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# MIGRANTS *take Care*

*Enhancing the Employability Skills  
of Migrant Care Workers*

# *Migrants Take Care*

*Training Toolkit For Migrants  
in the Home and Residential  
Care Service Sector*



## TRAINING TOOLKIT for MIGRANT CARE WORKERS

EQF Level 1

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

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

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

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## Introduction



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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 1. ECVET Qualification Matrix

### 1.1 What is ECVET?

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

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

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

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

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

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

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

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

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

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

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

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



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

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## 1.2 Defining Learning Outcomes

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



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

**Knowledge:** Theoretical and/or factual

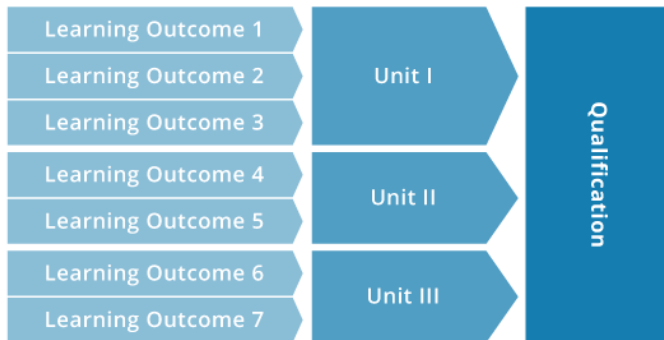
<sup>5</sup> <https://ec.europa.eu/ploteus/en/content/descriptors-page>



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

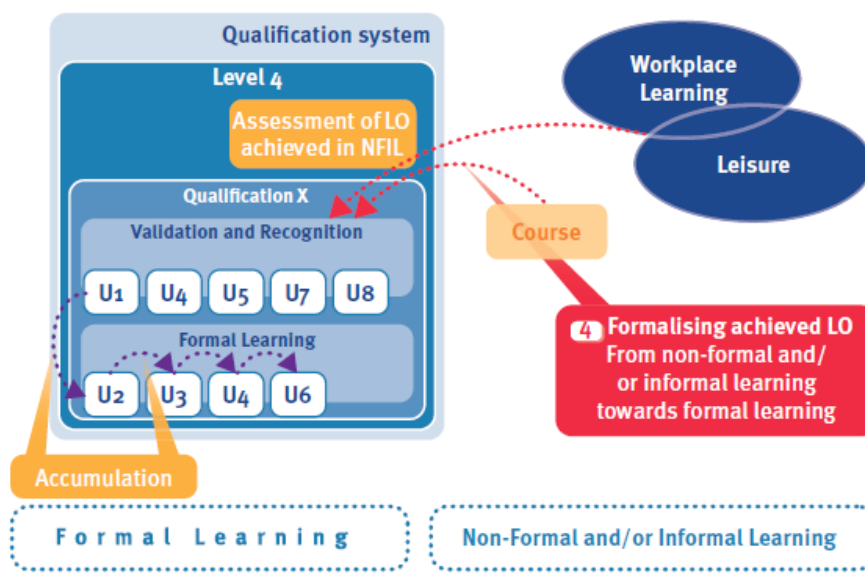
**Competence:** the ability of the learner to apply knowledge and skills autonomously and with responsibility.

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



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

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



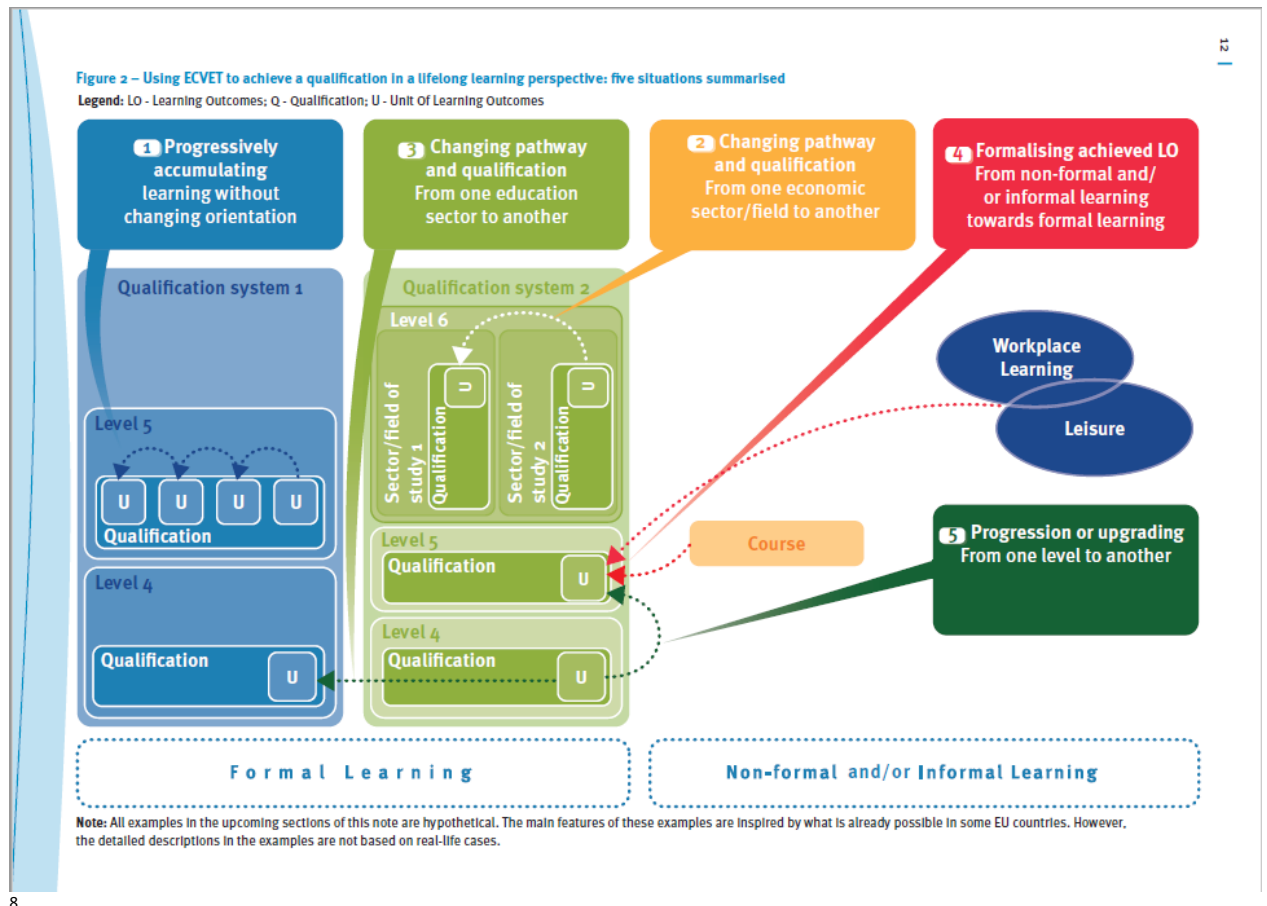
Validation and recognition of non-formal and informal learning can take many forms, from acknowledgement of one's competences by an employer (appraisal or job offer), through guaranteeing

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

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

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

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



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

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

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

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

## 2. Methodology

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<sup>16</sup> Fulltime training: 1-2 or part time training of 2-3 years: "Altenpflegehelfer/in":  
<https://berufenet.arbeitsagentur.de/berufenet/faces/index;BERUFENETJSESSIONID=3jSDatnU0ztj6hyX8sOIMGtf3bURlAlMvfcib1t8jgAKtcx3n5Xd!1719283107?path=null/kurzbeschreibung&dkz=9063>

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

Project NOMOBA: Competence Matrix "Elderly Care": Grant agreement number: LLP-LDV-TOI-11-AT-0011

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

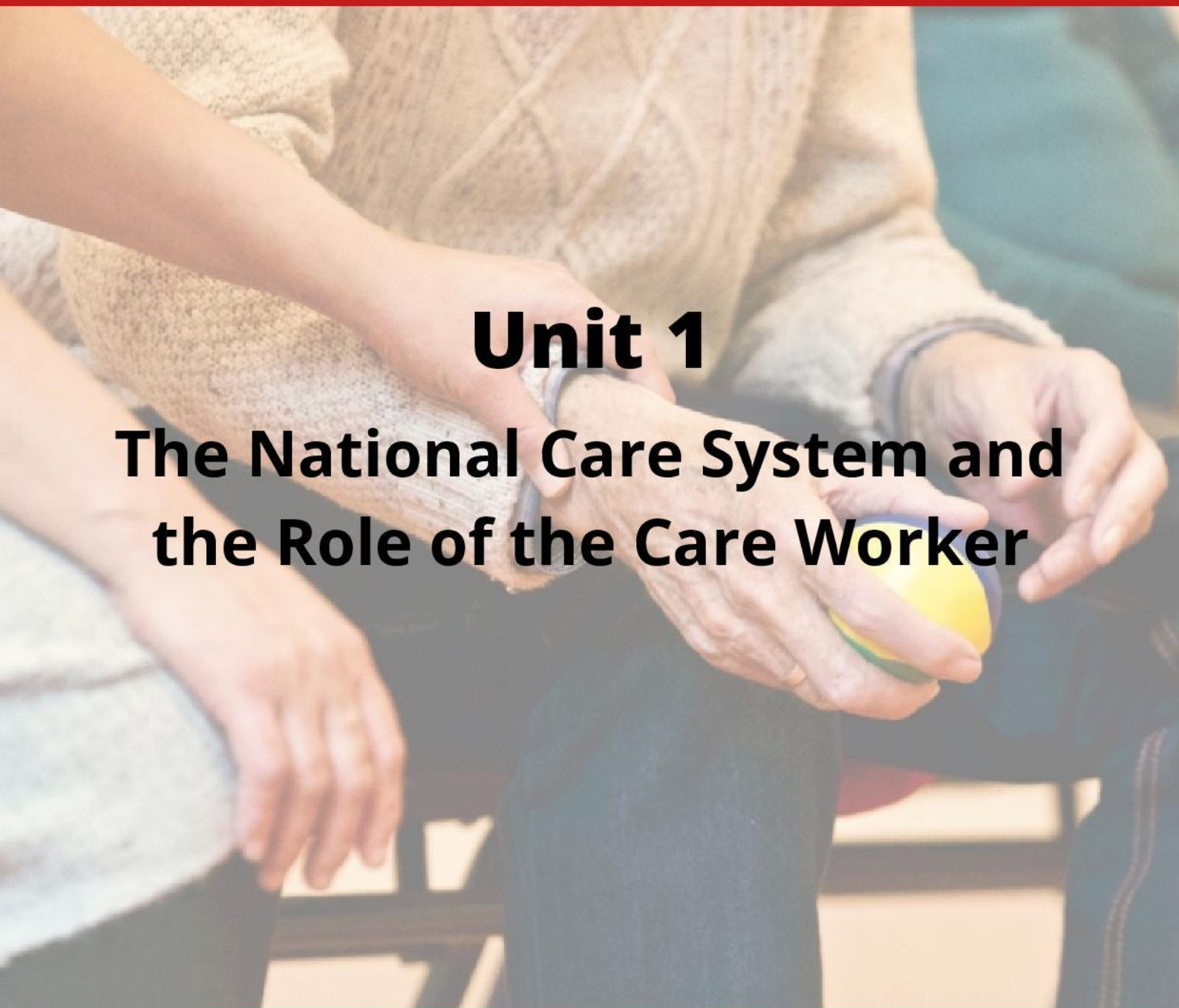
		shows self-confidence at work
11.3 Personal and professional development		recognizes if a workplace in adult care is a realistic vocational option for her/him and is able to recognize her/his own training needs for assuring good practice in adult care jobs
11.4 Communication in adult care		demonstrates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



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

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# **Unit 1**

## **The National Care System and the Role of the Care Worker**

Unit 1

## The National Care System and the Role of the Care Worker

### National Care System and Role of Care Worker

Each country has its own National Care System which aims to provide for the Health and Social Care needs of the population. The Care Worker is an integral part of delivering solutions and meeting such needs. The Care Worker will have numerous roles and responsibilities which will differ according to the care setting and service user need.

### Cultural bias

Migrant Care Workers come from different countries, where the National Care Systems will differ. Therefore, the role of the Care Worker may differ according to country need and it is imperative that they have clear guidance and understanding of their professional role.

### Module 1.1 Structure of the national care system and key services related to adult care

**Activity Name** Understanding the National Care System in the country you are working in and your role as a care worker

#### Objectives and Learning outcomes

Define the National Care System and key services in your country in relation to adult care  
Identify Key roles and professional working relationships in adult care systems  
Explain the importance of working in ways that are agreed with the employer

**Suggested duration** 40 min.

**Number of Participants** Up to 20

#### Materials needed

Computer and projector, Microsoft PowerPoint, Flip chart and paper, Markers, Blu Tack

#### Competences

- is able to claim for a specific care service needed in a specific circumstance

#### Knowledge

- is able to understand in general the national care system, specifically with perspective of elderly car

#### Skills

- is able to identify a range of key services within the national care system related to adult care

#### Guidelines for Assessment

Verbal discussion; PowerPoint presentation.



Attach SMART Learning Objectives to wall so group can refer to throughout the session to maintain focus (pre-written on flip chart paper).

**Keywords** National Care System

**References** Key legislation relevant to country and setting  
Key policy relevant to each setting  
Relevant workforce regulator



### Description of Activity 1.1

**Introduction** **First phase:**



Trainer to introduce themselves including role/ relevant experience.

Instruct each participant to introduce themselves and role/ relevant experience.

Detail Health and Safety fire drill procedures, toilets and group contract regarding respect/ not sharing personal information.

Introduce SMART Learning Objectives (refer to throughout session to keep focus)

**Define the National Care System and key services in your country in relation to adult care**

**Task 1** (Warm up activity): Ascertain through group discussion, key words participants relating to the National Care System and key services

Tutor writes responses on flip chart as mind map.

**Task 2:** Deliver a short country specific PowerPoint detailing the structure and components of the National Care System in that country.

**Task 3:** Ask participants to split into smaller groups. Hand out to each group a case of an elderly person who needs to receive a specific kind of care service. Ask participants to search online or to do desktop research for this specific key service within the national care system. Check the results of everyone in plenary session.

If participants have already made experience with the care system, either through work or in private, invite them to share their experiences and potential problems they may have encounter.

Your own  
notes:

## Module 1.2 Key roles and career pathways in adult care settings

**Activity Name** Understanding the role as a Care Worker and the different career pathways



**Objectives and Learning outcomes** To develop knowledge of the Role of the Care Worker, identify standard practices for this role and the career pathways that exist in the national context.

- **Identify** Key roles in adult care systems
- **Define** Key responsibilities within each identified role
- **Explain** professional working relationships in adult care settings

**Suggested Duration** 1,2 hours taught



**No of Participants** 12

**Materials needed** Computer and projector, Flip chart and paper, Markers, Blu Tack



**Competences** Is able to reflect the own role and the challenges in care settings

**Knowledge**

- is able to describe key roles and career pathways in adult care settings



**Skills**

- is able to identify key roles and career pathways in adult care settings

**Guidelines for Assessment**

- Verbal discussion Q&A, explanation
- Recording of findings on flip chart
- Facilitation of group discussion

**Keywords** National Care System, Care Worker, Roles and Responsibilities, Working in Partnership, Competency

### Description of Activity 1.2

**Identify key roles in adult care systems**

**Learning outcome 1**

Divide students into small groups of no more than 4 participants and ask them to identify key roles in adult care systems.  
Support each group to feedback to main group a list of key roles in adult care settings.  
Facilitate discussion regroup findings

**Key responsibilities within each identified role**

Divide students into small groups of no more than 4 participants and allocate each group a key role identified from the key activity above  
Group members to define key responsibilities on that role.  
Group members to devise a poster outlining the key responsibilities for the given role and present back to main group.  
Group discussion on job descriptions specific to students country to embed learning

Your own notes:

## Module 1.3 Professional working relationships in adult care settings



**Activity Name** Working in partnership

**Objectives and Learning outcomes** Understand the importance of working in ways that are agreed with the employer



**Suggested Duration** 30 min

**Nº of Participants** 15



**Materials needed** PowerPoint Flip chart and paper, Markers, Poster paper , coloured pens , blu tack

Computer and projector, Microsoft PowerPoint

- Competences**
- is able to assume the responsibility of the agreed ways of working
  - is able to work in partnerships
  - is able to agree with the employer the ways of working



- Knowledge**
- is able to describe different working relationships in elderly care settings
  - is able to describe the importance of working in ways that are agreed with the employer

- Skills**
- is able to explain how a working relationship is different from a personal relationship
  - is able to provide examples why it is important to adhere to the agreed scope of the job role
  - is able to explain why it is important to work in partnership with others
  - is able to provide examples why it is important to adhere to the agreed scope of the job role
  - is able to integrate into the work in partnership with others
  - is able to identify ways of working that can help improve partnership working

**Guidelines for Assessment** Powerpoint presentation

Group discussion and share professional country specific codes of conduct where available to ensure clear understanding of required professional working

### Description of Activity 1.3



Explain professional working relationships in adult care settings  
Interactive role play activity. Students in groups of 4 to demonstrate through a role play examples of poor professional practice using country specific case studies devised by the tutor. Students to explain why the practice is poor and to detail what examples of best practice would look like.

