, by supporting the development, availability and accessibility of a digital infrastructure respecting the UNCRPD as well as EU4Health policies and strengthening the national health systems.

MIGRANTS IN CARE on European Pillar of Social Rights

In line with the European Pillar of Social Rights (https://ec.europa.eu/info/sites/default/files/social-summit-european-pillar-social-rights-booklet_en.pdf) proclaimed by the European Parliament, the Council of Europe and the European Commission at the Gothenburg Summit in 2017 and its 20 principals in the chapters on:



I Equal opportunities and access to the labour market

II Fair working conditions

III Social protection and inclusion

the members of the MIGRANTS IN CARE project consortium recommend to policy and decision makers the following, addressing a selection of all applicable principals in order to facilitate inclusivity, equal living conditions, securing and upscaling the professional skills:

[Recommendation 15:](#) Migrants should be granted access “to quality and inclusive education, training and life-long learning in order to maintain and acquire skills that enable them to participate fully in society and manage successfully transitions in the labour market” especially in the care sector (Principle 1 -Education, training and life-long learning)

[Recommendation 16:](#) Migrants should be granted the equal right of access to employment, social protection, education as well as goods and services available to the public, regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation. (Principle 3 – Equal Opportunities)

[Recommendation 17:](#) Migrants should be granted the right to timely and tailor-made assistance to improve employability and have access to the labour market especially receiving support for job search and have access to training and re-qualification as well as continued education, apprentice- and traineeship. (Principle 4: Active support to employment)

[Recommendation 18:](#) Migrants should be granted equal rights to fair and equal treatment regarding working conditions, access to social protection, training, innovative, open-ended forms of employment and quality working conditions. (Principle 5 – Secure and adaptable employment)

[Recommendation 19:](#) Migrants should be granted the right to fair wages in order to provide for the satisfaction of needs of themselves and their families in the light of national economical and social conditions. (Principle 6 – Wages)

[Recommendation 20:](#) Migrants should have equal rights to a high level of protection of their health and safety at work, an adapted to their needs work environment and personal data protection. (Principle 10 - Healthy, safe and well-adapted work environment and data protection)

[Recommendation 21:](#) Migrants should have access to social protection, regardless of the type and duration of their employment. (Principle 12 - Social protection)

[Recommendation 22:](#) Migrants should have access to affordable, preventive and curative health care of good quality. (Principle 16 – Health Care)



Recommendation 23: Based on the UNCRPD and Principle 17 – Inclusion of People with Disabilities, migrants with special needs should have equal rights to support living in dignity and services enabling participation in the labour market and in society.

Recommendation 24: Migrants should have equal access to basic and essential services of good quality (water, sanitation, energy, transport, financial services, digital communication) and support services for those in need. (Principle 20 – Access to essential services)

MIGRANTS IN CARE on WHO Global Code of Practice on the International Recruitment of Health Personnel

In addition to all above quoted documents and policy papers as well as the mentioned recommendations, all partners of this project and their national associate partners and services including educational institutions, VET and care centres and schools are aware of the WHO Global Code of Practice on the International Recruitment of Health Personnel (https://www.who.int/hrh/migration/code/full_text/en/) agreed upon the WHO member states. Therefore it is a common agreement among all partners to apply the Code of Practice in any recruiting measures implemented in national context, respecting the global shortage of health (and care) service staff.

Recommendation 25: Policy and Decision makers, being aware of the WHO Global Code of Practice on the International Recruitment of Health Personnel shall support initiatives and projects responding to the challenges of health personnel migration on global, bi-national, national and regional/local level, respecting its Guiding Principles.



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Appendix

O2 – MIGRANTS CARE MOBILE LEARNING POLICY RECOMMENDATIONS



SHORT FACTS ABOUT the MIGRANTS IN CARE MOBILE LEARNING APP



The core user has a migration background (1st or 2nd generation), **language skills in the project partners' national language (min. B1 level)**, **basic prior knowledge/ skills necessary in care** and takes flexible Learning paths. The overall content of the app covers min. 50 hours learning time.

The MOBILE LEARNING APP can be used in school training context, work-based learning or as self-guided learning tool. In partner countries (Austria, Germany, France, Spain) level 3 corresponds to qualifications of care givers in elderly care which the project addresses and the training material considers/ provides.



Learning Units (LUs) for the following topics²



² The MOBILE LEARNING APP is in German and French (partners' languages) and English, as well as in the main migrants/ refugees' languages in Arabic and Turkish, Serbian as open resource.



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