HERO-Training program in elderly care and infectious disease prevention for the integration of refugees from the Middle Eastern and African countries in western society

Intellectual Output Title: IO1

Activity Title: Educational Needs Analysis and Focus Groups

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HERO-Training program in elderly care and infectious disease prevention for the integration of refugees from the Middle Eastern and African countries in western society

Coordinated by

Partners

Program:	Erasmus+
Key Action:	KA2 STRATEGIC PARTNERSHIPS
Project Title:	Training program in elderly care and infectious disease prevention for the integration of refugees from the Middle Eastern and African countries in western society
Project Acronym:	HERO
Project Agreement Number:	2020-1-CY01-KA204-066039
Intellectual Output:	IO1- Educational Needs Analysis and Focus Groups

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1. INTRODUCTION

The HERO project

The continuous incoming flow of refugees and migrants in Europe has risen the demand for carers due to the lack of locals. Through the HERO project the opportunity is given to improve the quality of life, to reduce unemployment of refugees/migrants and also to be able to integrate into the labour market.

Objectives

The project proposes a refugee and migrant integration process through an intercultural "on the job" training, based on educational needs analysis and a certified intercultural training to be created, standardised and be available for future trainers.

The primary training will be delivered by care professionals to migrants and refugees who want to work as caregivers. The HERO project suggests a refugee and migrant integration training process through a complete intercultural "on the job" training. It is based on Migrant/Refugee Care Giver educational needs analysis that declines the cross-cultural gap in caregiving process and a certified intercultural training will be available for future trainers. The aim is the smoother integration of the beneficiaries in the workplace and the development of communication skills that are important within the healthcare sector, but also, the local societal structures. A Trainee/Intern opportunity and a Certification will be given to the participants after they complete the training program in English as an international language of communication and the language of the country of residence, as well as, the training in care giving processes.

a) Intellectual Output 1

The idea of the HERO project the idea was born out of the fact that there is a big gap in communication when refugees and migrants work in care units in European countries; therefore, is a big challenge to start training them. The main aim of Intellectual Output 1 is to define common ground on the needs of the beneficiaries, which are going to be extracted by real working conditions of the migrants through the language and on the job training. It includes needs analysis, target groups, elements of innovation, expected impact and transferability potential. The beneficiaries originate from countries with different social, cultural and religious backgrounds. The main aim is through the educational process, to narrow the intercultural gap between the beneficiaries and the trainers and also to define real needs of the beneficiaries.

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Study Background

[1]A number of studies have looked into the labour market integration issues of refugees and have shown that they may be highly motivated than other non-economic migrants; but they integrate slow, are more difficult to employ, have more difficulties to organize self-employment and hence suffer also from lower earnings. This results mainly from insufficient education and low host country language proficiency.

[2]While integration can prove challenging, it can also be seen as an opportunity for the EU. From an economic point of view, migration flows are observed to contribute to the labour market of their host society through: filling gaps in low and high-skilled occupations; addressing labour market imbalances; contributing more in taxes or benefits than they receive; spurring innovation, and, thereby, economic growth.

- [3]Language training should not hold a person back from finding work and participate in society. Language training should be tailored to the personal situation, skills and qualifications of the individual refugee and combined with work practice.
- For 'work-ready' individuals, flexible on-the-job/combined language training would ideally be available to make 'work first' pathways a true and sustainable alternative for refugees.
- Creating labor market 'fast-tracks' for work-ready or highly skilled asylum seekers and refugees is valuable. This requires close collaboration with employers and the education sector to define 'work-readiness', in order to recognise qualifications and provide adequate job opportunities, or to adapt on-the-job training schemes.
- Educational systems and social partners are essential to determine if skills and qualifications through education employment. Cultural differences, staff capacities and competences need to be considered in all approaches to assess skills and qualifications.

[1] https://www.eui.eu/Documents/RSCAS/Research/ArchivesInstitutionsGovernanceDemocracy/20181205-Keynote-lecture-labour-market-integration.pdf

[2]

[3] https://ec.europa.eu/social/BlobServlet?docId=20661&langId=en

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2. METHOD

In this paper the exploratory research is being used since there is a need of a deeper process to investigate the existing problem as we need to have a better understanding of it. The existing phenomenon of third country nationals moving in to European countries has to be thoroughly investigated in order to gain familiarity and acquire new insights and data. The outcomes of this research will provide us with answers to questions like what, how and why.

The HERO project aims to develop a process for the training of refugees in the care of elderly people. This process will give immigrants the chance to be integrated into the European labor market, and at the same time provide a solution for the increasing need for elderly care. In addition, the HERO project will give the opportunity for the improvement of life quality, the reduction of unemployment, and the social integration of migrants.

Our research with regards to IO1 was based on three sources: a) Desktop research, b) focus groups between partners to exchange good practices and modus operanti and c) hands-on field research.

a) Desktop Research

Taking into consideration our research topic, desktop research was carried out in order to collect data which as you will see further down, they prove and match the primary research (data collected by the participants). The desktop research was carried out very thoroughly in order to make sure that all data gathered are reliable.

[i]According to UN research, on the role of migrants in the workforce of caregivers for the elderly in United Kingdom, Ireland, Canada, and the United States elderly clients have very positive feeling for their foreign-born caregivers, but there are many barriers that they have to overcome. For example, barriers to communication are the most important as foreign care providers may not be able to communicate in the local language and this creates many problems in the quality of their relationship with the clients. Despite the communication problems, the research found that migrant care providers are valued supply of labour with a strong work ethic.

[ii]Research that has been carried out in seven countries (Canada, Germany, Israel, Singapore, Spain, the United Kingdom and the United States) found that there are many difficulties faced by foreign-born home caregivers. Most importantly, there is no boundary between household chores and caring for the elderly. In addition, home care providers do not work on scheduled working hours as they have to be available 24/24 and there is a feeling

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that they are always supervised by their employers. In addition, their legal status affects them, especially in countries where their residence permit is linked to their employers, who are presented as responsible for the foreign-born caregivers who live with them or their elderly relatives. They depend on their employers to live and work in the country. In other countries, foreign-born home caregivers can apply for permanent residence after a period of time that they lived and worked in the host country.

[iii]We have to also note that during the Covid-19 pandemic, home caregivers faced many problems as well as people all over the world. Some of the caregivers who did not live with their patient were asked to go and live with them 24/24, so that they would not have contact with other people and increase their chances of being affected by COVID-19. They felt that they had a dilemma between "losing" their freedom or losing their job. Other foreign-born home caregivers who had more than one patient and did not live with them, were asked by their relatives or the older adults themselves, not to continue visiting them because they feared that the caregiver would get affected by Covid-19 and affect them too. As a result of the above mentioned, many foreign-born caregivers in Canada lost their jobs during the COVID-19 pandemic.

[iv]Another study which was carried out in the US, showed that foreign-born caregivers are more willing to work in all shifts than the older caregivers. They were even willing to work shifts that the locals would not prefer to work, because they want to maintain a "good work ethic", despite the difficulties that they would face during long or night shifts. Therefore, and according to the study, foreign-born caregivers are preferred than the local ones. In addition, foreign-born caregivers face many racial, ethnic stereotypes and discrimination from employers, patients or even colleagues.

[v]In some countries (such as Austria, Germany and Italy) migrant caregivers work in households and local caregivers are chosen to work in the health sector. Due to this, migrant caregivers often do not have access to social security and employment protection or they are not recognized, and this affects their survival in the host country. Another issue that might arise is that the quality of their work is not clarified and they are not awarded for their services. In Italy, migrant care provision is encouraged by generous cash benefits, but in many cases caregivers who work at homes do not have contact with other people or services so they do not know their working rights.