Tutor to deliver short PowerPoint presentation on values underpinning professional working relationships in adult care settings.

Students to complete an assessment quiz based on the PowerPoint above to ensure learning has taken place

**Case Study Examples**

**Case Study 1: Physical Abuse**

[Mr H's Story](#) - "A year ago I had a stroke, which left me partially



paralysed. I was lucky enough to have carers who came to my home three times a day, and my wife cared for me the rest of the time. Unfortunately, after a while, my wife became increasingly aggressive and impatient with me. One night, when I had asked her to help me to the toilet, she pushed me and I fell and hit my head. She then helped me up, but then slapped me across the face. I didn't want to call Social Services; I didn't want my wife to get into trouble as I knew she was only lashing out because she was so stressed. I contacted Action on Elder Abuse helpline instead, and they advised me to work out a schedule with family and friends so my wife would get some free time and feel less isolated. With the help of my family and friends I was able to develop the schedule and my life at home with my wife improved significantly."

### **Case Study 2: Neglect**

**Mrs S's Story** – "Mrs S was referred following a concern about an incident that took place at the nursing home she was living in. Mrs S has very advanced dementia and is no longer able to communicate. She also has very reduced mobility and needs full assistance with all personal care mobility.

One day Mrs S was found to have fallen out of her electric recliner chair. She needed an overnight stay in hospital and had extensive bruising to her face. Understandably her family were very upset by this and provided her social worker with a number of photographs of the incident to illustrate how traumatic it had been for their mother. An investigation into the care home revealed inadequate staffing levels in the area where Mrs S lived. It also revealed that staff had left very dependent and confused residents unattended. Further investigations found other areas such as risk assessments at the care home were also very poor.

The family were involved and understood that we take these issues very seriously. The care home had tried to down play the incident and claimed that the family were intimidating.

However the social worker reported that the family were just concerned at what they perceived as serious neglect. The social worker met with the family to take in all their concerns. Following an investigation at the care home the social worker arranged a meeting with her team manager present to address these issues, inviting the family and the home manager.

This presented a firm and assertive approach towards the home, but without any party feeling outside the process or under attack. This resolved the matter amicably.

A further review was held with the daughter present to ensure that all information had been fed back and the family were satisfied with the outcome. The family felt empowered and involved and Mrs S's needs remained central to the process throughout.

Your own  
notes:

## Module 1.4 Cultural bias in working relationships in adult care settings



**Activity Name** Reflecting the own biographical and cultural background in relation to professional role and communication in the working environment



**Objectives and Learning outcomes** This activity aims to guide care workers to sensitivity towards irritations and misunderstandings caused by different perceptions of care systems and professional roles. They should also be aware of different meanings of “culture” and know some examples for “diversity”.



**Suggested Duration** 1 hour

**Nº of Participants** 15-20



**Materials needed** Flipchart, pin wall, moderation cards, paper and pens.

- Competences**
- Is able to find the appropriate level of distance and speed in working relationships
  - is able to act accordingly to the parameters of a professional relationship in the host country



**Knowledge** ● Knows the suitable norms for communication and behaviour in working relationships in the company and in adult care settings

**Skills** ● Can communicate via written and oral communication  
● Plans his/her work according to a schedule and complies with norms of punctuality

**Guidelines for Assessment** Participants should not criticize or argue the opinion of others. Trainer should support an atmosphere of open discussion. Different perceptions of culture should be respected and treated as a source of diversity.

**Keywords** Professional role, culture, diversity,

**References** <https://www.hiclipart.com/free-transparent-background-png-clipart-duonr>  
<https://www.researchgate.net/publication/307672137/figure/fig2/AS:406372853272577@1473898246369/Abb-2-Four-Layers-of-Diversity-Gardenswartz-Rowe.png>  
<https://www.pinterest.de/pin/842102830305446949/>



## Description of Activity 1.4



### Phase one

The trainer has written on flipchart some questions:

What expectations do the participants have of their professional role as care workers?

Which tasks do they have? Which skills and competences?

The participants note their ideas on moderation cards and discuss in small groups about their ideas and experiences.

### Professional role

The moderation cards have to be pinned on the pin wall.

Brainstorming in the plenum:

Do these perceptions of the professional role correspond more to the care system in the country of origin or to the relevant care system in the country of residence?

Are there any differences at all? If there are any, the participants give examples.



Is the mentioned difference due to different legislation, to different cultural norms, to different gender roles, to the distance of young and old?

### Phase two

Ideas of the participants about the different meanings of culture (examples) have to be noted on moderation cards (in the language of origin and/or of the country of residence) and pinned up.

The trainer has also prepared some cards.

The conclusion could be that culture has a lot of different aspects and meanings and it's neither static nor reduced to the ethnic component.

**Culture**



<https://www.hiclipart.com/free-transparent-background-png-clipart-duonr>

### Phase three:

**Diversity** Input of the trainer or another expert concerning diversity



<https://www.researchgate.net/publication/307672137/figure/fig2/AS:406372853272577@1473898246369/Abb-2-Four-Layers-of-Diversity-Gardenswartz-Rowe.png>

<https://www.pinterest.de/pin/842102830305446949/>

Your own

notes:



**Key take-away messages**



A migrant care worker should always consider the National Care Setting that they are working in and the roles and responsibilities that they must perform.

What I Do
<ul style="list-style-type: none"> <li>I do ensure I understand the National Care System which you are working in.</li> </ul>
<ul style="list-style-type: none"> <li>I do ensure that I understand your role as a Care Worker</li> </ul>
<ul style="list-style-type: none"> <li>I do ensure that I understand the importance of working in partnership</li> </ul>
<ul style="list-style-type: none"> <li>I claim for teamwork</li> </ul>

What I don't do
<ul style="list-style-type: none"> <li>I don't assume that all National Care Systems are the same</li> </ul>
<ul style="list-style-type: none"> <li>I Don't overstep the scope of my role as a Care Worker</li> </ul>





A photograph showing a person in a beige sweater holding a yellow and blue ball. Another person's hand is resting on their arm. The background is blurred, suggesting an indoor setting.

## **Unit 2**

# **Principles of Personal and Professional Development in Care**

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## Principles of Personal and Professional Development in Care

### Principles of Personal and Professional Development

Principles of Personal and Professional Development consist of the continuous progress and the development of new skills and knowledge that will boost the career framework of an individual while keeping them updated in all aspects of their profession.

With regards to the Health Care System, it will provide the migrant care worker with the appropriate knowledge of care service and roles that applies to the elderly population. Understanding of the situation, the additional responsibilities, the potential pathways towards the different areas of caring and specialized medical training will be additional key learning points.



### Cultural bias

Migrant care workers come from different nationalities. Each migrant has to adapt in the host country in order to be integrated. The socioeconomic integration is concerned to be a significant factor for accepting immigrants in professions about personal care. Social discriminations lead migrants to marginalization because of e.g. different age, gender, nationality and beliefs of religion. Also post-colonial prejudices play a role (migrants, especially women, as “landservants”) as well as the image of a care worker as a “member of family”, who doesn’t have to be adequately paid.

## Module 2.1 Good Practices in Adult Care Roles

### Activity Name

How personal values and principles influence individual contributions to work in health and social care for elderly people



### Objectives and Learning outcomes

The main objective of Personal and Professional Development is to update the abilities and skills required of a health and social care practitioner based in practices that derive from the Health Care System, while promoting the equality of employment in social and health services.



### Suggested Duration

Up to 1H

### Number of Participants

Up to 15





**Materials needed** Basic Knowledge of Computer Use, PowerPoint, Projector, Video, Guest Speaker, Paper and Pens, Flip Chart, Experts in health professions, Sociologists



**Competences**

- demonstrates responsibility of appropriate personal attitudes and beliefs in the workplace
- demonstrates responsibility to ensure that that her/his personal attitudes or beliefs do not obstruct the quality of work

**Knowledge**

- is able to describe what is required for good practice in adult care roles
- is able to describe learning activities that develop knowledge, skills and understanding

**Skills**

- is able to identify behaviours which don't support good practice

**Guidelines for Assessment** During the evaluation of Development Plan the migrant care worker will have the ability to establish the daily life activities of a case, which would be included in the individualized plan of the elderly person. They have to apply the learning outcomes for skills needed in social and health care.

Specifically:

- Demonstrate an active participation
- Develop and demonstrate communication abilities including use of health terminology in each case of person
- Be aware of issues contradicted to traditions existing in country of origin

Continue studies about social and health sciences, taking into consideration the legal residence of migrants in countries, to obtain a degree as an official certification

**Keywords** Principles, Personal Care, Professional Care, Development Plan



**References** Title: Personal and professional development  
Author: Health Career  
Publisher: Health Career, 2019  
<https://www.healthcareers.nhs.uk>

## Description of Activity 2.1



**Introduction** Divide participants into groups of 2-3.

### PHASE ONE

Each group will write down a scenario (either imaginary or previous experience) where their system of beliefs (religion, culture, etc.) would or have posed a barrier/obstacle in their daily activities and/or development plan preventing them from actively participating and acquiring new skills. Each team will read its scenario and the next group

will have to come up with a solution based on their own view/ experience with regards to how they already had/ would have addressed and overcome corresponding/ equivalent challenges. Thus, each group will have both shared an experience and provide a possible solution by the end of the activity.

#### PHASE TWO

#### **Reflecting on job experience**

After the completion of the activity, each group will be asked to write down which aspect of the solutions proposed acts as a good practice and tackles the obstacles acknowledged. Secondly, the groups will be asked to give examples of behaviours that would not support good practice. After discussing them with the rest of the group, the good practice tactics will have eventually addressed one of the problems/conflicts discussed in Phase ONE forming an oral, experienced-based practical guide that can be easily transferred and replicated. The trainer could provide more aspects which are required for good practice, if they have not been mentioned so far, and discuss with the participants.

Through this activity, the participants will feel secure to share their own difficulties and actively learn from others while taking responsibility. With the guidance of the sociologist/guest speaker, we will make sure that the language will not get offensive and that the participants' worries/ difficulties will be properly addressed according to national health care protocols and policies.

**Your own notes:**

## **Module 2.2 Personal Development Plan**

**Activity name** How Personal Development Plan succeeds to improve knowledge and patient's satisfaction/well being

**Objectives and Learning outcomes** A personal development plan will:

1. Help migrant care workers to define the importance of keeping track of their progress



2. Enhance their understanding on how structured methods help them and the patient to reach their everyday goals

Act as a personal, strategic guide of accomplishment and



**Suggested Duration** Up to 1H

**No of Participants** Up to 15



**Materials needed** Basic Knowledge of Computer Use, PowerPoint, Projector, Video, Guest Speaker, Paper and Pens, Flip Chart, Experts in health professions, Sociologists



- Competences**
- recognize her/his own training needs for assuring good practice in adult care job roles
  - conduct her/his 'personal development plan and takes responsibility for continuous professional development for a care worker

- Knowledge**
- is able to describe the circumstances, sources and persons that helps her/him to improve the quality of caregiving

- Skills**
- is able to motivate her/him-self for training

**Guidelines for Assessment** Throughout the personal development plan, the migrant care worker has to be able to identify her/his own daily needs and more importantly, he/she has to be able to develop a strategy to track and enhance her/his professional skills and qualities.

That being said, the care worker has to be able to precisely understand his/her duties and how his/her routine contributes to ameliorate his/her work. He/She should be able to demonstrate a precise understanding of quality caregiving.

**Keywords** Personal, Development, Plan, Schedule, Structure, Guideline, Preparation, Improvement



**References** Your personal development - The CARE CERTIFICATE  
<https://www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-2.pdf>

*A competence-based approach to improve the social inclusion of migrant women*; Edited by Mar Camarasa i Casals and Laura Sales Gutiérrez ; Surt Women's Foundation

## Description of Activity 2.2



<b>Introduction</b>	<b>ACTIVITY ONE</b>
<b>Training needs</b>	<p>All participants write down a past experience where, not keeping up with good practice in caring for an elderly person or any other job related experience, lead them to an unwanted/risky situation. All notes are mixed and the participants randomly choose from the pot. By reading out loud the cases and going around in a circle, the participants indicate which kind of previous training would have improved the caregiving and would have prevented the incident. The expert in the room coordinates and supervises the discussion while contributing his own knowledge and expertise on the matter.</p> <p>This is a fun way to get the participants to be really honest through anonymity.</p>
<b>Personal development plan</b>	<p>The trainer asks participants to think about things they want to do in their life (for example, having a job, a nice house, children, etc.). They make a list with all their wishes.</p> <p>Then they think about possible obstacles they find to make their dreams come true (for example, they are not able to find a job because there is a lot of competition in the labour market right now).</p> <p>After all participants have reflected about their dreams and obstacles, participants share their thoughts in the class and the trainer collects ideas in a table. This will allow participants to see that many of the wishes and difficulties are shared among several participants of the group.</p> <p>Then the trainer will label the obstacles that came out during the session and organises them in three groups: personal factors, structural factors and competence factors. The facilitator explains the three types of factors and in which way each one of us is able to change these factors. Especially the personal and competence factors should be discussed with the participants in order to identify the circumstances, sources and persons that help each participant to progress in their personal development.</p> <p>This will allow participants to start to see their individual objectives related to their personal project. It will also help participants to see that structural difficulties can be compensated with the development of individual competences, and what kind of collective action may help reduce structural inequalities</p> <p>Finally, each participant should be asked to detail his or her personal development plan during the next year and the perspectives for the next 5 years and discuss this plan individually with the trainer.</p>
<b>Cultural Bias</b>	<p>Structural factors are often an obstacle for conducting onward the personal development plan and in the case of migrants these obstacles are very much linked to the structural discrimination in legislation and society against migrants. Participants should be aware about certain structural barriers which they will not be able to overcome individually.</p>



The trainer can give examples in which collective actions reduced structural inequalities for migrants.

Your own  
notes:

## Module 2.3 Intercultural view on good practice in adult care roles



### **Module 2.3 Intercultural view on good practice in adult care roles**

**Activity Name** Adapting to the essential need of a patient's well being



**Objectives and Learning outcomes** Professionally caring for an adult encompasses a wide range of services (emotional, physical, social, emotional, learning needs, etc.).

This activity aims to guide migrant care workers through situations where the cultural capital between them and the patients is in conflict in a professional and appropriate way.



**Suggested Duration** 1H

**No of Participants** Up to 15



**Materials needed** Basic Knowledge of Computer Use, PowerPoint, Projector, Video, Guest Speaker, Paper and Pens, Flip Chart, Experts in health professions, Sociologists

**Competences**

- include own biographical and cultural experiences regarding care work in the good practice and adds value
- reflect and question stereotypes concerning culture, role of men and women, age etc.



**Knowledge**

- Knows about the cultural specifications and expectations towards the care work

**Skills**

- adapt his/her role according to the expectations of the client and add best practices of his/her culture and personal experience where possible
- change perspective

**Guidelines for Assessment** The migrant care worker should be able to identify what suggests a 'good practice' example in terms of adult care. He / she should also be in a position to recognize where cultures and beliefs overlap or are in conflict and how to de-escalate possible situations in a respectful and professional way

**Keywords** Good Practice, Intercultural Dialogue

**References** Principles and Practices of Working in Adult Care Settings  
<https://www.pearsonschoolsandfecolleges.co.uk/FEAndVocational/HealthAndSocialCare/BTEC/btec-level-2-technical-for-health-and-social-care/Samples/adult-care/Samples/adult-care/unit-1-principles-of-adult-care.pdf>



### Description of Activity 2.3

**Introduction** ACTIVITY ONE

The expert leading the seminar has pre-written down 10 questions (the number can be altered according to his judgement) describing intercultural conflict situations (dress, behaviour, body language, etc.). He/she could either read them aloud or project them on screen for everyone to see. For each question s/he should have prepared three possible answers describing how to properly address the conflict (or how they could improve the situation of the patient). The possible answers have to be realistic – firstly, because we need to challenge the participants to justify their answers and acknowledge the thin lines of the delicate psychology of someone in need and secondly, because new approaches could arise beyond the ones the migrant care workers are already aware of.

**Reflecting on job experience**

ACTIVITY TWO

Each participant can create a really short sketch imitating a stereotype that he/she is used to, because of the appearance/ accent/ age/ gender.

The rest of the participants need to identify the message transported by the stereotype and discuss their own personal views and experiences of dealing with stereotypes.

Another example could be that the supervisor sketches out possible, real life patient situations i.e faint, cold, flu. Then, each participant is challenged to take care of him/her according to his/hers experiences. The rest of the group needs to find out if they perceive any cultural differences or not.





**Your own  
notes:**

## Key take-away messages



- Hand out to the participants a copy of his/her personal development plan
- Hand out a list of Do's and Don'ts like the one below:

What I do
<input type="checkbox"/> I do take personal responsibility for my own learning and personal development.
<input type="checkbox"/> I do check every 6 months if I'm still following my initially defined personal development plan
<input type="checkbox"/> I take care to update my personal development plan regularly
<input type="checkbox"/> I do identify own personal skills set and care competencies
<input type="checkbox"/> I do seek guidance and help when in doubt
<input type="checkbox"/> I do reflect on stereotypes, discrimination and personal experiences
<input type="checkbox"/> I do have a clear understanding of policies and national guidelines
<input type="checkbox"/> I'm conscious of different perceptions and expectations in care work settings

What I don't do
<input type="checkbox"/> I don't assume that I have all the knowledge and skills required for the carer role.
<input type="checkbox"/> I don't forget to update training as practice and legislation constantly change.
<input type="checkbox"/> I do neither ignore nor overestimate cultural differences in care work settings





## **Unit 3**

# **Principles of Communication in Adult Care Settings**

Unit 3

## Principles of Communication in Adult Care Settings

### Principles of communication

Communication is essential to provide a good quality care in social health practice. It is fundamental in the relationship of the care worker with the elderly person and as well with the family members, it is also fundamental within the team of professionals. The customer profile today has changed; it is a much more demanding profile that requires another type of more individualized attention. Social health professionals and care workers must know how to identify the model of care that fits to the needs of the elderly person and that the care worker disposes of the necessary knowledge, skills and competencies to assure good communication between the parties involved so that care delivered it of good quality and appropriate.

### Cultural bias

Care workers come from different countries, where there may be different ways to communicate, especially what belongs to the nonverbal communication. Good communication consists in assuring that the communication was successful, and if necessary, adapting the language to the person's needs in order to avoid misunderstandings. It is also essential to interpret the reactions of the elderly person according to their own cultural criteria.

## Module 3.1 Communication in adult care settings and aspects on intercultural communication

### Activity name **Communication to discuss. Solution of a case study**

### Learning goals and outcomes

Understand why communication is important in adult care settings

Understand how to meet a person's communication and language needs, desires and preferences

Understand how to reduce barriers to communication.

Understand confidentiality and the need for secure management of information in adult care environments.

**Suggested duration** 4 hours

**Number of participants** Up to 20

**Materials needed** Computer with projector, power point, video, case resolution activities, paper and pens





<b>Competences</b>	<ul style="list-style-type: none"> <li>assumes responsibility for communication with the user's attention has not been understood</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>is able to explain why communication is important in adult care environments</li> <li>is able to describe ways to meet an individual's communication and language needs, desires and preferences</li> <li>is able to describe ways to reduce barriers to communication</li> <li>Knows that there is always the risk of a misunderstanding because of different terms and expectations in another cultural setting</li> <li>knows about the potential differences in nonverbal communication in another cultural setting</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>is able to identify different reasons why people communicate</li> <li>Is able to observe an individual's reactions when communicating</li> <li>is able to choose from a range of communication methods</li> <li>is able to find out an individual's communication and language needs, wishes and preferences</li> <li>is able to verify that communication has been understood</li> <li>is able to understand nonverbal communication in another cultural setting</li> <li>Is able to ask questions and check for misunderstanding with the client</li> </ul>
<b>Guidelines for evaluation</b>	<p>In a continuous evaluation students will demonstrate their communication and language understanding skills in the care of the elderly by providing solutions to a case study.</p> <p>Learners can use the Online Training Course <i>Migrants take Care</i> to be trained in technical language vocabulary of the host country and frequent sentences that could be used in the home care setting for the elderly persons.</p>
<b>Keywords</b>	Verbal communication, nonverbal communication, communication barriers, communication needs, effective communication, SAAC
<b>References</b>	<p><a href="#">Communication and basic language of the host country</a></p> <p><a href="#">Communication and language applied to the care of the eldest person</a></p>



### Description of Activity 3.1



<b>Introduction</b>	In the first phase participants will contextualize in writing what means from their point of view the word communication. It will be shared with the other to get a complete picture of ideas about this concept.
<b>Different ways of communication</b>	The second phase will discuss the different types of communication so that they can be applied to the different types of communication needs of an elderly person.

**Communication needs** The third phase will be to show different ways of body communication aimed at recognizing nonverbal communication as a detection of the person's needs.

**Non-verbal communication in intercultural settings** Participants will be asked to reflect on aspects of their nonverbal communication which are different in the host country. Each participant will show to the rest of the team a gesture, mimic, action of body language and the other participants have to explain what it means. When there are wrong explanations, the participant must correct.

**Different methods of communication** The different methods of communication will be explained and then each participant must solve a case study where she/he will demonstrate her/his communication skills with a deaf person.

**Cultural misunderstandings** Communication depicts one of the most critical and sensitive ways of interaction where cultural differences can easily lead to misunderstandings and confusion. Cultural imprints determine your way of communication and misunderstandings can occur within the content of communication, but also in the style/channel of communication.

One example could be a misunderstanding due to a gesture, which is used completely differently in different cultures. Another one could be a topic (e.g. politics, religion, sexuality) which is culturally inappropriate to be discussed in some parts of the world and in others not. Also elements like the speed of verbal communication may vary and lead to difficulties in hearing and understanding each other properly.

In the elderly care sector care receivers have an expected high age, and in this setting cultural specifications based in age need to be considered, too.

Here, the trainer should identify major specifications, risks and examples for misunderstandings and communication as well as ways to enable clear and smooth interaction. Practice with role plays might be a good alternative to recognize possible cultural misunderstandings and develop sensitivity and tools. With different nationalities in the training course, a base for experience with intercultural communication is already given.

Helping the migrant care workers to understand the clients' language and cultural background should be the focus of the trainer. Inviting a migrant care worker who is already working in the setting for some time to share his/her experiences and provide some helpful tips might be a good option here.

Additionally, migrants may have difficulties in comprehending the host country's own language, creating misunderstandings and communication problems. To avoid this type of situation, a guest speaker with a migrant background will be invited to animate a debate about cultural misunderstandings. Participants are invited to contribute their personal experience of the most frequent cultural

and/or language misunderstandings that they have experienced since they have arrived in the host country. Together, participants will brainstorm about the best ways to avoid this kind of misunderstanding and the questions that should be asked to check misunderstandings.

Your own  
notes:

## Module 3.2 Confidentiality and the need for secure handling of information in adult care settings

**Activity name** Debate and conclusions on confidentiality and data processing

**Learning goals and outcomes** The main objective of this module is to prepare students to take responsibility for the processing of confidential information and to know when such information should be shared with nurses, doctors or other professionals for the well-being of the elderly person her/himself.

**Suggested duration** 4 hours

**Number of participants** No more than 20

**Materials needed** Computer with projector, power point of the syllabus, paper and pen for notes

**Competences**

- assumes responsibility when information that is normally considered confidential may need to be shared with other

**Knowledge**

- is able to describe the term trust

**Skills**

- is able to identify the people to which it must communicate confidential information
- is able to maintain confidentiality in daily communication

**Guidelines for evaluation** In this module, learners will be provided with knowledge of the laws governing the right for privacy and the protection of personal data in the host country by providing the necessary knowledge to:

- Be the elderly person's confidant



- Safeguarding the information provided to you
- Communicate such information to your health professionals objectively and with prior notice to the elderly person.

**Keywords** Privacy, confidentiality, data protection, trust

**References** The right to privacy has the range of fundamental law in the Spanish Constitution and is protected by Organic Law 1/1982, of May 5, on Civil Protection of the Right to Honor, Personal and Family Intimacy and Self-Image.

[Organic Law 15/1999, of 13 December on protection gives personal data](#)

Talavera P. The intimacy of care and care of the intimate. 2nd Nursing Meeting; 2005. October. Madrid. Fundamental and Clinical Bioethics Association.

Decalogue of Attitudes to know how to keep confidentiality and protect the personal data of the client.



### Description of Activity 3.2



**Introduction** The basis of good practices in the care of the elderly person is good communication. Good communication has to focus on: to empathize and to respect the rights, privacy and dignity of the elderly person.

**Confidence** In the first phase, participants will watch a video about trust, and then each participant will make a list of the information and aspects in this example video that they consider confidential and that they would only tell to a reliable person. The list of each participant will then be shared with the entire group so that each learner is aware of the subjects that may be confidential, and which they would share or not share.

**Secure information** In the second phase, learners will need to reflect on the consequences that lack of secure information and confidentiality cause. In order to know the different points of view of the learner group, the consequences of the lack of secure information and confidentiality in a case study of a home care worker will be contextualized.

**Cultural bias** In such sensitive issues as confidentiality and secure information as well as data protection, different cultures can give different values to these key concepts. The laws that refer in the host country to the confidentiality and security on the information, as well as the consequences that the violation of these rights may entail, may be differently according to each country and should be discussed.





Again it will be helpful if the trainer provides examples of confidential information and their cultural context. Also a migrant care worker with experience could provide some examples.

The trainer could also design a quiz with some examples and see if information is valued confidential in the target culture of the class. The results of the quiz and also different evaluations of this possibility can be an excellent starting point for further discussions and the development of sensitivity.

Your own  
notes:



### Module 3.3 Aspects of intercultural communication in adult care settings

**Activity name** Differences and similarities in communication

**Learning goals and outcomes** The objective of this module is to improve communication with the elderly person taking into account the culture of the person him/herself and the one of the care worker in order to avoid misunderstandings and misinterpretations in the day to day care work  
To do this, learners must:

- Analyze the form of communication of the host country
- Analyze one's own form of communication
- Understanding the particularities of communication in the older age



**Suggested duration** 3 hours

**Number of participants** No more than 20



**Materials needed** Computer with projector, power point, cardboard, paintings, magazines. pens and paper

**Competences**

- is able to recognize possible sources of misunderstandings that occur due to different expectations and



- Knowledge**

  - is able to adapt to the cultural standards of customer communication
  - knows that there is always the risk of a misunderstanding due to different terms and expectations
  - Learns the most important guidelines for communication in adult care settings
- Skills**

  - Is able to ask questions and check for customer misunderstandings
  - is able to adapt to the most important guidelines in terms of communication in adult care environments

In a continuous evaluation students will get:

- Guidelines for evaluation**

  - Improved communication skills with the adult
  - Better understanding of the person's life story to understand how he/she communicates
  - Understanding that misunderstandings may be due to cultural differences
  - Understanding that the cultural differences between the host culture and one's own

**Keywords** Intercultural communication, cultural biases, cultural transmission, cultural barriers to communication, feedback

**References** [Nonverbal communication. Flora Davis](#)



### Description of Activity 3.3



**Introduction** In the care context there is a risk of misunderstandings and of little tolerance for such misunderstandings from the care receiving person due to age and mental situation. This risk can be minimized if the migrant care worker simulates possible scenarios and receives some feedback on real life situations from more experienced migrant care workers or the trainer. A first approach to sensitize migrant care workers for possible cultural misunderstandings can be made in the training course via examples of the trainer, discussions, role plays, and expert visits.

The first phase will be awareness, learners should be aware of the cultural differences in communication and of the misunderstandings that these cultural differences can cause in the day-to-day communication with the elderly person. To do this, a video will be shown in which cultural biases can be seen in the communication.

**Cultural biases** A group analysis will then be made on the cultural biases detected in the video and the misunderstandings that these may cause in the daily work.





**Cultural barriers** Each participant will transmit to the rest of the group the cultural barriers they have encountered since residing in the country of origin, and what problems and learnings have provided them.

**Misunderstandings** A role play could be implemented with the participants: One group plays the role of the care receiving person and picks one sentence, behaviour aspect or gesture which will be misunderstood on purpose; the second group will be in the role of the care worker and will try to recognize and clarify the misunderstanding. The third group will be in the role of the observer and give some feedback to both groups afterwards.

**Health, Religion, gastronomy, friendships, free time and family in the older age** Participants will create a mural with the most controversial topics: religion, politics, values, traditions, games, sex, gastronomy, etc. Creating a visual guide to how these aspects should be communicated with the elderly person, indicating what to do and what not to do.

**Your own notes:**

## Key messages to carry



What I do
<input type="checkbox"/> I talk slowly while looking at the elderly person
<input type="checkbox"/> I ask permission before I act
<input type="checkbox"/> I listen actively
<input type="checkbox"/> I exchange views with the elderly person
<input type="checkbox"/> I talk about the traditions and customs of my country
<input type="checkbox"/> I demonstrate activate confidentiality at all times
<input type="checkbox"/> I smile when I meet and say goodbye to the elderly person

What I don't do
<input type="checkbox"/> I don't scream to be heard better
<input type="checkbox"/> I don't look away when we speak or talk to each other
<input type="checkbox"/> I don't pretend listening without really doing it
<input type="checkbox"/> I don't impose my culture (religion, values, gastronomy, politics...)
<input type="checkbox"/> I don't reveal the secrets of the elderly person to my friends
<input type="checkbox"/> I don't take into account my tastes or preferences when performing any type of activity
<input type="checkbox"/> I don't speak in my language so that the elderly person doesn't understand me
<input type="checkbox"/> I don't criticize the elderly person, his/her values, religion or personal tastes
<input type="checkbox"/> I don't put on the TV without checking what the elderly person wants to watch or change the chain without asking before.
<input type="checkbox"/> I don't discriminate the elderly person because of age, gender, race, religion, sexuality, marital status, disability and number of dependents.
<input type="checkbox"/> I don't dismiss the views and options of the individual.
<input type="checkbox"/> I don't apply personal bias while caring for the individual.

A photograph showing a close-up of an elderly person's hands being held by a caregiver. The caregiver's hands are positioned around the elderly person's hands, providing support. One of the elderly person's hands is holding a small, colorful ball (yellow and green). The background is slightly blurred, showing what appears to be a chair and a person in a blue shirt. The overall scene conveys a sense of care and assistance.

## **Unit 4**

# **Introduction to the Care Value Base for Health and Social Care**

Unit 4

## Introduction to the Care Value Base for Health and Social Care

**Care Value Base** The Care Value Base is an important range of standards for health and social care. It is designed to guide the practice of individuals working in this area. The overall aim of the standards is to improve clients' quality of life, by ensuring that each person gets the care that is most appropriate for them as an individual.