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[vi]Furthermore, a Swedish study examined whether migrant caregivers working with the elderly and disabled were at a disadvantage. The research findings showed that migrant caregivers are concerned about precarious working conditions, as they believe that they do not have interesting work tasks, a lot of work needs to be done and there is a feeling of insufficiency in relation to the needs of the patient. In addition, they face problems finding a job and once they get hired, they feel that they do not have the support of their managers or their colleagues giving them the feeling that they are not valued members. Moreover, they are criticized by patients and their relatives experiencing ethnic prejudices.

Given the above data analysis provision of training in language and culture issues is highly needed in order refugees and migrants can feel comfortable and integrated in their workplace and society in general.

b) Partner knowledge

Four focus groups were conducted between partner organizations, especially partners from long-term care institutions, in order to exchange knowledge on modus operanti and existing service provision and training in their countries. Representatives of Materia, SPSI, Aktios and INRCA were part of these meetings and also, exchanged written material as a discussion basis.

The focus group and analysis of the provided material by each partner organization helped the consortium, not only identify the necessity of the HERO training programme on language and caregiving but also pinpoint the basic sections that our training scheme should include. The sections include ethics and behavior, infectious diseases management, dressing, feeding and bathing, code of conduct and other thematics all based on the actual needs and modus operanti of the long-term care units who are members of the HERO project.

c) Analysis of questionnaires

The final part of IO1 was a hands-on research study. The aim was to involve refugees and migrants mainly coming from Africa and Middle Eastern Countries, care professionals, psychologists who participated in the research. The HERO project targets Care Units, NGOs, Universities and social enterprises.

The participants were recruited through email campaign, by personal contact and organisations' database.

The tools that used were:

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1) The Questionnaire for Migrants and Refugees which will help us to investigate the difficulties faced by migrants and refugees with their integration into the workplace and their needs for education and training courses.

2) The Caregivers and Care professionals training needs, which is addressed to Owners, Directors, Managers and Department Supervisors of Care Providing Entities as well as representatives of Structures significant to Care Education & Training. Through this questionnaire we try to investigate the type of training provided by the Care Provider to employees and the difficulties that were encountered.

The data gathered was analysed on excel data sheets.

Care units and caregivers' Needs

The Caregivers and Care professionals training needs questionnaire is addressed to Owners, Managers, Heads of Caregivers and Heads of Departments as well as to representatives of educational structures and places with activities related to care. Through the questionnaire we wanted to investigate the type of training provided by the Agency to employees and the difficulties they have faced. Part of the questionnaire also refers to migrant / refugee workers. (See Annexes)

Participants

Fifty-five caregivers answered the Caregivers and Care professionals training needs questionnaire, thirty-five were female and twenty were male. All participants were over 18 years old.

Ages	No of participants	Males	Females
18 – 30	2	0	2
31 – 40	14	2	12
41 – 50	16	6	10
51 – 60	12	7	5
>60	11	5	6

Long term Care Unit	Day Care Centre	Rehabilitation Centre	Clinic/Health Center	NGO Organisation/ Institution	Chronic Diseases Unit
32	2	4	3 Public 9 Private	3	2

The data which was collected by the participants' answers showed that 95.23% has difficulty in finding staff.

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Care Unit representatives were asked to state some of their main difficulties they face in finding care professionals. The findings derived from their answers are shown below in this pie chart. Most of the participants stated that Task Field and Salary are important factors in terms of their employment. The majority has difficulties in finding people because of the task field, which requires both parties (migrants and refugees working as care professionals in the health sector and health care organisations), to communicate in the same language in order to have an understanding of what is required to be implemented when it comes to taking care of the elderly and the people in need.

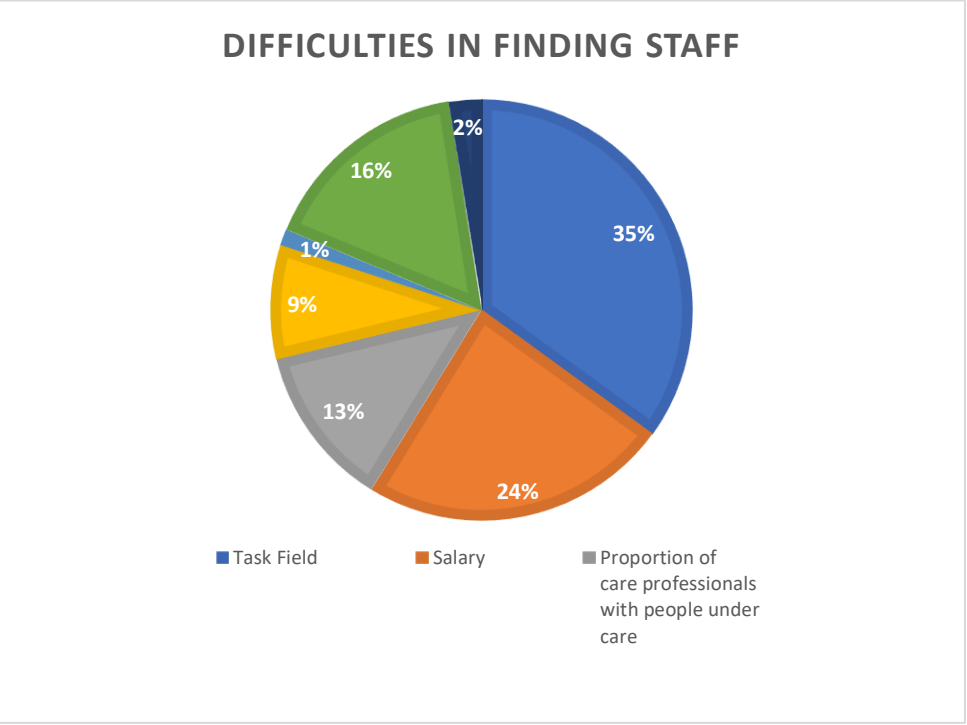

Figure 1. Difficulties stated by Health Care Units

The pie chart below describes the majority in (%) of age groups of the care professionals that work for Care Nursing Providers. These results were derived from 71 answers.

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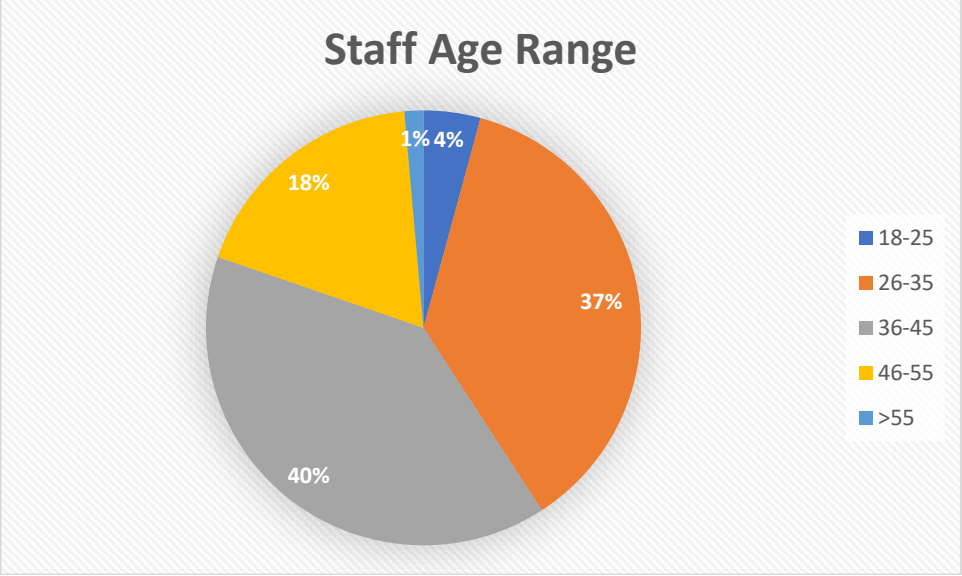