**Cultural bias** Migrant Care Workers come from different countries, where practices and legislation may differ. Core values and principles for safe and effective practice, meeting individual cultural needs, have to be established, understood and followed to ensure best practice.



### Module 4.1 Key legislation and codes of practice relating to diversity, equality, inclusion and discrimination in adult care settings

**Activity Name** Define diversity, equality, inclusion and discrimination in relation to adult care settings

**Objectives and Learning outcomes** To develop knowledge and skills of the Care Value Base and identify standard practices for the role of the Migrant Care Worker  
Understand key legislation and codes of practice relating to diversity, equality, inclusion and discrimination in adult care settings  
Understand person centred approaches for care and support.



**Suggested Duration** 2,5 hours taught – additional hours required for assessment in the workplace to determine skills and competencies.



**No of Participants** Up to 20

**Materials needed** **Learning outcome 1:** Computer and projector, Printed and laminated key terms and definitions, Flip chart and paper, Markers , Blu Tack  
**Learning outcome 2:** Flip chart and paper, Markers, Poster paper , coloured pens, blu tack, Computer and projector, Computer and internet access  
**Learning outcome 3:** Real adult care setting codes of practice, Flip chart and paper, Markers , Blu Tack  
**Learning outcome 4:** Recent cases of poor practice relating to relevant legislation and codes of practice, Flip chart and paper, Markers, Blu Tack





- Competences**
  - applies practices which can reduce the likelihood of discrimination
- Knowledge**
  - is able to define the key terms diversity, equality, inclusion and discrimination
  - is able to describe key legislation and codes of practice relating to diversity, equality, inclusion and antidiscrimination in adult care setting
- Skills**
  - is able to illustrate by example how direct or indirect discrimination may occur in the work setting
- Guidelines for Assessment**
  - Match key terms and definitions
  - Recording of findings on flip chart
  - Facilitation of group discussion to ensure related to adult care settings
  - Facilitation of presentation back to main group
  - Collation of main points and add in points identified by group discussion
- Keywords** Care Value Base, Individuals, Rights, Choice, Equality, Diversity, Communication, Confidentiality, Duty of Care
- References** Key legislation relevant to country and setting (e.g. Section 75 Northern Ireland Act 1998)  
Key policy relevant to each setting (e.g. General Data Protection Regulation policy)  
Relevant workforce regulator (Northern Ireland Social Care Council)



**Description of Activity 4.1**

- Diversity, equality, inclusion and discrimination in relation to adult care settings** (30 min)
  - Learning outcome 1:**  
**Define diversity, equality, inclusion and discrimination in relation to adult care settings**
  - Divide students into small groups of no more than 4 participants and ask them to match key terms with meanings using printed out detail. Support each group to feedback definitions to main group
  - Facilitate discussion regroup findings and relate to adult care setting.
- Key legislation** (45 min)
  - Learning Outcome 2:**  
**Identify key legislation relating to diversity, equality, inclusion and discrimination in adult care settings**
  - Show a small video explaining key legislation relating to diversity, equality, inclusion and discrimination in adult care settings. Provide each group with relevant websites to facilitate research activity. Students to compile list of key findings and discuss it in the group. Facilitate discussion regroup findings and relate to adult care setting.
- Key codes of practice**
  - Learning Outcome 3:**

(30 min) **Identify key codes of practice relating to diversity, equality, inclusion and discrimination in adult care settings**

In groups of 4 share real adult care setting codes of practice relating to diversity, equality, inclusion and discrimination in adult care settings. Instruct each group to summarise key care worker requirements from each policy and feedback to group. Facilitate group feedback and discussion to ensure all relevant key points are discussed and understood.

**Importance of key legislation and codes of practice**

**Learning Outcome 4:**

**Explain importance of key legislation and codes of practice relating to diversity, equality, inclusion and discrimination in adult care settings**

(30 min) Small groups of 4 to review recent examples relating to adult care settings where legislation and codes of practice relating to diversity, equality, inclusion and discrimination have not been followed. Groups to identify poor practice and explain consequences for both service user and care worker/ care setting.

Groups to feedback summary of case, legislation/ codes of practice not followed and consequences

Facilitate group feedback and discussion to ensure all relevant key points are discussed and understood.

**Close** Review key learning objectives and content, importance to adult care settings and check understanding.

Your own notes:

## Module 4.1.1 Care Value Base

**Activity Name** Understanding the Care Value Base and Implications for the Migrant Care Worker

**Objectives and Learning outcomes**




**Define** the Care Value Base and relevant key terms in relation to adult care settings

**Explain** how the Care Value Base should be applied to adult care settings



**Suggested Duration** 1,5 h



	<b>Nº of Participants</b>	Up to 20
	<b>Materials needed</b>	<p><b>Learning outcome 1 :</b> Computer and projector, PowerPoint presentation, Flip chart and paper, Markers , Blu Tac</p> <p><b>Learning Outcome 2:</b> Case studies, Flip chart and paper, Markers, blu tack</p>
	<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• is able to explain the implications of duty of care</li> <li>• is able to describe how the duty of care affects own work role</li> </ul>
	<b>Skills</b>	<ul style="list-style-type: none"> <li>• is able to communicate about dilemmas that may arise between the duty of care and an individual's rights to the person agreed</li> <li>• applies techniques to support individual identity and autonomy of the elderly person linked with well being</li> </ul>
	<b>Guidelines for Assessment</b>	Facilitation of group discussion to ensure all key concepts of the Care Value Base related to adult care settings are covered.
	<b>Keywords</b>	Care Value Base, Duty of Care
	<b>References</b>	

### Description of Activity 4.1.1

**Care Value Base (30 min)** **Learning outcome 1**  
**Define the Care Value Base and relevant key terms in relation to adult care settings**  
 Deliver short PowerPoint presentation to introduce the concept of the Care Value Base and relevant terms.  
 To consolidate learning, divide students into small groups of no more than 4 participants and ask them to list key important terms in relation to the Care Value Base and adult care settings.  
 Support each group to feedback key terms related to the Care Value Base and compile an agreed list required for care workers.  
 Facilitate group discussion of key findings and ensure any missing terms are covered.

**Applied Care Value Base (30 min)** **Learning Outcome 2:**  
**Explain how the Care Value Base should be applied to adult care settings**  
 Divide students into different small groups of no more than 4 participants and provide Case Study scenarios relevant to adult care settings. Each group to identify which aspects of the Care Value Base need to be applied for each scenario and explain why.  
 Facilitate feedback and discussion regroups findings and relate to adult care setting.



**Close** (15 min) Review key learning objectives and content, importance to adult care settings and check understanding.

Your own notes:

## Module 4.2 Person centred approaches



**Objectives and Learning outcomes** Define what is meant by a person centred approach in a health and social care setting  
Define what is meant by health and wellbeing in the health and social care setting



**Suggested Duration** 1.5 hours

**Nº of Participants** 20



**Materials needed** Computer and projector, PowerPoint presentation, Flip chart and paper, Markers, Blu Tac, Case studies, Flip chart and paper

**Competences**

- knows where to get additional support and advice about how to resolve dilemmas
- encourages the elderly person to participate actively in day-to-day life/activities



**Knowledge**

- is able to describe the person centred approaches for care and support
- is able to describe activities to promote an individual's well-being
- is able to describe ways how to support an individual's right to make choices



- Skills**
- assesses ways to contribute to an environment that promotes well-being
  - is able to take into account the history, preferences, wishes and need Explain using s of an individual when providing care and support
  - is able to identify the risks that can be part of an individual’s choice
  - is able to analyses her/his personal views to avoid influencing the individual’s choices

**Guidelines for Assessment** Facilitation of group discussion  
recording on group findings into individual work books

**Keywords** Health and wellbeing, Person centred approaches

### Description of Activity 4.2

Health and wellbeing

Students to be split into groups of no more than 4

Each group tasked with

- designing a specific task to promote each aspect of health and wellbeing, physical, emotional, mental
- Task to be shared across wider group with direct feedback from tutor

Person centred approach

Students to role play managing a difficult situation (devised by tutor) with an elderly person. Students demonstrate through role play, person centred approach.

Role plays videoed for analysis by main group

Students should demonstrate professional values within health and social care including respect, choice, confidentiality, autonomy and antidiscriminatory practice.

Group discussion facilitated by tutor.

**Your own notes:**

## Module 4.3 Key cultural differences in communication, well-being and respecting individual choices

**Activity Name** Antidiscriminatory practice and biographical approach

**Suggested Duration** 2 hours



**Nº of Participants** 15

**Materials needed** Computer and projector, Internet access (for small videos), PowerPoint Presentation, Flip chart and paper, Markers, Blu Tac, Flip chart and paper



**Competences**

- is able to behave in the way that suit the cultural expectations of the care service user

**Knowledge**

- is able to describe aspects in communication that may be different in another cultural context
- is able to describe the concept of well-being with regards to the cultural background of the service user
- has some basic understanding of cultural ideas of individualism vs collectivism
- has a basic understanding of the appropriate distance and physical contact to the client
- has an understanding of common conversation topics

**Skills**

- is able to identify her/his own cultural communication habits which are different to the ones of the care service user
- is able to identify potential cultural differences in the concept of well-being of the care service user
- is able to identify his/her own behaviour in accordance to cultural ideas
- Is able to adapt his/her behaviour according to the right professional distance
- is able to make small talk accordingly (e.g. talk about the weather) at the beginning of meetings with the client

**Keywords** Antidiscrimination, Empowerment



### Description of Activity 4.3

- Reflection** Phase one:
- Invite participants to reflect on how key cultural differences relating to personal preferences e.g. communication, body language, dress, diet etc. may impact on implementation of the Care Value Base.
- Reflect on cultural differences to the main target group of clients. This can relate to religion, politics, values, traditions, regional differences... This can be done via discussions, examples, games... For example every participant could present a stereotype which is true or untrue regarding his/her nationality. And the participants could share stereotypes among each other which can be discussed. This will contribute to the sensitivity and tolerance. Another approach could be, that every participant writes down one example of a common stereotype for his/her citizens and that another participant has to guess to which Nation the stereotypes belong.
- Develop knowledge** Develop knowledge, and communication and behaviour options for cultural differences. This includes possible ways to adapt to the clients' cultural background if necessary and possible. Situations like different ceremonies for greeting and welcoming or common small talk topics can be examples which can be practiced by the participants.
- Identify differences** Identify differences in cultural aspects and if there can be added value by the migrants culture. These can be discussed as group work in the participants group, so everybody can share positive aspects of his or her culture.
- Develop sensitivity** Develop sensitivity and tolerance for cultural differences. This can be also discussed with examples from the group. Ideally some participants can share experiences in the target society where they experienced the effects of cultural differences and the group can develop assumptions and solution options. This should include a mixture of experiences.
- Care value base** Phase two:
- The trainer shows a video explaining the care value base (for example <https://www.youtube.com/watch?v=jce9M2-64YE>) especially antidiscriminatory practice.
- The trainer or an expert shows a video or a Power Point Presentation explaining the national antidiscrimination law; he brings examples of direct and indirect discrimination
- The group discusses own experiences of cultural differences or discriminations
- Reflexion in the group on imbalances of power in care relationship

**Your own  
notes:**

## Key Take-Away Messages



A migrant care worker should always consider the individual choices and rights of service users whilst always considering appropriate risk taking and health and safety requirements.

What I do
<input type="checkbox"/> I do have the best interest of the client foremost at all times.
<input type="checkbox"/> I demonstrate respect and value for the individual.
<input type="checkbox"/> I do report any concerns and issues to your manager.
<input type="checkbox"/> I reflect on cultural and other differences (age-gender-social status etc)
<input type="checkbox"/> I do question stereotypes
<input type="checkbox"/> I develop and ask for solutions in communication and behaviour for cultural differences
<input type="checkbox"/> I keep in mind the basics of antidiscrimination legislation
<input type="checkbox"/> Don't discriminate against the individual based on age, gender, race, religion, sexuality, marital status, disability and number of dependents.

What I don't do
<input type="checkbox"/> I don't dismiss the views and options of the individual.
<input type="checkbox"/> I don't apply personal bias while caring for the individual.
<input type="checkbox"/> I do not set the own cultural values and characteristics as a fix precondition



## **Unit 5**

# **Awareness of Health and Safety in Health and Social Care**

**Unit 5**

**Awareness of Health and Safety in Health and Social Care**

**Health and Safety** Health and Safety are integral to the role of the care worker. There are numerous pieces of legislation and policies which determine correct practice. Failure to adhere to Health and Safety practices could endanger the care and wellbeing of the service user hence its importance.



**Cultural bias** Migrant Care Workers come from different countries, where Health and Safety practices will differ. Therefore, awareness of Health and Safety requirements according to the country you are working in is essential.

**Module 5.1 Responsibilities and risk assessment relating to health and safety in adult care settings**



**Objectives and Learning outcomes** To explain own responsibilities and risk assessment processes relating to health and safety in adult care settings  
Outline key responsibilities relating to health and safety in adult care settings  
Explain what a risk assessment is and why important in an adult care setting



**Suggested Duration** 1 hour

**Number of Participants** Up to 20



**Materials needed** Computer and projector, Microsoft PowerPoint, Flip chart and paper, Markers, Blu Tack, Risk assessment templates

**Competences** • while carrying out the daily care, is able to prevent general risks

**Knowledge** • is able to explain key health and safety procedures related to elderly care  
• is able to list some most common health and safety risks in elderly care  
• is able to demonstrate an understanding of Health and Safety legislation particular to the country that they are working in

**Skills** • is able to use a health and safety risk assessment and knows how to report identified risks



- is able to follow the correct procedure if an accident or sudden illness should occur
- is able to maintain a safe environment in order to ensure the care and wellbeing of service users

**Guidelines for Assessment** Verbal discussion; PowerPoint presentation. Attach SMART Learning Objectives to wall so group can refer to throughout the session to maintain focus (pre-written on flip chart paper).

**Keywords** Health and Safety, Risk Assessment

**References** Key legislation relevant to country and setting  
Key policy relevant to each setting  
Relevant workforce regulator



### Description of Activity 5.1



**Introduction** In small groups of no more than four, develop key examples and descriptions of different Health and Safety risks associated with different care settings and considering cultural bias (give each group a different setting including persons own home, residential home, nursing home and day centre). Instruct groups to present findings back to the class.  
Following discussion of above, invite each group to come up with key examples of how a care worker should respond to risks identified using flip chart paper. On completion of the task, get each group to present and share findings with everyone.

**Theories and concepts** Tutor to provide short PowerPoint presentation and complementary video (relating directly to Health and Safety) to consolidate learning of key theory and concepts.

**Discussions** Ask participants to reflect on scenarios that may present risk in the Health and Social Care setting. Discuss the requirements of the role of Care Workers to ensure reduced or eliminated risk in the Health and Social Care setting.

**Case studies** In groups of no more than four, provide case studies and ask participants to complete a risk assessment (identify key risks, likelihood of harm, methods to reduce or eliminate harm) specific to each setting and country.  
Share examples of best practice from each risk assessment and highlight learning points.  
To further consolidate learning, look at real examples of risk assessments from different care settings and identify areas of best practice.





**Cultural Bias** Invite participants to reflect on how key cultural differences impact on the Role of the Care Worker in relation to health and safety. Groups to look at relevant examples from local media to highlight areas of poor practice and identify key developmental learning points to improve practice.

Your own  
notes:

## Module 5.2 Accidents and Sudden Illnesses



**Objectives and Learning outcomes** To explain processes required for accidents and sudden illnesses in an adult Health and Social Care setting  
Outline common accidents and sudden illnesses that may occur in an adult Health and Social Care setting  
Explain key actions required following an accident or sudden illness in an adult Health and Social Care setting



**Suggested Duration** 1 hour

**Number of Participants** Up to 20



**Materials needed** Computer and projector, Microsoft PowerPoint, Flip chart and paper, Markers, Blu Tack, Risk assessment templates

**Competences**

- shows responsibility if an accident or sudden illness occurs

**Knowledge**

- understands about the existence of common accidents and sudden illness that may occur in an elderly care setting
- understands what actions should be taken in the event of an accident or sudden illness occurs
- is able to explain key procedures required following accidents and sudden illnesses in an adult care setting

**Skills**

- is able to follow the correct procedure if an accident or sudden illness should occur
- is able to complete an accident/ illness reporting
- 



**Guidelines for Assessment** Verbal discussion; PowerPoint presentation.  
Attach SMART Learning Objectives to wall so group can refer to

throughout the session to maintain focus (pre-written on flip chart paper).

**Keywords** Accidents, Sudden Illnesses, Procedures

**References** Key legislation relevant to country and setting  
Key policy relevant to each setting  
Relevant workforce regulator



### Description of Activity 5.2



**Introduction** In small groups of four, research recent examples of accidents and sudden illnesses in an adult health and social care setting. Write examples on flip chart paper and report back to the group. Tutor to facilitate group discussion and consolidate learning using summary handout.

**Key responses** Tutor to present short PowerPoint presentation outlining key responses required following an accident/ sudden illness in an adult health and social care setting. The importance of accurate record keeping should be highlighted.

**Case scenarios** In small groups of four, learners to be presented with case scenarios detailing a range of accidents/ illnesses in an adult health and social care setting. Each group should be instructed to outline required responses and complete an accident/ illness reporting form provided by the tutor.

**Discussions and summary** Each group to discuss findings and present completed report forms to all learners. Tutor to summarise key learning and check learning through questioning.

Your own  
notes:

## Module 5.3 Environmental Safety Procedures



**Objectives and Learning outcomes** Describe key environmental safety procedures within the adult care setting  
List possible environmental risks for an adult Health and Social Care setting  
Explain required environmental safety procedures within an adult care setting for identified risks



**Suggested Duration** 1 hour

**Number of Participants** Up to 20



**Materials needed** Computer and projector, Microsoft PowerPoint, Flip chart and paper, Markers, Blu Tack, Risk assessment templates, Images, Case Studies

- Competences**
- follows agreed and clearly defined instructions of medical personnel or employer about handling medication
  - can identify possible environmental risks within an adult care setting
- Knowledge**
- is able to explain ways to work in order to reduce the spread of infection
  - is able to explain in which way one should move and handle equipment and other objects safely
  - knows how to handle hazardous substances
  - is able to explain basic ways of procedures regarding handling medication
  - is able to explain in which way food should be handled and stored safely
- Skills**
- is able to follow rules of hygiene in order to prevent infection (washing hands, wearing gloves etc.)
  - is able to apply principles and procedures for safe moving and handling
  - is able to safely store, use and dispose of hazardous substances which may be found in a social setting
  - is able to follow agreed key procedures for handling medication
  - is able to handle, store and dispose of food in a safe and hygienic way



**Guidelines for Assessment** Verbal discussion; PowerPoint presentation.

Attach SMART Learning Objectives to wall so group can refer to throughout the session to maintain focus (pre-written on flip chart paper).

**Keywords** Environmental Risks, Safety Procedures



**References** Key legislation relevant to country and setting  
Key policy relevant to each setting  
Relevant workforce regulator

**Description of Activity 5.3**

**Environmental risks** Learners, in small groups of four, to be presented with a range of images showing environmental risks. Each group to list risks they see and feedback to group.  
Tutor to present short video detailing environmental risks which could occur in an adult care setting.

**Case studies** Small groups of four to be given a range of case studies detailing environmental reports on adult care settings. Groups to identify each reported environmental risk and outline procedures to ensure good practice.

Your own notes:

**Module 5.4 Cultural perspective on Health and Safety**



**Module 5.4 Cultural perspective on Health and Safety**



**Activity Name** Developing a “code of conduct” considering expectations and national regulations on Health and Safety

**Objectives and Learning outcomes** Combining individual expectations of the client and the care workers with the national regulations on Health and Safety



**Suggested Duration** 3 hours including small group discussions and plenary

**Nº of Participants** Up to 20

**Materials needed** 4-5 rooms for group discussions, Flipchart and paper, markers



- Competences**
- Is able to recognize and behave according to the health and safety regulations and expectations of the client
- Knowledge**
- Knows the cultural differences between the target context and the own perspective



- Skills**
- Clarifies questions according to health and safety regulations if they are not similar to his/her home context
  - Adapts to the guidelines of health and safety in the targets living environment

**Guidelines for Assessment** Group discussion and communication skills and moderation skills

**Keywords** Health and Safety, Code of Conduct

#### Description of activity 5.4

**Case discussions** In small groups of up to four people, the participants discuss the following topics, including their own ideas, fears and uncertainties. On the basis of 1-3 case discussions, they discuss concrete options for action.

The results of the small groups are presented and discussed in the plenary. Subsequently, guidelines for dealing with health and safety are developed, which are based on the following three points:

- How to clarify your own expectations and the clients expectations
- National regulations on health and safety
- How to develop a “code of conduct” considering the expectations as well as the national regulations on health and safety

**Your own notes:**

## Key Take-Away Messages



Hand out a copy of national health and safety procedures, which use pictures and easy language. Remember: A migrant care worker should always measure risk and take the appropriate responses when carrying out their roles and responsibilities.

What I do
<input type="checkbox"/> I do ensure I understand key legislation relating to health and safety in the country I am working in as a care worker
<input type="checkbox"/> I do ensure that I assess all risks and respond appropriately
<input type="checkbox"/> I do ensure I follow all policies and procedures in relation to health and safety in your place of work

What I don't do
<input type="checkbox"/> I don't assume that health and safety legislation is the same in every country
<input type="checkbox"/> I don't overstep the scope of my role as a care worker and deal with serious risk on my own
<input type="checkbox"/> I don't ignore any health and safety risk or concern

A photograph showing a person in a beige sweater sitting in a chair. Their right hand is holding a yellow and blue ball. Another person's hand is resting on their left arm. The background is slightly blurred, showing a wooden chair and a blue cushion.

# **Unit 6**

## **Principles of Safeguarding in Health and Social Care**

**Unit 6**

**Principles of Safeguarding in Health and Social Care**

**Safeguarding** Safeguarding is a key component in the health and social care sector. Knowledge and understanding of safeguarding and the legislative framework is critical for safe practice

The aims of safeguarding are to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.



**Cultural bias** Migrant Care Workers come from different countries, where the procedures and policies for safeguarding may differ from the host country's legislative framework. It is important to consider this from both the migrant worker and service user perspective.

**Module 6.1 Abuse, safeguarding, protection**

**Activity Name** Know how to recognise and respond to signs of abuse

**Objectives and Learning outcomes** To raise awareness and develop knowledge and skills of elderly care protection issues, recognise possible signs of abuse and understand how to report concerns:

**Identify** signs and predictors of abuse

**Define** key responsibilities for responding to signs of abuse

**Explain** key reporting mechanisms for responding to signs of abuse

**Suggested Duration** 2 hours

**No of Participants** Up to 20

**Materials needed** Computer and projector, Flip chart and paper, Markers, Blu Tack, PowerPoint

**Competences**

- demonstrates responsibility for reporting suspicions of abuse to the relevant person/authority

**Knowledge**

- is able to explain signs associated with different types of abuse
- is able to describe factors that may contribute to an individual being more or less vulnerable to abuse
- is aware of local policies, agencies and systems that relate to safeguarding and protection from abuse





<b>Skills</b>	<ul style="list-style-type: none"> <li>• is able to follow procedure when there are suspicions or allegations that an individual is being abused</li> <li>• is able to follow safe practices to reduce the likelihood of abuse</li> </ul>
<b>Guidelines for Assessment</b>	<p>Evidence of active participation Verbal discussion Q&amp;A, explanation Facilitation of group discussion Development of case studies based on actual events</p>
<b>Keywords</b>	Physical, emotional, sexual, exploitation, financial and neglect
<b>References</b>	<p>Key pieces of legislation in each country (e.g., Safeguarding Vulnerable Groups (NI) Order 2007) Safeguarding and vulnerable adult's policies Safeguarding procedures manuals</p>



### Description of Activity 6.1

<b>Identifying signs</b> (60 min)	<p><b><u>Identifying signs and predictors of abuse</u></b> Divide students into small groups of no more than 4 participants and ask them to identify signs, predictors and causes of abuse, emotional, exploitation, financial, physical, sexual and neglect, using mindmapping Bring students back to main group to share findings and discuss different perspectives and understanding of what constitutes abuse. Provide 4 case studies on each category of abuse and ask each group to analyse and discuss the actions that should be taken Feedback to main group using flipchart Tutor to give powerpoint presentation on country specific guides on identifying signs and causes of abuse Compare student findings with information on powerpoint Facilitate discussion regroup findings</p>
<b>Group discussion case studies</b>	
<b>Key responsibilities</b> (30 min)	<p><b><u>Key responsibilities within each identified role</u></b> Divide students into small groups of no more than 4 participants and allocate each group a key role identified from the key activity above Group members to define key responsibilities on that role. Group members to devise a poster outlining the key responsibilities for the given role and present back to main group. Group discussion on job descriptions specific to students country to embed learning</p>
<b>Professional response to abuse</b> (30 min)	<p><b><u>Concerns with employers</u></b> Ask participants to reflect or imagine situations in which they may encounter indicators of abuse. Discuss the situation described and detail what the professional response should be. Ask Participants to describe the process for highlighting concerns with employers or statutory organisations. Ask participants to share examples of best practice and key learning</p>



### Cultural Bias Third Phase

In plenary, invite course participants to reflect on their cultural biases by discussing differences in country response to incidences of abuse, highlighting the differences in responses and value bases across countries.

Develop sensitivity for abuse, especially that the start of abuse can be perceived differently in different cultures and by different persons. Provide examples and discuss signs of abuse and the different cultural specifications. The invitation of an expert or an information centre is a valuable possibility.

Identify boundaries and ensure that people are informed about their rights. Indicate solutions and anonymous trustful contact persons to receive support without fear. Present signs and behaviours for evidences of abuse, so the participant can react on signs of abuse and prevent mistreatment.

Create role plays and freeze situations to identify wrong behaviour and ask a person of the group to intervene in the scene and behave the way he/she thinks is correct.

Rules and laws regarding abuse shall be presented and “translated” or explained to the participants, so they are absolutely aware of the legal framework.

Your own  
notes:

## Module 6.2 National and local context of safeguarding and protection

**Activity Name** Know how to recognise and respond to signs of abuse

**Objectives and Learning outcomes** Identify National and local legislation for safeguarding and protection  
Define Key role of care worker within the local and national context

**Suggested Duration** 1,5 h

**Materials needed** Computer and projector, Flip chart and paper, Markers, Blu Tack, PowerPoint





- Knowledge** • is aware of local policies, agencies and systems that relate to safeguarding and protection from abuse
- Skills** • is able to define the role of care worker within the local and national context

**Guidelines for Assessment** Evidence of active participation  
Verbal discussion Q&A, explanation  
Facilitation of group discussion  
Development of case studies based on actual events

**Keywords** Physical, emotional, sexual, exploitation, financial and neglect

**References** Key pieces of legislation in each country (e.g., Safeguarding Vulnerable Groups (NI) Order 2007)  
Safeguarding and vulnerable adult's policies  
Safeguarding procedures manuals



## Description of Activity 6.2

<b>National and local legislation</b>	<p><b><u>Identifying national and local legislation for safeguarding and protection</u></b></p> <p>Divide participants into small groups of no more than 4</p> <p>(60 min) Participants to engage in action research to identify and discuss the relevant legislation and legislative guides for safe guarding and protection</p> <p>Participants to draw up bullet pointed list of the key components of the legislation and devise a PowerPoint for sharing with the main group</p> <p>Each powerpoint to be presented to the main group and to engage in tutor led discussion</p>
<b>Key role</b>	<p><b><u>Key role of care worker within the local and national context</u></b></p> <p>(30 min) Divide students into small groups of no more than 4 participants and allocate each group to draw up a list of safe practices based on person centred values, active participation and the promotion of choice and rights.</p> <p>Group members to rag safe practices in order of importance.</p> <p>Tutor will share high profile cases of elder abuse and ask participants to identify where safe practice may have avoided the potential for abuse.</p> <p>Participants to share key examples of safe practice and key learning points.</p>

Your own  
notes:

## Module 6.3 First Aid Course

**Activity Name** Officially certified First Aid Course



**Objectives and Learning outcomes**

- Understand **first aid** legislation.
- Carry out an initial assessment of a casualty.
- Carry out CPR and Rescue breaths.
- Recognise and deal with a choking casualty.
- Recognise and deal with a person in shock.
- Manage bleeding, burns and scalds.
- Dealing with an unconscious person.
- Recognise the need to prevent cross infection.
- Recognise the need to keep themselves safe.



**Suggested Duration** 4 hours



**Materials needed** Depending on course provided



- Competence**
- is able to act autonomously in the agreed ways to provide First Aid
- Knowledge**
- is able to describe the different steps to follow to provide First Aid
- Skills**
- is able to demonstrate the actions required to provide First Aid

**Guidelines for Assessment** Language Course: Lesson about First Aid

**Keywords** First Aid

## Module 6.4 Cultural bias in abuse

**Activity Name** Interviews and working with key situations concerning signs of abuse



**Objectives and Learning outcomes** Raising awareness of signs of abuse; developing confidence in action in the context of suspected or confirmed abuse



**Suggested Duration** 4 hours: introduction and interviews (30 minutes), working with key situations (approx. 3,5 hours)

**Number of Participants** 20



**Materials needed** Flipchart and paper, markers

**Competences**

- is able to identify signs and norms regarding abuse

**Knowledge**

- knows possible signs of abuse and how and to whom to report it

**Skills**

- is able to identify possible signs of abuse
- has increased their communication skills especially in cases of suspected or confirmed abuse

**Guidelines for Assessment** Considering that the participants have probably not worked with clients in the care system yet the trainer should provide at least 2-3 key situations.

**Keywords** Possible signs of abuse, Confidence in action, reflective work with key situations

**References** Projektverbund QuarteT - Quartiere eröffnen Teilhabe (2014): Jugendarbeit ohne Diskriminierung!? Ein Leitfaden für die Praxis.

Working with key situations: after: Tov, Eva / Kunz, Regula / Stämpfli, Adrian (2013): Key situations in social work. Professionalism through knowledge, reflection and discourse in communities of practice. Bern: hep publishing house. [www.schluesselsituationen.ch](http://www.schluesselsituationen.ch) [21.11.2014]



## Description of Activity 6.4



**Introduction** Part 1: As an introduction to the topic, two participants interview each other on

- Possible signs of abuse
- Understanding of abuse
- Possible experiences in working with clients with abuse experiences

**Key situations** Part 2: Working with key situations

**Objective:** The model of key situations aims at abstracting situations that occur repeatedly in variations in social work and care systems and thus filtering out approaches that can be generalized. The knowledge gained can then be used for new, similar situations. In this way one's own professionalism is further developed.

**Duration:** It takes a few hours to work out and reflect on a key situation, but the results can significantly facilitate further work in one's own professional environment.

**Description:** The recording of key situations can take place in very different contexts. The key situations are usually introduced by individual team members. However, this can also be done by a team that repeatedly experiences certain situations together. The key situations can only be processed by the person(s) concerned. Nevertheless, a subsequent discussion within the team or with other colleagues is useful in order to generalize the knowledge gained or to get further suggestions.

**Description** 1 Description of the situation: This is first of all a pure description and recording of the situation.

**Reflection** 2 Reflection in Action: By re-enacting the situation, the emotions and thoughts of the experienced situation become clear again and it is also possible to see how the reflection in the situation itself controlled the behaviour. By working out the impulses that guided your actions in the situation, your implicit knowledge becomes visible and conscious. For this purpose it is useful to divide the situation into sequences. This reflection approach of the "reflective practitioner" refers to Donald A. Schön (1983 and 1987).