Figure 2 Staff Age Range in Health Care Institutions

Educational Level

Thirty-nine caregivers/professionals who currently work for Nursing Homes/Care Units, provided answers about their educational level. The results are described below:

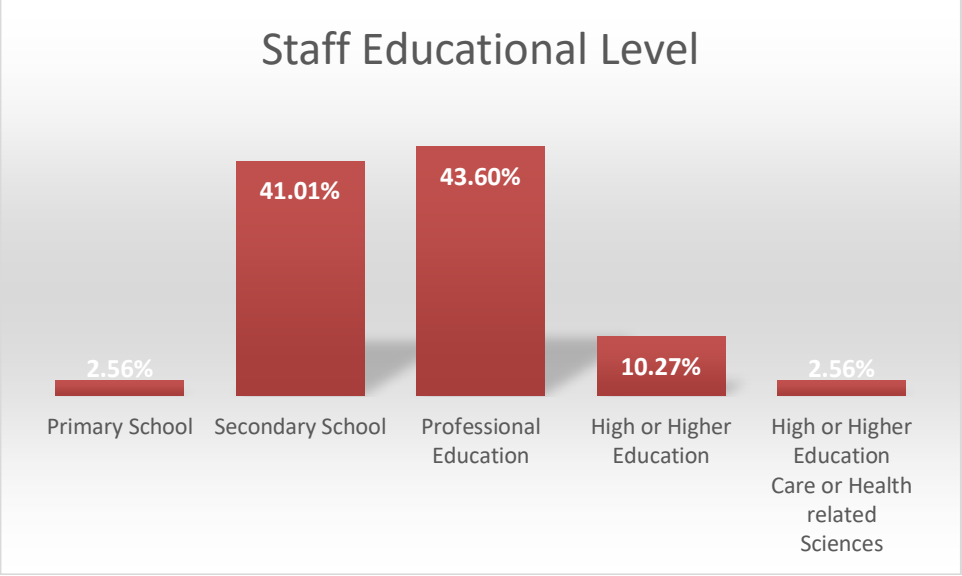

Figure 3 Educational Level of Staff working in Health Care Institutions

Education Provided

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Forty-two caregivers/professionals stated that they have been provided with education while working in their organisation. The bar chart below describes the type of education that the participants received while working in Nursing Homes/Health Care Units.

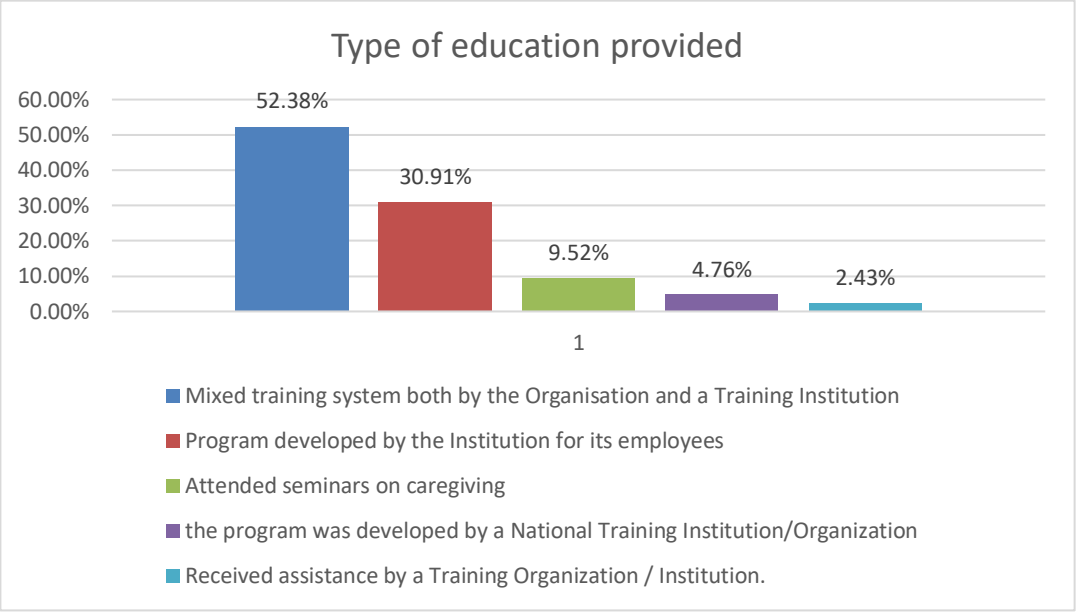

Figure 4 Type of education provided in Health Care Institutions

Institutions were asked whether they have been contacted by Health and / or Care Providers in order to provide education to their foreign carers. As shown in the pie chart below, the majority answered that they have been contacted, in order to provide education and training to Health Care Providers.

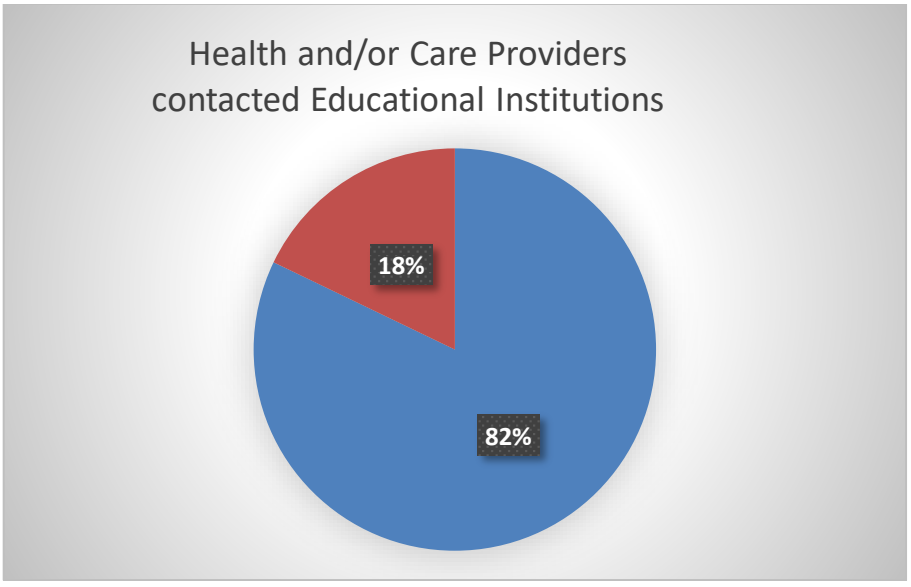

Figure 5. Education Institutions contacted by Health Care Providers

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Related to the previous chart, from 82% that gave a positive answer as to whether they have been contacted by Health and / or Care Providers, this chart shows the results from what kind of entities have been contacted.

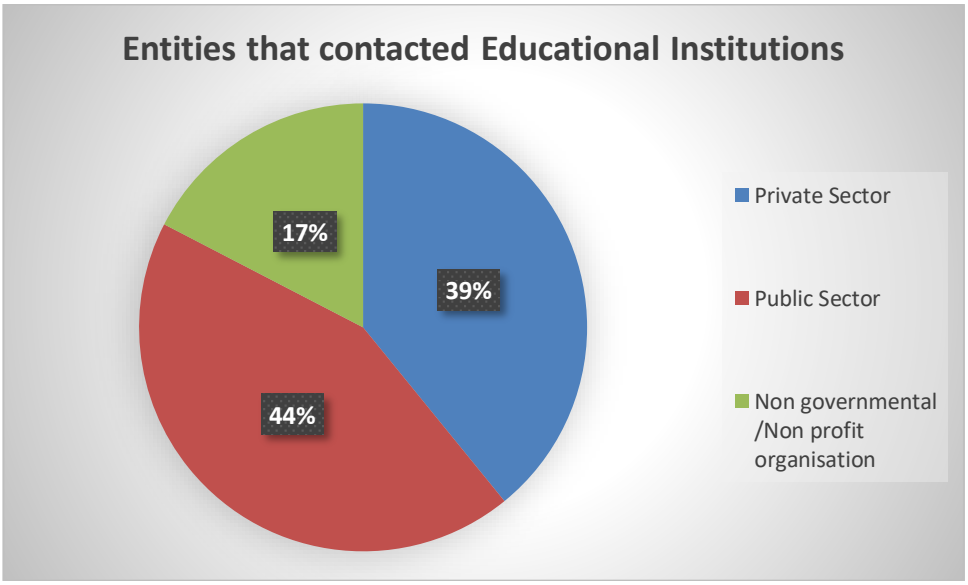

Figure 6. Private, Public and NGO entities contacted Educational Institutions

The results derived by the answers given related to the context of the partnership between the Institution and the Health care providers are described as follows:

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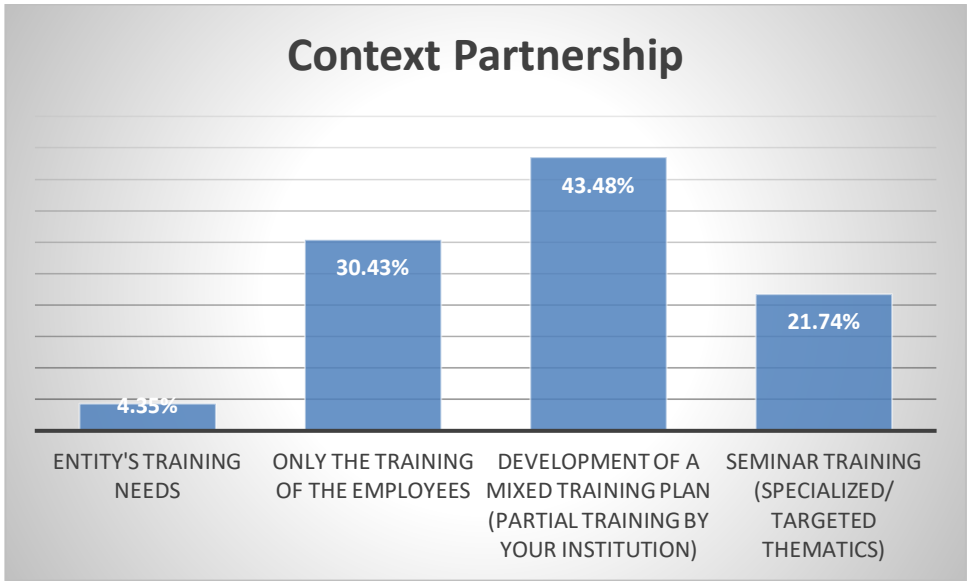

Figure 7. Education Context Partnership between Health Care Providers and Educational Providers

Institutions were asked whether they have trained people from foreign countries. The majority answered positively as results are shown in the chart below.

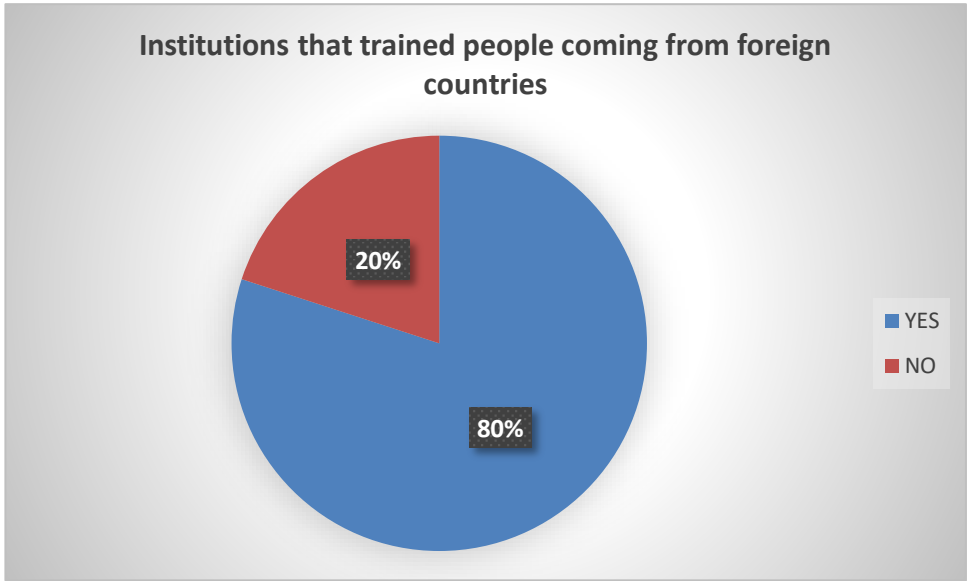

Figure 8. Educational Institutions who trained people from foreign countries

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Institutions were asked whether they have trained refugees or migrants. The majority answered negatively as shown in the chart below, therefore it seems that there is a big need to train refugees and migrants, in order to feel integrated and be able to be part of their workplace environment and the society as a whole.

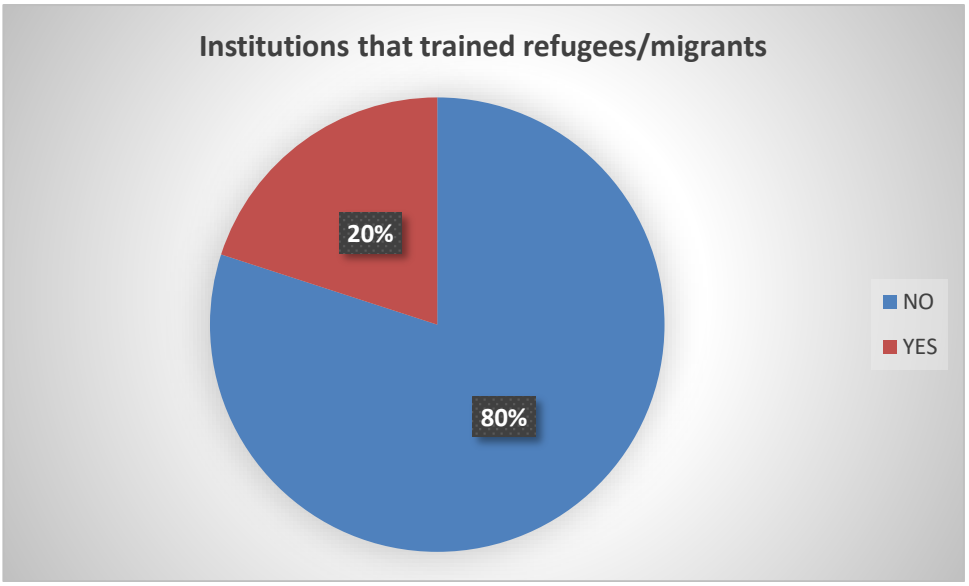

Figure 9. Number of Institutions in % that trained refugees and migrants

Institutions were asked whether they have trained people not coming from their countries. The majority answered positively as results are shown in the chart below.