**Titling** 3 Title: By choosing a title for the key situation, you determine which aspect you want to focus on in particular, or which perspective you take.

**Characterizing** 4 Situation characteristics: You determine which features make up or characterize the situation you are describing.

**Resources** 5 Resources: You determine which resources are necessary to create such a situation. These may include knowledge, experience, skills, but also organizational, temporal and material prerequisites.

**Quality Standards** 6 Quality standards: You record what professional behaviour means to you in this specific situation. The basis for this is the resources and values you have developed.

**Reflection of standards** 7 Reflection of the quality standards: On the basis of the quality standards you reflect on the situation described in the first step. Since it cannot always be assumed that you have already complied with all standards in the situation you have reflected on yourself, this is the starting point for developing alternative courses of action.

**Actions** 8 Alternatives for action: Based on the findings of the reflection you develop new options for action.

**Your own  
notes:**

## Key Take-Away Messages




A care worker should acknowledge that abuse in any form is unacceptable in any country and that they should always act appropriately following policy and procedure for best practice

What I do
<input type="checkbox"/> I do ensure that I am vigilant at all times to signs of abuse
<input type="checkbox"/> I do ensure that I adhere to all safeguarding policies and procedures
<input type="checkbox"/> I do ensure that I report any concerns relating to abuse
<input type="checkbox"/> I am sensitive about possible signs of abuse
<input type="checkbox"/> I inform myself about the legal framework and trustful contact persons

What I don't do
<input type="checkbox"/> I don't ignore potential signs of abuse
<input type="checkbox"/> I don't ignore safeguarding policies and procedures to ensure the individuals needs are met
<input type="checkbox"/> I do not take my own interpretations and signs of abuse as granted in the target culture
<input type="checkbox"/> I don't step outside my role as a care worker for example, investigate allegations myself



A photograph showing a person in a beige sweater holding a yellow and blue ball. Another person's hand is resting on their arm. The background is blurred, suggesting an indoor setting. The image is overlaid with a red gradient at the top and bottom.

# **Unit 7**

## **Body Systems and Common Conditions with Aging**

Unit 7



## Body Systems and Common Conditions with Aging



- Introduction** People age differently, some changes are the result of internal processes, due to the aging process itself. Thus, these changes, although unwanted, are considered normal and are sometimes called natural aging. These changes occur in everyone who becomes an elderly person, and such universality is part of the definition of natural aging.
- Cultural bias** The aging process is not the same for all human beings or at all historical times, the concept of old age is relative to time, period and context in which one lives and develops.

### Module 7.1 Basic physical and psychosocial changes

**Name of the activity** Active discussion and resolution of cases on aging changes



**Objectives and Learning Outcomes** The learner will understand how aging works in the key systems of the body and normal functions.  
Understand the key physical changes associated with aging.  
Understand the key psychosocial changes associated with aging.  
Understand the common conditions associated with the key systems of the body.



**Suggested duration** 4 hours

**No. of participants** Up to 20



**Materials needed** Projector, computer, video, power point, cards, paper, pens



- Competences**
- follows clear instructions regarding the care provided for common conditions in elderly people
- Knowledge**
- is able to explain the basic physical and psychosocial changes associated with aging
  - is able to explain the difference between a healthy way of aging and an unhealthy aging
- Skills**
- is able to identify the basic physical and psychosocial changes associated with the aging of an elderly person
  - is able to adjust caregiving to address a range of physical and psychosocial changes that occur with the aging process

**Guidelines for evaluation** In a continuous assessment, students will demonstrate their knowledge of the aging process by performing various tasks of analysis and further synthesis of the information, resolution of cases and debates to internalize individual and group learning through participation.

**Keywords** Biological age, chronological age, active aging, normal aging, pathological aging, memory, physical activity, participation and social relations

**References** White paper on active aging  
Author: José María Vicente López  
Institute for the Elderly and Social Services (IMSERSO)  
<http://envejecimiento.csic.es/documentos/documentos/imserso-libroblancoenvejeactivo-01.pdf>



### Description of Activity 7.1



**Introduction** Aging involves a series of physical, metabolic, mental and functional transformations that occur over time, and that lead to a decrease in the ability to adapt to changes in the environment.

In addition we must add the changes of different lifestyles and different cultures. Despite all these changes, students will learn to determine if the aging of the person is natural or pathological. One of the challenges of this unit is to learn about the differences in the way in which the societies of the world care for their elderly and to understand what means active or successful ageing.

**Basic physical and psychosocial changes** Learners will study through a powerpoint presentation and pictures all the biological changes structural and functional in the elderly. The relation between biological and psychosocial changes will also be explained. At the end, the learners are divided into groups of 4 participants and will make a visual mural where the biological and functional changes are reflected.

B) Visual Mural: Biological and functional changes  
Each group will expose its mural to the rest of the participants to generate a directed debate where each participant can contribute his/her knowledge or give her/his opinion.

**(Un)healthy form of aging** Participants will be explained what is normal aging and pathological aging so that they can internalize the difference and determine what type of aging process is the one of a care service user. It will be proposed to solve four cases in which the learners individually must decide whether the exposed cases correspond to normal or pathological aging. It will be shared with the other participants to stimulate group learning.

**Care needs** This section will discuss active or successful aging, giving guidelines to improve the activity of the elderly person both cognitively, physically and socially.  
Each participant must make a small list of activities that can be done with the elderly: memory, physical activity and participation

At the end of the activity the lists will be put together as a "brainstorm" that serve to have general care resources and open discussion will be conducted to find out what activity older people could practice based on their general condition.

**Reflect on work experience**

Learners will be asked to think about how and about what they have learned about aging and the types of aging through their work experience, and they will be invited to discuss any problems they have had at workplace when caring for an elderly person due to lack of knowledge in aging.

Your own notes:

## Module 7.2 Process of ageing in different cultural contexts

**Name of the activity** Analysis of ageing in different cultural contexts



**Objectives and learning results** Learners will be able to identify prejudices and stereotypes that are assigned to the elderly both in the host country and in other countries. The group of learners will be able to reflect on the different prejudices suffered by our elderly people developing the value of tolerance.



**Suggested duration** 4 hours

**No. of participants** No more than 20



**Materials needed** Projector, computer, video, power point, cards, paints, cards, paper, pens

- Knowledge**
- is able to identify prejudices and stereotypes of aging that may be different in another cultural setting
  - Understands different perspectives on aging according to different cultures



- Skills**
- is able to reflect on his/her own cultural prejudices and stereotypes against the elderly people
  - shows respect for the experience and opinions of the elderly people

- Competences**
- reflects his/her own cultural perspective and experiences in comparison to the cultural elements of the client

**Keywords** Prejudices, stereotypes, myths, age, social age

## Description of Activity 7.2



<b>Introduction</b>	<p>The older age has been valued in two ways, one positive and the other negative. Both visions represent myths and stereotypes about aging that make it difficult to age well and limit proper integration of the elderly in society.</p> <p>Furthermore, the elderly has been surrounded by beliefs, prejudices and stereotypes that relate this stage of the life to losses, functional disability, diseases and cognitive problems, which often have nothing to do with reality. This creates a negative image of this group in society and also has a very negative influence on the psychological experience of the elderly persons in their aging process.</p> <p>We must banish the distorted and prejudiced vision that is maintained about this stage of life and contemplate it as the moment to learn a new role.</p>
<b>Ageing prejudices and stereotypes</b>	<p>The participants will talk about the prejudices and stereotypes that accompany older people, dealing with "ageism" as the third great form of discrimination in our society, after racism and sexism</p> <p>As an activity, it will be proposed that each student make a list of the positive and negative characteristics of aging in their country of origin.</p>
<b>Experiencing aging in another cultural environment</b>	<p>Participants will be invited to reflect and discuss how different cultures have their own beliefs about older people. Each participant will explain to the group at least one difference that they find between the way of aging in their country of origin and in the host country. When all the participants have transmitted the difference found to the group, a debate will be opened to find out which of the presented findings were most surprising to the group.</p> <p>This activity aims to implement tolerance as a fundamental value in addition to the transmission of the different cultural aspects on ageing.</p>
<b>Reflect on work experience</b>	<p>A video or photos of elderly persons will be displayed to invite students to reflect on their own prejudices.</p> <p>In a round table each participant can explain if they have identified any prejudice in their thinking or attitude.</p>

Your own  
notes:

### Key messages to carry out



Hand out to the participants the list of activities that can be carried out with the elderly person, elaborated in module 7.1

What I do
<input type="checkbox"/> I am respectful to the culture of the care service user (e.g. religion, values, gastronomy, politics ...)
<input type="checkbox"/> I show respect to the person's age, gender, sexual orientation, origin, religion, marital status, disability and number of dependents.
<input type="checkbox"/> I adapt the speed of my talk to the needs of the person
<input type="checkbox"/> I look at the person while speaking, to help him/her to understand me better.
<input type="checkbox"/> I ask about the activities that the person wants to do
<input type="checkbox"/> I ask about what the person does not like and change it, if possible, in the daily care plan's actively listen
<input type="checkbox"/> I exchange opinions with the client, family members and colleagues
<input type="checkbox"/> I talk about the traditions and customs of my country with the care service user and exchange experience
<input type="checkbox"/> I smile when I meet the elderly/family members and I say goodbye to the everyone

What I don't do
<input type="checkbox"/> I do not take into account my tastes preferences when performing any type of activity
<input type="checkbox"/> I do not speak in my language so that the elderly does not understand me
<input type="checkbox"/> I do not criticize the customs, values, religion or personal tastes of the elderly
<input type="checkbox"/> I do not discard the opinions and options of the person
<input type="checkbox"/> I do not apply personal prejudices while caring for the individual



A photograph showing a caregiver's hands assisting an elderly person's hands. The elderly person is holding a yellow and blue ball. The caregiver is wearing a light-colored sweater. The background is blurred, showing a wooden chair and a blue fabric.

**Unit 8**  
**Principles of Daily Care Activities**  
**in Adult Care**

Unit 8



**Principles of daily life activities**

## Principles of Daily Care Activities in Adult Care

The activities of daily life (ADL) are a set of tasks or behaviours that a person performs on a daily basis and that allow her or him to live autonomously and integrate into her/his environment and fulfil her/his role or roles in society.

They range from activities that are more fundamental for survival such as food, to some more complex tasks of personal self-care and vital independence, such as shopping, cooking or using the telephone. Likewise all activities related to leisure and free time.



**Cultural bias**

Migrant Care Workers come from different countries, where the activities of daily life might be different. Especially food, hygiene and personal self-care are often performed differently in each socio-cultural context. Care workers should be aware of these differences to best adapt the daily care activities to the background of the elderly person.

### Module 8.1 Care plan, a Daily care activity

**Activity Name** Associate the activities of daily life with a care plan



**Objectives and Learning outcomes**

to develop knowledge and skills of the Principles of Daily Care Activities in Adult Care for the correct monitoring of the individualized care plan and adapting the activities of daily living.



**Suggested Duration**

4 hours



**No of Participants**

Up to 20

**Materials needed**

Computer, Projector, Handouts, Paper and Pens, Video, Guest Speaker, Flip Chart, Relevant examples of care plan

**Competences**

- shows responsibility to ask about the individual care plan of the elderly person and to follow this plan
- takes responsibility to regularly review, understand and follow the care plan for each individual care service user



**Knowledge**

- is able to explain the use of an individual care plan
- is able to illustrate activities in the personal hygiene of the elderly person



- is able to explain the basic standard procedures required to carry out adult personal care safely

**Skills**

- is able to follow and work with a care plan while giving care to the elderly
- is able to assist adult personal care and personal hygiene safely

**Guidelines for Assessment**

In a continuous evaluation the students will be able to establish the daily life activities of a case, which would be included in the individualized plan of the elderly person

Other evaluation criteria that will be evaluated:

Successful completion of set task meeting each learning outcome

Demonstrate active participation

Demonstrate communication abilities including use of appropriate terminology

Demonstrate awareness of intercultural issues

**Keywords**

Activities of Daily Living (ADL); Care Plan; individualized plan of care (IPOC); Instrumental Activities of Daily Living (IADLs)

**References**

Title: Assessment of Activities of Daily Living, Self-Care, and Independence

Author: Mlinac, Michelle E.; Feng, Michelle C.

Publication: Archives of Clinical Neuropsychology

Publisher: Oxford University Press Date: 2016-08-30

<https://academic.oup.com/acn/article/31/6/506/1727834>

Salud y calidad de vida en las personas mayores

<https://dialnet.unirioja.es/descarga/articulo/743587.pdf>

Plan de atención individualizada PAI

[http://www.oizpe.com/caracteristicas-oizpe-egoitza.asp?id\\_menu=8](http://www.oizpe.com/caracteristicas-oizpe-egoitza.asp?id_menu=8)

Video explicativo de la higiene de la persona encamada

<https://www.youtube.com/watch?v=mEp1J1lv2dg>

Decálogo para mejorar la seguridad de los mayores en casa

<https://www.geriatricarea.com/2016/02/23/decalogo-para-mejorar-la-seguridad-de-los-mayores-en-casa/>

Libro Blanco de la Dependencia

Author: Instituto de Mayors y Servicios Sociales (IMSERSO) Spain.

Editor: Ministry of Labour and Social Affairs, Secretary of State for Social Services, Family and Disability, Institute of Seniors and Social Services (IMSERSO)

Year: 2005



## Description of the Activity 8.1



<b>Introduction</b>	<p>Explain that most professional care workers have a care plan in order to fill the day with productively and meaningful activities. The care worker should ask for this care plan, understand the activities and the related goals. Use an example of a care plan to illustrate it.</p>
<b>Care plan</b>	<p>Form pairs and hand out different care plans (home care settings, nursing homes, residencies etc.). Ask participants to identify the issues that are addressed through each activity. Ask them to find other activities that would address the same issues.</p>
<b>Daily activities</b>	<p>The basic activities of daily life are activities oriented towards the care of one's own body. Ask participants to set up a list of activities of daily life which are body oriented. Share this list in plenary and then reorganize this list to the tasks which could be delegated to others. Which of these tasks could be part of a care plan? And finally, point out the advanced activities of daily life, such as games, hobbies, entertainment.</p> <p>Explain that, for an elder person, being able to maintain the activities of entertainment that she or he always liked to do, can be very important. In groups, ask participants to set up a list with different activities of entertainment. Share this list and discuss it in plenary, probably this discussion will reveal different taste, habits and even cultural practice of participants.</p>
<b>Personal Hygiene</b>	<p>Form pairs around different topics related to personal hygiene (e.g. washing hairs, brushing teeth, washing intimate zone etc.). Ask participants to set up a list of the different tasks that should be done in this topic. After this, have a look at the list in plenary and discuss. Together, bring the tasks into the right order. Add some general recommendations as temperature of the water, respect habits etc.</p> <p>Activity 2:</p> <p>Show a video in which a care worker is performing tasks of personal hygiene. Ask participants to note down the different tasks they see and bring them into the right order.</p>
<b>Safety in personal care</b>	<p>Present the participants different simple adaptations that could be made to avoid accidents at home. Each participant should think about their own home or the home of a person they are caring for. Which aspects could be changed? Who should make these changes?</p> <p>ASSOCIATION ACTIVITY: to associate the activities of daily living with a care plan</p> <p>Show a video in which a care worker is performing tasks of daily living and hand out a care plan. Ask participants to associate the activities in the video with the care plan.</p>



**Cultural Bias** In all different steps concerning daily activities and personal hygiene, have a look on possible differences due to different cultural backgrounds, lifestyle and economic level.

The trainer should provide examples, discuss cultural differences and ask an external expert to join.