Figure 10. Figure 10. Percentage of Institutions that trained people not coming from their countries

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The major difficulty institutions face when it comes to training people not coming from their country is language as evidence is shown in the chart below. The same issue applies to previous studies. One of the reasons that language is a significant issue in terms of communication, is because third country nationals do not speak English so that create issues. Culture is another big issue because refugees/migrants are used to a different way of living and behaviors. The fact that another high percentage of people from third country nationals are out of experience, this might cause extra cost for care units in terms of training.

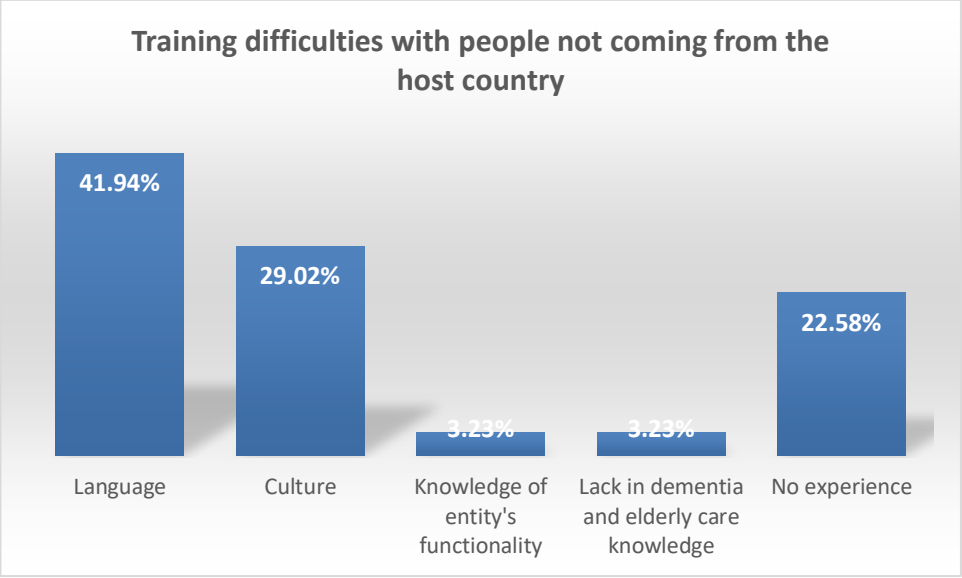

Figure 11. Difficulties faced when train people not coming from the host country

Training institutions were asked whether they have conducted research on the educational needs of refugees/migrants employed in the care area the answers are as follows:

Again, this shows that research should be conducted in order to find out what educational and social needs migrants and refugees have once they enter their host country. It would be an important asset if training is provided to them, because they could be of great help when it comes to offer their services in various work areas, especially in the health care sector.

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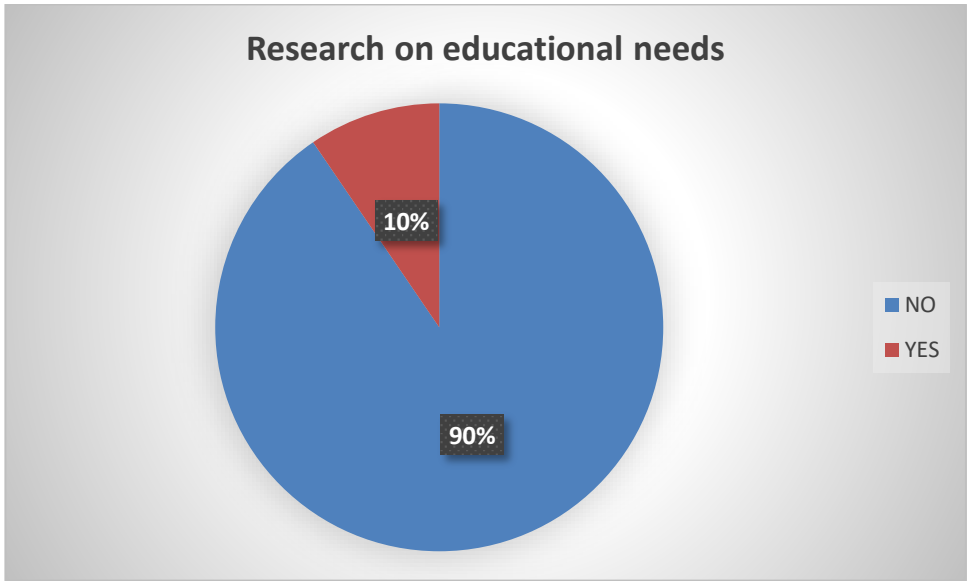

Figure 12. The majority of participants who believe that research on educational needs should be conducted

When institutions were asked how often research frequency has to be conducted, out of 20 answers the answers are shown here below: As mentioned above, research should be conducted in order to find out what educational and social needs migrants and refugees have once they enter their host country. Institutions believe that research has to be done often enough. Refugees' and migrants' needs might vary from time to time, because needs in the work area are changing and this also happens in the Health Care Sector, where elderly peoples' needs are increasing.

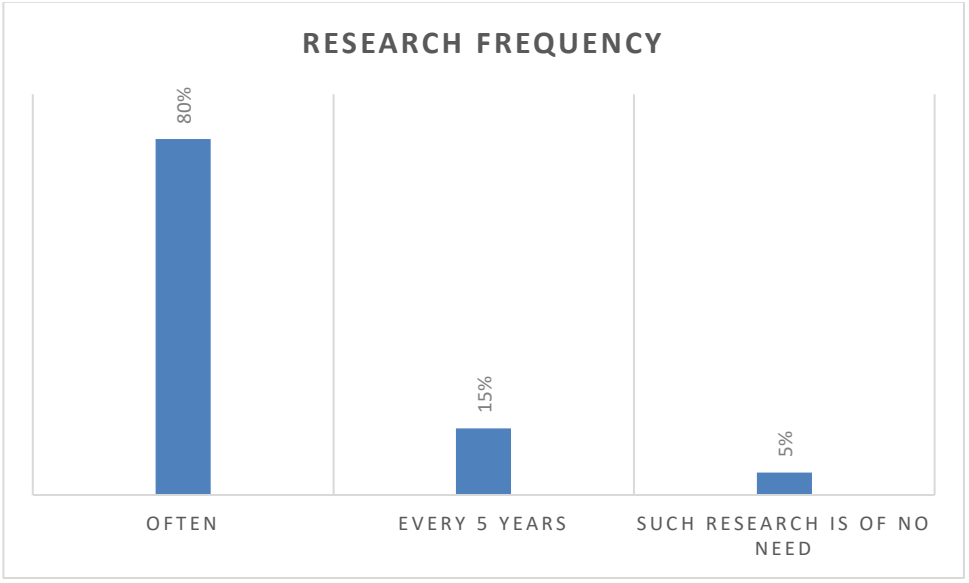

Figure 13. How often research should be conducted

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The two most important issues that refugees and migrants face in the hosting countries is language and terminology in their work fields, especially in the health area, as well as social inclusion which usually make them feel marginalized. Language courses as well guidance lines are very important for their safe inclusion in the social and professional environment.