The care plan can also be modified with hints for such cultural specifications where applicable. This can be done with an example as group work in training and can also be the start of a group discussion

Your own notes:

## Module 8.2 Dignity and respect in daily care activities



**Activity Name** DIRECTED DEBATE on the importance of working with dignity and respect in the care of the elderly.

**Objectives and Learning outcomes** The objective is to develop knowledge and skills of the Principles of Daily Care Activities prioritizing the respect and dignity of the elderly



**Suggested Duration** 2 hours

**No of Participants** Up to 20



**Materials needed** PowerPoint, Computer, Projector, Speakers, Handouts, Paper and Pens, Video, Guest Speaker, Flip Chart

**Competences**

- can identify and report on activities in the care plan that affects negatively the dignity of the elderly person
- respects the care receivers' personal preferences in the care activities if possible



**Knowledge**

- is able to explain the importance of working with dignity and respect towards the elderly person

**Skills**

- is able to carry out daily care activities with dignity and respect towards the elderly person

**Guidelines for Assessment** In a continuous evaluation the learners will be able to participate in a debate about dignity and respect in working with elderly people

Other evaluation criteria that will be evaluated:

Demonstrate active participation

Demonstrate communication abilities including use of appropriate terminology

Demonstrate awareness of intercultural issues

**Keywords** Professional deontology, ethical principles, dignity, privacy, abuse prevention,



**References** Libro blanco del envejecimiento activo  
El reto de la nueva ciudadanía. Nuevos relatos y nuevas políticas para distintas personas mayores  
Dr. D. Joan Subirats Humet  
Instituto de Gobierno y Políticas Públicas Universidad Autónoma de Barcelona  
“Trayecto formativo: Cuidado y atención de personas mayores”, Organización Internacional del Trabajo 2015  
Moya BA, Barbero GJ. “Malos tratos a personas mayores: Guía de actuación” Ed. Ministerio de Trabajo y Asuntos Sociales; Madrid 2005.

## Description of Activity 8.2



**Introduction** Providing a "good treatment" is a key indicator of the human and professional quality of our interventions.

In a direct debate each learner will have to participate and present their point of view on the importance of the following aspects.

### Dignity in older age

1. This activity is to make participants to reflect about their own perception of the older age and the elderly person followed by a reflection on their role as a care worker.

Prepare different photos of elderly persons. Hand out these images to pairs and ask them to write down a word that describes what they see. In plenary discuss the words written down and identify the similarities and differences in perception of the elderly person.

It could be helpful to prepare some questions to support this reflection, e.g. What do you think that the person in the photo is feeling? What is he/she doing? Describe a day of this person.

In the next step, ask participants to imagine how they would imagine themselves being old. How would they like to be treated? What kind of activities would they like to do?

Finish this activity by explaining the importance of understanding that aging is not a process exclusively biological, but also social and cultural factors are involved. The characteristics that a given society or culture assign to old age affect the way in which the elderly go through this stage of life. If people participate in the group from other countries, propose that they give illustrative examples of perceptions or dominant conceptions of old age in their places of origin.

### Respectful attitude

Ask participants to list these statements according to the importance they would give them. Ask to explain them.

Greet the elderly person kindly  
 Ask for the personal wishes and interests of the person  
 We must introduce ourselves properly to the elderly person  
 We will address the older person by name  
 We will explain to the elderly person the activities and care that we are going to perform  
 We will be interested in making our coexistence pleasant  
 We will offer an environment of comfort, privacy and security  
 We will explain all the actions that we will carry out for her/his care and listen to the opinion of the elderly person, modifying what is necessary for the well-being of the person.  
 We will clear the doubts that are presented to us with the care of the elderly with their doctor or social worker

Ask each participant to set up their own list they could use at the workplace.



**Cultural Bias** When we talk about "good treatment" this is relative to specific people, knowing that each one has needs, but also a culture, a system of values and a sensitivity that sets it apart from others. The perception of older age could be very different in each society and it is important to reflect our own cultural understanding of older age. That's why we'll have to adapt our relationship style and behaviour to what the person establishes as desirable and enforceable, so that we can really provide that "good treatment" they deserve.

Your own notes:

## Module 8.3 Nutrition and Hydration in adult care

**Activity Name** DAILY FOOD AND HYDRATION PLAN:  
schedule and menu

**Objectives and Learning outcomes** The objective is to develop knowledge and skills of the Principles of Daily Care Activities in Adult Care applied to nutrition and hydration



**Suggested Duration** 3 hours



**No of Participants** Up to 20

**Materials needed** PowerPoint, Computer, Projector, Speakers, Handouts, Paper and Pens, Video, Guest Speaker, Flip Chart



**Competences**

- Shows responsibility to maintain the diet of the elderly person

**Knowledge**

- is able to list the different nutrients and hydration needs for a healthy diet of elderly persons

**Skills**

- Is able to follow the agreed upon diet of the elderly person

**Guidelines for Assessment** **LANGUAGE COURSE:**  
You find linguistic support to train vocabulary of foods, diets, ways of cooking, eating Aids etc. in the LANGUAGE COURSE under *Modul 2 – Activities at home*

#### **EVALUATION**

In a continuous evaluation the learners will be able to plan a daily food and a daily hydration plan.

Other evaluation criteria that will be evaluated:

Demonstrate active participation

Demonstrate communication abilities including use of appropriate terminology

Demonstrate awareness of intercultural issues

**Keywords** Diet, menu, eating aids, intake, jellies



### Description of Activity 8.3



**Introduction** Make a brief introduction explaining that elderly people need a diet, that suits their digestive and nutritional needs, is adapted to the type of activity that they perform and their general state of health. Comment that nutrition directly influences on health and prevents numerous frequent diseases in the elderly. Also point out that, in addition to attending to nutritional needs, it is important to take into account the particularities and customs in the food, which originated in cultural differences or beliefs.

Explain to the participants, that among the tasks assigned to the care of the elderly, the care worker is usually asked to collaborate, somehow, in maintaining the diet of the elderly person, this might range from buying food, to its preparation and administration. If the expectation is that the care worker cooks, it is important that he or she knows about the tastes and habits of the elderly person and the diet to be followed.

- Guidelines for cooking** 1. Hand out a guideline with important rules to follow when cooking related to hygiene e.g.
- wash your hands thoroughly with soap and water before starting to cook
  - Keep your nails short and clean
  - use a clean spoon to test the preparation
  - avoid the risk of cross contamination by always using clean utensils to manipulate each product related to ways of cooking
  - vegetables should be steamed or cooked with little water
  - vegetables and fruits should be washed before use
- Diet and menus** 2. Explain the general guidelines in nutrition, pointing out the differences of nutrition for younger persons and elderly persons. To showcase, hand out different daily menus and a description of the diet of the elderly person. In groups, learners will have to check if the menu corresponds to the diet.
- Eating Aids** 3. Hand out a list of technical eating aids that elderly people can use to facilitate and make more pleasant the implicit tasks in the preparation of food and / or in the act of eating. You may also hand out a guideline with some instructions on how to create favourable conditions for eating
- Role of Care worker** 4. Discuss the role of the care worker concerning the nutrition of the elderly person. Hand out different cases to pairs in which the care worker has to resolve a situation; e.g. the elderly person doesn't want to eat; eats very little; has difficulties to eat because of pains in the mouth; wants to eat food which is not part of the diet; Ask participants to present in plenary their solutions and discuss it.
- Reflecting job experience** 5. Ask people who have previous experience if they remember situations in relation with the food that could have caused some conflict or disagreement with the elderly person or the employer. Suggest that they discuss how they resolved it.

**Your own  
notes:**

## Module 8.4 Cultural aspect on hygiene and nutrition of elderly persons

**Activity Name** COMPARATIVE TABLE BETWEEN CULTURAL DIFFERENCES in the activities of daily life of the elderly between the host country and the country of origin



**Objectives and Learning outcomes** The objective is to develop knowledge and skills of the Principles of Daily Care Activities in Adult Care taking into account and understanding cultural differences



**Suggested Duration** 1 hour



**No of Participants** Up to 20

**Materials needed** PowerPoint, Computer, Projector, Speakers, Handouts, Paper and Pens, Video, Guest Speaker, Flip Chart,

**Competences**

- is able to adapt the care plan to the habits in aspects of hygiene and cooking of the elderly person
- is able to adapt his/her caring regarding to hygiene and nutrition to the culture of the client where possible



**Knowledge**

- is able to explain in which aspects hygiene and cooking can vary in different contexts
- knows about cultural elements regarding hygiene and nutrition which are important for the client or asks for them

**Skills**

- is able to identify own habits in hygiene and nutrition which are different to the one of the elderly care user
- implements all activities of hygiene and nutrition according to the clients norms where possible (e.g. washing)

**Guidelines for Assessment** In a continuous evaluation the learners will be able to identify the differences between the activities of daily life carried out by the elderly in the receiving country and in the country of origin. Nevertheless, differences can also be found WITHIN the individuals country depending on the individual education, family habits and routines, class and social standing and many more

Other evaluation criteria that will be evaluated:

Successful completion of set task meeting each learning outcome

Demonstrate active participation

Demonstrate communication abilities including use of appropriate terminology

**Keywords** Gastronomy, food culture, hygiene habits, hygiene plan



## Description of the activity 8.4

**Comparative list** To prepare the participants for such a list it can be a good task to prepare a variety of meals proposed by the care workers and practice what may be different and what can be common requests in hydration and nutrition topics by clients.

Activities like hand-washing may differ and should be exercised. The table could be implemented as a group work and be a first entry point for a discussion. The task could also involve every participant to present an own “typical” aspect of hygiene and nutrition which may be new to the others.

In addition to following a proper diet, the country and province may determine a way to cook, not forgetting to take into account the personal tastes of the eldest person

Regarding personal and individual preferences, it can also be important to take religious aspects like specific preparation activities or graces into account.

The care workers should know about possible differences in meal preparation, cooking habits etc. Instead of assuming certain differences in meals, cooking habits etc. the participants should be obliged to ask the clients about their individual habits etc.

## Key messages to carry out



Hand out to each participant:

- A copy of a standard Care Plan to fill in and to use at the workplace
- A guideline sheet how to set a seminal menu
- Guidelines for Hygiene control, including for cooking a meal
- List of respectful attitudes collected by participants

What I do
<input type="checkbox"/> I greet the older person kindly
<input type="checkbox"/> I introduce myself properly to the elderly person
<input type="checkbox"/> I call the elderly person by name
<input type="checkbox"/> I explain to the elderly person the activities and care before I am going to perform them
<input type="checkbox"/> I provide a comfortable environment so that the coexistence is pleasant
<input type="checkbox"/> I listen to the opinion of the elderly person, modifying what is necessary for the person's well-being.
<input type="checkbox"/> I motivate the person to carry out activities
<input type="checkbox"/> I consult the doubts that arise in the care of the elderly with their doctor, family or social worker
<input type="checkbox"/> I wash vegetables and fruits before cooking or serving.
<input type="checkbox"/> I keep food properly
<input type="checkbox"/> I perform the steps of personal hygiene properly

What I don't do
<input type="checkbox"/> I don't discard the opinions and options of the person
<input type="checkbox"/> I don't apply personal prejudices while caring for the individual
<input type="checkbox"/> I don't talk to anyone about the personal or intimate aspects of the elderly person

A photograph showing a person in a beige sweater sitting in a chair. Their right hand is holding a yellow and blue ball. Another person's hand is resting on their left arm. The background is slightly blurred, showing a wooden chair and a blue object. The image is overlaid with a semi-transparent dark red background.

# **Unit 9**

## **Applying for a Job as a Care Worker**

## Unit 9

# Applying for a Job as a Care Worker

It is of utmost importance during the job research, the person concerned has the ability to identify what is the necessary knowledge and skills he/she needs in order to achieve his/ her goal and eventually work as a care worker. Furthermore, in the case of migrant workers, it is very important that they know how and where their formally in their country of origin, and informally (e.g. through everyday life, informal work experience) achieved competences can be validated and recognized.

Thus, the trainer has to be both literate when it comes to the legislation policies of the country hosting the training and in a position to guide the participants through the process of accessing information and translating/validating their skillset and previous work experience.



**Cultural bias** When it comes to the cultural bias that needs to be addressed – first and foremost, the trainer him- or herself needs to acknowledge that he/she is biased himself/herself within the broader concept of him/her being brought up in a different, and in many cases not accepting, cultural and religious context/ society.

Having said that, the trainer should be able to efficiently describe the prominent situation with regards to stereotyping in the workplace and the legislation that may actually protect or act as a preliminary measure towards excluding individuals in the workplace.

Moreover, the trainer should try to avoid the assumption that culture can be generalized as national culture. There are no homogenic cultural habits, aspects only depending on nationality. According to various studies and professional discourses culture is determined by individual backgrounds, socialization... it may differ according to situation, context and age.

## Module 9.1 Available employment options

**Activity Name** Identifying and accessing suitable employment options



**Objectives and Learning outcomes**

The main purposes are:

- 1) to understand the available employment options, and to become more confident in how to make own job research
- 2) to form a realistic idea where job vacancies may be found (online or not)
- 3) to be able to define whether a specific vacancy may or may not be suitable for his/her.

Take into account the main three purposes mentioned above, the first activity focuses on the development of participant's awareness regarding the existing entities that he/she can contact or visit in order to be in a position to independently look for available job offers.



**Suggested Duration** 1 hour

**No of Participants** Up to 15



**Materials needed** PowerPoint, Projector, Video, Paper and Pens, Websites for Migrant Employment Policies

**Competences**

- demonstrates initiative to search for available job offers



**Knowledge**

- is able to access information and advertisements for jobs in the care sector

**Skills**

- is able to identify the job offers that suits her/him

**Guidelines for Assessment** The participants should be asked to apply for a job in different platforms.

**Keywords** Migrants, employment options, Law Rights, job applying

## Description of activity 9.1



**Introduction** The activity will have the form of a focus group. The participants will be provided with general information on why it is necessary to have the appropriate knowledge and develop skills in order to find the available employment options that best suits the interest and work experience of each job applicant. During this presentation, each participant will have to write 6 questions, related to both knowledge and skills required from a job applicant. The next step is to start an open discussion on the participant's questions; where each participant will give his/her answers on his/her questions. Taking into consideration the answers each participant gave, the experts leading the focus group will help them to determine possible careers that suit them and how they can access the available job options.

### Reflecting on job experience



**Cultural Bias:** The social relationships that are formed within a multicultural society can be cooperative relationships or, on the contrary, relationships of unequal treatment, discrimination and prejudice. This phenomenon is also observed in the field of work as there are often various types of discrimination, such as racial discrimination, gender discrimination, religious discrimination etc.

Your own notes:

## Module 9.2 Recognition and validation

**Activity Name** Collecting the required documentation



**Objectives and Learning outcomes** The main objective of this activity is to cultivate autonomy to collect required documentation for recognition and validation process.

The initial purpose of the trainer has to be the proper explaining of the administrative procedures required in order for the participants to collect, translate and validate all relevant documentation.



**Suggested Duration** 1 hour

**No of Participants** Up to 15



**Materials needed** Paper and Pens, Computer, Internet

**Competences**

- demonstrates initiative to collect required documentation for recognition and validation process

**Knowledge**

- is able to identify the body where to officially validate and recognize her/his learnings acquired in the host country and which papers are required from them
- is able to explain the administrative procedures to obtain access to legal employment arrangements

**Skills**

- is able to contact the administrations in charge for validation and recognition
- is able to identify the training offers which provide official recognized training

**Guidelines for Assessment** The participants should be able to list and distinct which agency/entity is responsible for each part of the procedure (translation, validation, etc.)

**Keywords** Migrants, Employment, Rights, Applying



## Description of Activity 9.2

**Introduction** The participants will initially be divided into four groups of four persons. Exercise focuses on ways in which someone can retrieve information that interests him/her, via internet research. Once the trainer will inform the participants about the exercise's purpose, the trainer proceeds to give a different topic to each group, which topic will be related to recognition and validation topics. (E.g. Where do I translate personal documents and what documents are needed for this procedure, Regulation on pan-European recognition of the certificates and public documents, Recognition of public documents between EU countries - what applies). At this stage of the exercise, the guides should help participants understand the information they find, evaluate it, and understand if the information they found eventually covers their needs. At a first stage, the experts will guide participants to an effective way of searching information, simply using Google Search Operators - AND / OR / NOT as well as using keyword, due to find more accurate and specific information about the topic they are interested in.

**Reflecting on job experience** In the second stage they will introduce them to European Commission’s platform: “EU Skills Profile Tool for Third Country Nationals (<https://ec.europa.eu/migrantskills/#/>), in order for them to be independent and autonomous in the way they will treat and build their professional profile.



**Cultural Bias:** Even though there is an existing formal process to recognize and validate the learnings, work experience and competencies of a migrant, this recognition not necessarily leads also to a social recognition of their competence and work experience. Persisting stereotypes and prejudices against migrants might be an obstacle for employment. Trainers should be aware about the fact that migrants might have made discriminating experience when applying for a job and invite participants for discussion. Furthermore, they should know about national anti-discrimination legislation. They should be able to inform about counselling and support structures on the topic of anti-discrimination.

Your own notes:

## Module 9.3 Job applications and interviews

**Activity Name** Actively applying



**Objectives and Learning** The principal objective is to train the participants to properly evaluate any job offerings and their compliance with their own legal and visa status. The secondary objective is to train the participants to alter/update their CVs according to the vacancy they are interested in.



**Suggested Duration** 2 hours

**No of Participants** Up to 15





**Materials needed** Basic Knowledge of Computer Use, PowerPoint, Projector, Video, Guest Speaker, Paper and Pens, Flip Chart, Websites for Migrant Employment Policies

**Competences** ● is able to update her/his competence portfolio

**Knowledge**

- is able to access application forms and use a CV template for job application
- knows the relevant questions which will be asked in an interview for a care job
- knows the procedures for a job interview and knows social etiquette for job interviews

**Skills**

- is able to complete application forms and Curriculum Vitae for adult care jobs and to update her/his CV
- is able to prepare and perform a job interview
- is able to follow the procedures and social etiquette of job interviews

**Guidelines for Assessment** The participants should be able to find and use the right CV template and be able to demonstrate in a simple and clear way their skills, abilities, further knowledge and any work experience related to the care sector. That will keep the potential employer interested to follow through and read the information provided.

Furthermore to be able to support this information by all possible questions and answers that will boost these given evidence and result in a successful interview.

**Keywords** Migrants, Employment, Rights, Applying

### Description of Activity 9.3



**Introduction** The trainer will give to the participants 3 mock examples of job vacancies. After reading and comprehending the information provided, they will be asked to select the right profile and fill in all relevant information applying for each one of the different job titles in order to compose a CV applicable to the characteristics given, that will challenge an employer to read it through. After this stage they will be asked to perform a mock interview for one of these as in a real-life situation (either by a recruiter or the trainer). After the end of the mock interviews, the participants will be evaluated according to their overall performance while completing the CV and performing an interview. At the end of these tasks, the experts will address the difficulties and guide the participants step by step to an effective writing of a proposal, and of clever and targeted responses while interviewed.

**Reflecting on job experience**



**Cultural Bias** When working with low-skilled migrant workers, it is usually assumed that they will leave back to their home country after earning a certain amount of money, regardless of the agreed upon time of employment in the destination countries. It is known that labor migrants have already had to pay high costs to agencies for recruitment and certain documents before entering the country. In the target countries, potential employers are usually looking for highly qualified (migrant) workers who will remain part of the company in the long term.

Your own  
notes:

## Module 9.4 Job applications in another cultural context

**Activity Name** Development of intercultural skills



**Objectives and Learning outcomes** The objective of this specific learning activity is to look into how employers view intercultural skills in the workplace, why these skills are important, how employability is understood in different national contexts and what differences exist between employability attributes valued in different geographical and cultural settings.



**Suggested Duration** 1 hour

**No of Participants** Up to 10



**Materials needed** Paper and Pens

**Competences**

- awareness for individual (cultural) norms and behaviors in the application process and during the job interview



- Knowledge**
- knows what expectations the care provider has in the application process or in the job interview
- Skills**
- adapts his/her application documents and behavior in the job interview accordingly
  - can highlight the benefits of his/her own individual context and experience to the care work of the care provider

**Guidelines for Assessment** The ability to observe and understand different national contexts while adapting to different national settings, and accepting cultural differences that may depend on nation, class, gender, age. Being open to new ideas and ways of thinking.

**Keywords** Job applications, cultural context, intercultural skills



**References** <https://www.britishcouncil.org/voices-magazine/why-employers-value-intercultural-skills>

#### Description of Activity 9.4



**Introduction** To find out the value of intercultural skills, an exercise is conducted with about 10 participants who may differ in gender, social and ethnic background, etc. The participants are divided into two groups. Each group must define a common work characteristic that all group members agree upon. For example, the two groups each have different interests, goals, mindsets, and responsibilities defined by their respective job titles or the like.

#### Reflecting on job experience

The process of finding a common group characteristic (e.g. job title) is observed by the trainer and mirrored after the exercise: Each participant has their own habits, attitudes, assumptions. These become clear by observing the process. It is important that the trainer is trained in dealing with stereotypes and prejudices and diversity or at least has experience in working with people on such topics. Mirroring observations must not be accompanied by negative evaluations or insinuations. To help participants formulate questions, the trainer prepares some sample questions. (For example: What are the challenges in your field of work? What are the requirements to perform the job? Is the profession or field of work socially acknowledged?) The reason for selecting heterogeneous participants is to show that people each bring their own assumptions, biases, and attitudes, and to show how each affects group dynamics. By consciously naming stereotypes in this exercise, it is possible to illustrate how employers view intercultural skills in the workplace, why these skills are important, how employability skills are understood in different

cultural contexts, and the differences between attributes of employability skills that are valued in different geographic and cultural settings (Mulholland, 2013).



**Cultural Bias** Potential challenges in dealing with diversity should not be ignored. For example, language barriers can make it difficult to communicate openly and effectively. Other differences, such as education levels, communication styles and etiquette, etc., can lead to discomfort in unfamiliar situations, including, for example, a new work environment in a different country or context.

**Your own  
notes:**

## Key Take Away Messages



Hand out to the participant a list with:

- links to relevant webpages with job offers in the care sector
- contact information to relevant official institutions and/or specific persons who can provide migrant job seekers with updated information on available job offers
- contact information to relevant organization and persons who can support migrants in their process when applying for a job
- practical information on e.g.: where to print a CV, where to make a cheap but professional photo, where to buy folders, where to use a scanner, PC, phones etc.



## **Unit 10**

# **Labour Rights and Responsibilities**

**Unit 10**

## Labour Rights and Responsibilities

**Introduction** The Labour Rights and Responsibilities (LRR) are a set of regulations and laws that each country has to implement in order to regulate the employers-employees relationship. The employee should know them in order to be able to claim for her/his rights and to fulfil her/his responsibilities as a worker.

Each country has its own list of rules and laws but all countries have to take into account and respect the minimum of rights and responsibilities that are indicated by the ILO - International Labour Organization.

This Unit is about to explain migrant care workers the national labour rules and laws of the host country and the global LRR according to the ILO.



**Cultural bias** Migrant care workers come from different countries, where labour rules and laws may differ to the one of the host country. Furthermore, they could even come from countries where labour rights are not respected and almost nonexistent.

### Module 10.1 Statutory responsibilities and rights of employees and employers

**Activity Name** Understanding employment terms



**Objectives and Learning outcomes** The main objective is to train the migrant care worker in the basic terms of employment in order to assure that she or he is able to protect his/her own labour rights and in order to know the responsibilities that come along with signing a labour contract.



**Suggested Duration** 4 hours

**Nº of Participants** Up to 20



**Materials needed** Computer, projector, flip chart, paper and pens. Contracts handouts. Relevant examples of the basic and specific rules that each country has around the care employment rights and duties.

**Competences**

- is able to check whether the job complies with minimal working conditions and workers' rights
- in event of a grievance with the employer, is able to follow the correct procedures
- is aware of the benefits to joining a self-support network of colleagues



**Knowledge**

- is able to explain the statutory responsibilities and rights of employees and employers in her/his area of work
- is able to read an employment contract
- is able to find information and advice regarding employment responsibilities and rights

**Skills**

- is able to identify working conditions in her/his employment context which don't fit to the rights and responsibilities of an employee or employer
- is able to identify the relevant terms and conditions of an employment contract
- is able to read a pay slip
- is able to agree and defend ways of working that protect own relationship with employer

**Guidelines for Assessment** In a continuous evaluation the participant will be able to understand and to complete the different documents (forms) which are included in a care labour relationship.

Other evaluation criteria:

Demonstrate active participation.

Demonstrate communication abilities and tolerance and respect towards the receiving country.

**Keywords** Basic labour rights, carer workers specific rights and duties, carer workers collective agreements, employment contract and pay slip



**References**

- Each country Worker Basic Regulation ( "Estatuto de los Trabajadores", "Statuto dei lavoratori", Εργατικό καταστατικό, Arbeitnehmerstatut [Gesetz über den Nachweis der für ein Arbeitsverhältnis geltenden wesentlichen Bedingungen - Nachweisgesetz]...)
- Each country Care worker collective bargaining.
- Contract Forms: Public employment services(PES): Servicio Público Español de Empleo, Agenzia Nazionale Politiche Attive Lavoro, Οργανισμός Απασχολήσεως Εργατικού Δυναμικού, Bundesagentur für Arbeit...

<https://ec.europa.eu/social/main.jsp?catId=105&langId=en>



## Description of Activity 10.1



**Introduction** The trainer has to explain which are the rights and responsibilities that are specific in the care sector and are of major importance when working as a care worker. The trainer should explain the meaning of specific terms and highlight those entities where migrants can claim for their rights as care workers. The trainer hands out an example of a local employment contract and explains the different parts of a pay slip.

**Rights and duties** Form pairs and give each team a copy of the national care worker collective agreement. Ask participants to identify and list the rights and duties of this worker agreement. Ask each pair to explain to the other pairs some rights and duties they have identified and which they think are most important.

**Employment contract** Hand out to each participant a basic employment contract template and fill it out together with the participants. The trainer has to explain the meaning of the different parts and terms.

**Pay slips** Hand out to each participant a sample of a care worker's pay slip. Explain them the meaning of each budget line and amount and underline the legal wage minimums the employer has to respect.

**Reflecting on job experience** Ask participants who have been employed previously to share their experience as employee and to explain which had been their rights and duties. Compare these rights and responsibilities to the ones of a care worker.

Your own  
notes:

## Module 10.2 International labour rights

**Activity Name** Claim for labour rights



**Objectives and Learning outcomes** The main objective is to explain to the (undocumented) migrants the rights and responsibilities that she/he has as worker even before obtaining a regular status. The trainer explains the ways in which the migrant care worker can claim for labour rights in the host country.



**Suggested Duration** 4 hours

**Nº of Participants** Up to 20



**Materials needed** Computer, projector, flip chart, paper and pens. Contracts handouts. Relevant examples of the basic and specific rules that each country has around the way to become documented.



- Competences**
- with support, is able to claim for compliance with labour rights
- Knowledge**
- has basic knowledge on the specific international labour rights of (undocumented) migrant domestic/care workers
- Skills**
- is able to identify aspects in employment conditions which don't comply with the requirements of international labour rights.

**Guidelines for Assessment** Successful completion of the tasks and active participation in the development of the different sessions.  
Other evaluation criteria:  
Demonstrate active participation.  
Demonstrate communication abilities and tolerance and respect towards the receiving country.

**Keywords** Minimum rights, ILO, support associations for undocumented migrants, labour rights, trade unions, Conciliation settlement, Labour Court, agreement



**References** EPIM European Programme for Integration and Migration

<https://ec.europa.eu › migrant-integration>

Aid associations for undocumented migrants: Red Cross, PICUM (Platform for International Cooperation on Undocumented Migrants) <https://picum.org/>

ILO International Labour Organization <https://www.ilo.org/global/>

ILC 2002, Trabajo decente y la economía informal, <http://www.ilo.org/public/english/standards>

## Description of Activity 10.2

- Introduction** Present the labour rights that correspond to every care worker and domestic worker even if they are undocumented. Point out the entities that can help to claim for compliance with their labour rights.
- Labour rights even if they are undocumented** Hand out a list of labour rights that the country ensures for each worker (legal or not). If the country has ratified the ILO convention on Domestic Worker, hand out a copy of it and highlight the most important aspects for migrant care workers working as home carers. Invite an external expert of a nearby migrant support organization to discuss the basic labour rights of every worker. The trainees know the national care workers' collective agreement (they work with it in the Module 1). Ask participants to discuss this agreement with the expert and clarify the minimum rights and responsibilities they have guaranteed through the country's labour rights and the ILO convention.
- Claim for labour rights** Explain the learners the steps to claim for a breach of contract. List and detail the different services that each country's trade unions offer in this area. Explain to the participants what is the role of a trade union and in which way they could become members of a trade union. Point out the Conciliation settlement as a previous requirement before presenting a case to the Labour Court. Hand out different claims for real cases of migrant care workers and how they have been solved. Discuss about the possible solutions to avoid a trial.
- Reflecting on job experience** Ask participants who have previous work experience in their countries of origin about their labour rights, existing trade unions and if they have ever had to claim for their rights in their country of origin or any similar cases they have heard about.

**Your own notes:**

## Module 10.3 National aspects in international labour rights

**Activity Name** How to react when (being) discriminated



**Objectives and Learning outcomes** The main objective is a revision of the set of rights and duties of the host country regarding discrimination at workplace caused by age, religion, race, gender etc.



**Suggested Duration** 4 hours

**Nº of Participants** Up to 20



**Materials needed** Computer, projector, flip chart, paper and pens. Relevant examples of the basic and specific rules that each country has around the care employment rights and duties.

**Competences**

- With support is able to claim for his/her rights which protect him/her of gender, race, age etc. discrimination.



**Knowledge**

- knows his/her rights which protect him/her of gender, race, age etc. discrimination.

**Skills**

- contributes to (cultural) diversity in the working environment
- strengthens activities which work against cultural, gender, race etc. discrimination
- reflect his/her own behaviour and is sensible and tolerant towards cultural and other differences
- is able to abide to the national anti-discrimination law

**Guidelines for Assessment** In a continuous evaluation the students will be able to identify the differences between the works conditions in the receiving country and the country of origin.

Other evaluation criteria:

Demonstrate active participation.

Demonstrate communication abilities and tolerance and respect towards the receiving country.

**Keywords** Care workers' rights and duties, Labour claim, anti-discrimination laws



**References** Each country Worker Basic Regulation  
Each country Immigration Law  
List of procedures and uses of the workers in the host country.

### Description of Activity 10.3

**Introduction** Presentation on anti-discrimination and workers' rights, followed by discussion in small groups and in plenary. Information on support systems (anti-discrimination advice, trade unions, etc.). One exercise might be: Is this discrimination? For this, examples from the work context are given to the groups and put up for discussion. Alternatively: examples are presented and participants line up according to the question "Is this discrimination - yes or no?" The assignment is then discussed. The examples can be resolved using case law on real examples. Based on these legal precedents, it becomes clear whether discrimination is involved and why.

**Reflecting on job experience** Group discussions about the individual knowledge of anti-discrimination and workers' rights as well as examples of possible discriminations experienced or heard/ seen of by the participants.

**Your own notes:**

## Key Take Away Messages



Hand out to each participant:

- Care worker collective agreement
- List of basic labour rights and duties in each country
- Basic and simple employment contract form
- Right to non-discrimination
- A sample of a care worker pay slip

What I do
<ul style="list-style-type: none"> <li>• I have to cope with the labour schedule</li> </ul>
<ul style="list-style-type: none"> <li>• I have to finish my working day</li> </ul>
<ul style="list-style-type: none"> <li>• I have to work accordingly to the duty of care and respect the guidelines of the employer</li> </ul>
<ul style="list-style-type: none"> <li>• I have to respect the host country's working habits</li> </ul>
<ul style="list-style-type: none"> <li>• I am entitled to a fair salary</li> </ul>
<ul style="list-style-type: none"> <li>• I am entitled to rest and to have a vacation period</li> </ul>
<ul style="list-style-type: none"> <li>• I am entitled to claim when my labour rights are not respected</li> </ul>

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