Participants were asked whether should there be introductory training for refugees and migrants care issues. All 20 participants who have answered stated the options as shown below:

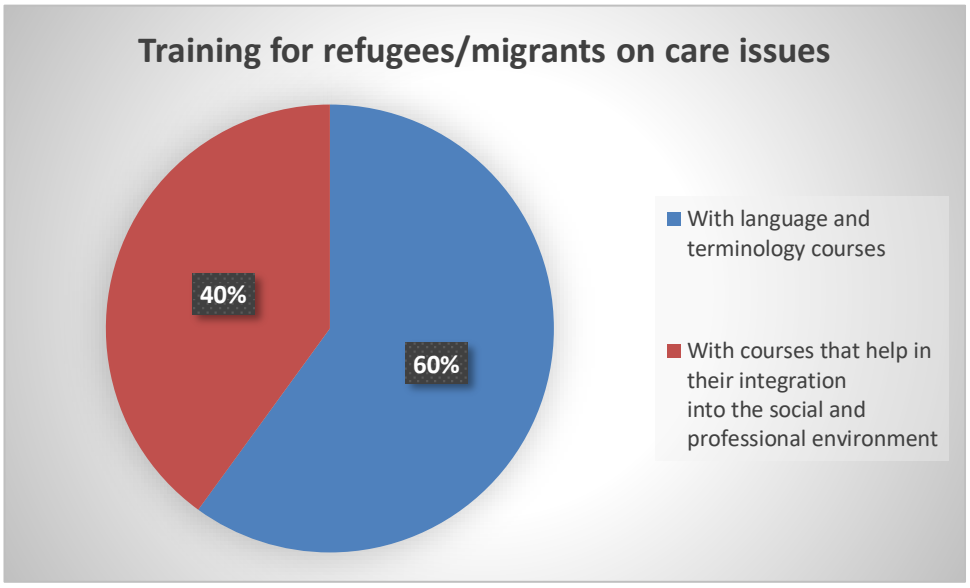

Figure 14. Main issues refugees & migrants should face and should receive training

Below are the results that came out when Institutions were asked whether their entity hires people coming from third countries, The results are shown below:

The chart shows that the majority of institutions hire people from third countries, but at the same time this means that they need to be at least educated and learn the host country's language, or learn the English language which can be spoken in most of the countries.

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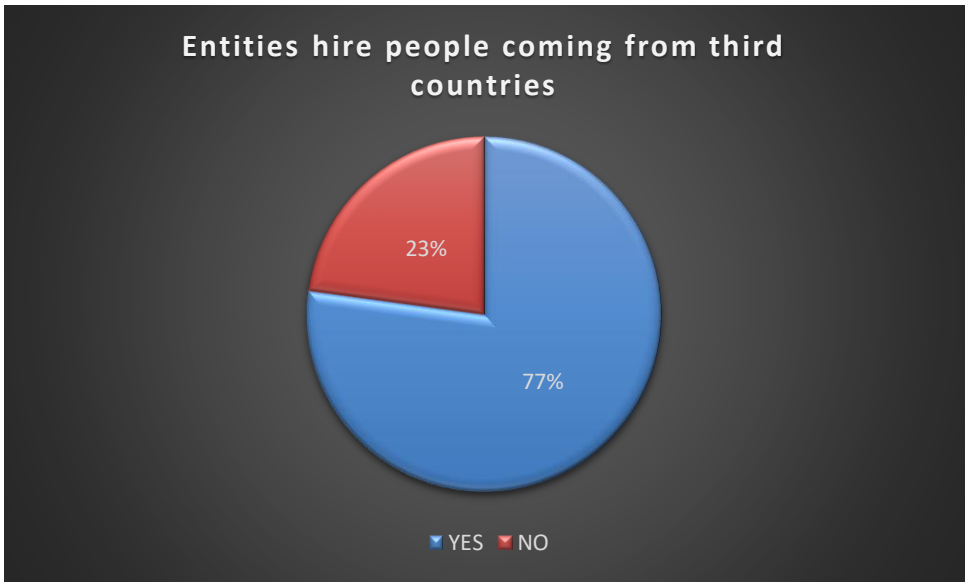

Figure 15. Entities hiring people from third countries

Institution participants were asked whether they hire migrants or refugees especially in the care sector. The percentages stated below, show that there is a big need for them to be included in the workplace.

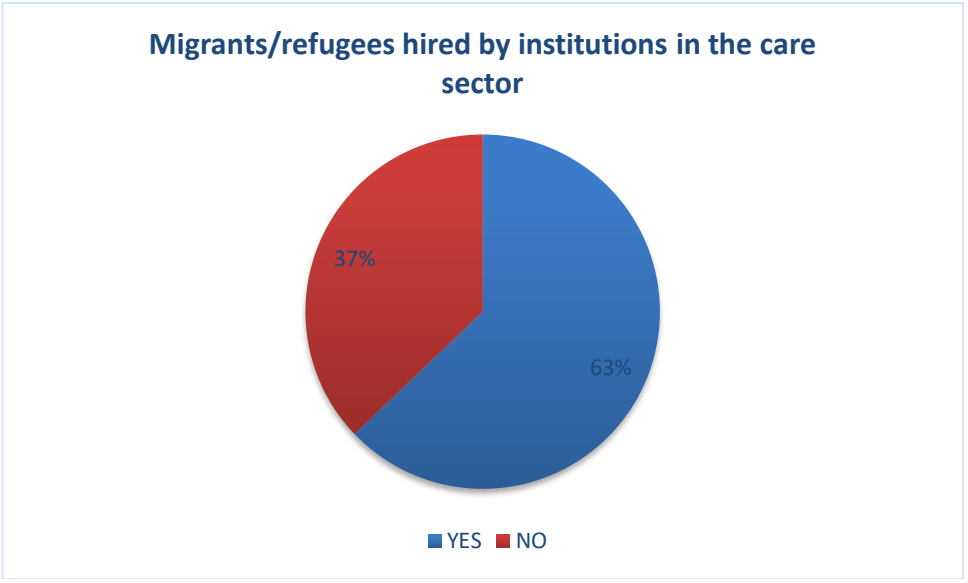

Figure 16. Number of migrants & refugees in % hired by health care institutions.

As shown below in the chart, migrants and refugees hired by institutions. In majority come from African countries and Eastern Europe.

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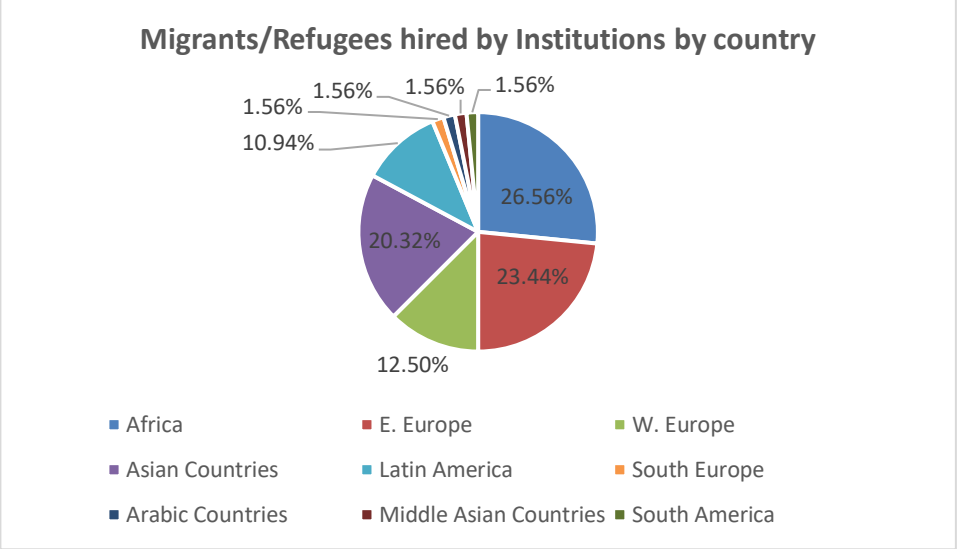

Figure 17. Number of migrants & refugees in % and by country who are hired by Institutions

Representatives from health care units were asked what kind of difficulties face when working with people who are not from their country. Here, again we can see from the data collected, there is evidence showing that language is a common and a significant factor when working in health care units. Refugees and migrants, being able to communicate in the same language, either English or the host country's language, will solve many problems. Culture is one of the issues, which can be solved, in the long run, because they will be able to understand and realize how local people think or behave. They will have a clear perception of how their tasks will be performed, and also will be socially integrated because they will in a position to communicate with their colleagues on a social level.

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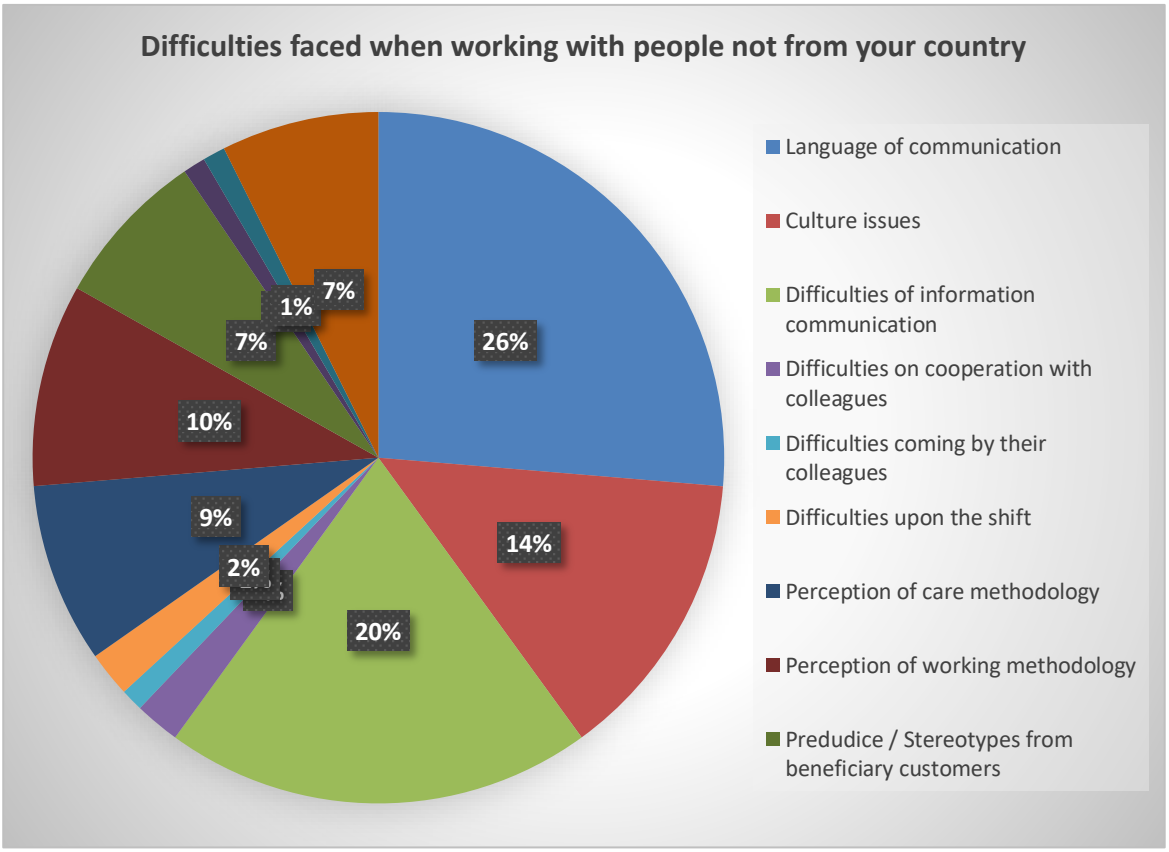

Figure 18. Difficulties that institutions face when working with people who are not from their country.

Caregivers of health organisations were asked whether they provide training to migrants/refugees who work for their organisation.

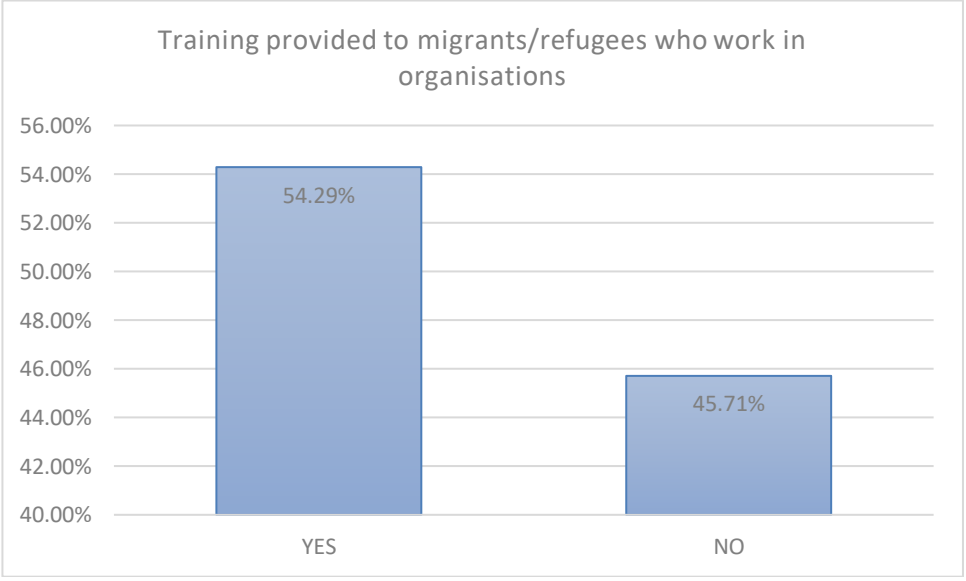

Figure 19. Number of migrants & refugees in % who receive training in their workplace

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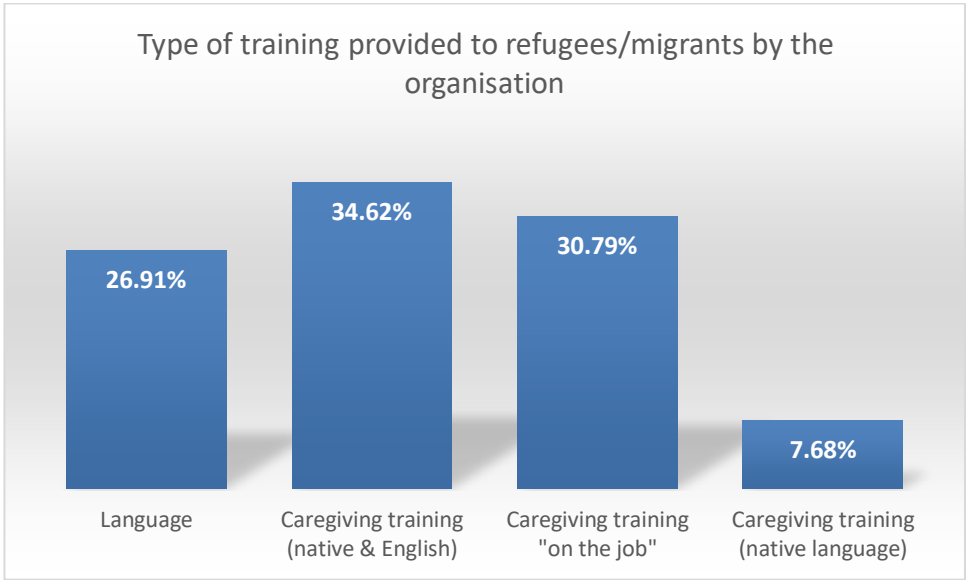

Figure 20. Training provided by Health Care Institutions to migrants & refugees

The fact that all participants from Health Care Units strongly believe that refugees and migrants will better integrate in their work place if they have received training, it shows us how important will be for them if they are educated. Communication in a common language is very important for both the carer and the elderly. When it comes to health issues, the ones who take care of the elderly should be in a position to understand their needs in every level. Migrants & refugees who will be educated, will be in a better position to offer their services, work for the whole and also will generate revenues for organisations in the long run.

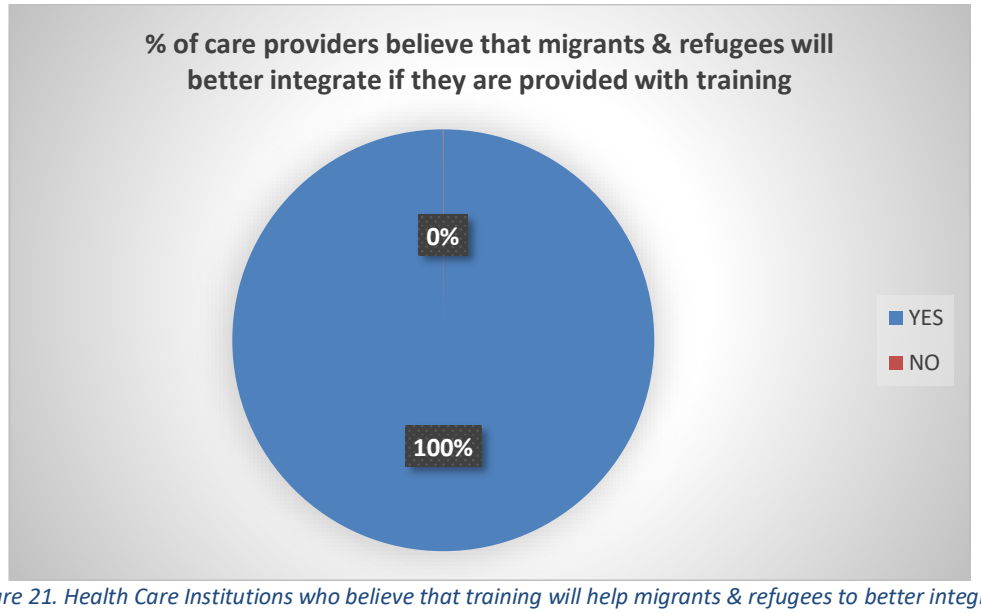

Figure 21. Health Care Institutions who believe that training will help migrants & refugees to better integrate

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Migrants' Needs

The questionnaire which was used as the instrument, was addressed to migrants and refugees who are working or seek job in the healthcare sector. Through the questionnaire we try to investigate the difficulties faced by migrants and refugees with their integration into the workplace and their needs for education and training courses.

In total, 21 participants have answered the migrants and refugee's questionnaire, 5 working in Greece, 5 working in Cyprus, 6 working in Portugal and 5 working in Italy. Five of them were between ages 21-30, 7 between 31-40, 4 between 41-50 and 3 between 51-60. Seven females, 8 males and the remaining six have not stated their gender.

Their countries of origin are as follows:

No. of people	Country of origin
4	Cameroon
3	Nigeria
2	Philippines
2	American-Latin
2	Bangladesh
1	Nepal
1	Sri Lanka
1	Ghana
1	Western Europe
1	Bratislava

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1	Guinea
1	Morocco
1	Not applicable

The participants' legal status is as follows:

10 were migrants

8 recognized refugees

2 granted subsidiary protection

1 stated as 'other' because of mother being a local citizen

The results have shown, that in average, all participants' level of speaking, understanding, writing and reading skills of the local language is fair. Sixty-one-point nine percent (61.9%) have received language training whereas 38.1% have not been trained at all. The ones that have had language training stated the following:

4 have received language training by their current employer

2 received training in school

1 in a private organization

1 in municipality.

The main problem that migrants and refugees face in the beginning, is the local language, some face discrimination and cultural issues or lack of training on the job. Language problems are also faced while working in a foreign country, although they are very interested and willing to receive education in order to enhance their communication skills. For different reasons, some stated that they have managed to overcome the difficulties that they faced at the beginning.

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According to their answers for what kind of training courses and education the participants have received, most of the migrants/refugees stated that they took at least basic level of education in care giving and nursing in their countries.

Some of the participants who gave answers related to difficulties that faced during their education, have stated that did not have any difficulties, a few found it hard to communicate or learn the techniques while working due to lack of understanding because of the language.

Out of the 19 migrants who answered where they work:

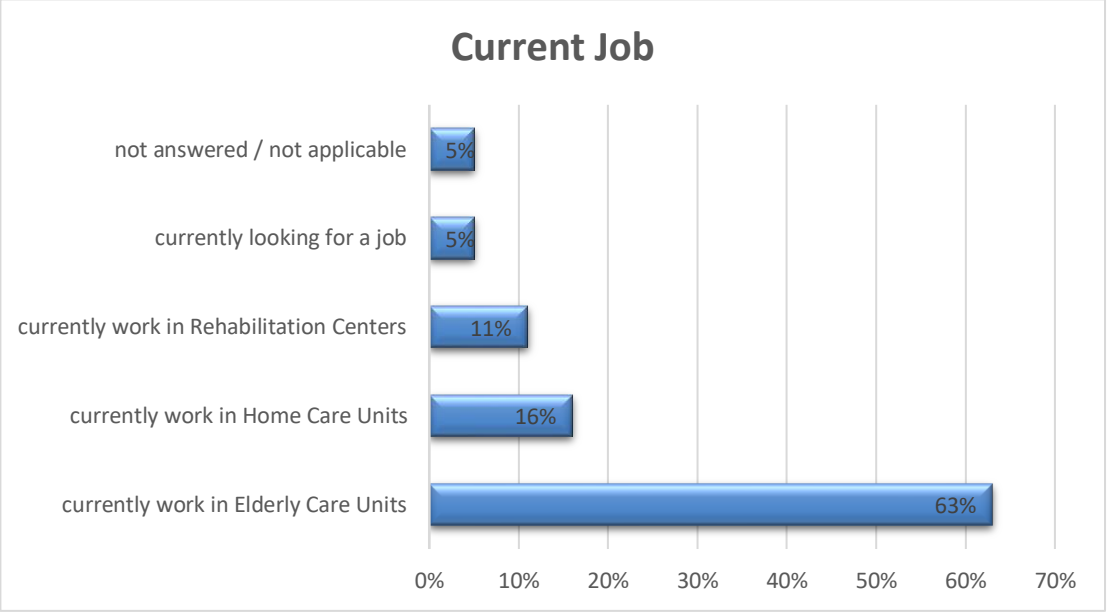

Figure 22. Migrants & Refugees current jobs

Differences in healthcare between their country of origin and their country of residence:

Cameroon migrants: Health care services are behind and you have to pay in order to receive care. Is more appropriate in their country of residence but yet there are huge cultural differences. Care units are more appropriate in the country of residence.

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Nigeria migrants: Their country of origin does not offer proper health care services unless you pay. The approach is different is their country of residence.

Bangladesh migrants: There is a huge difference as their country of origin have a very disorganized health care system. Much better in the country of residence.

American Latins: Have a different system in health care units.

Morocco migrants: The healthcare system in the country of origin is disorganized and if someone needs care has to pay.

GENERAL CONCLUSIONS

Migrants & Refugees

Based on the twenty-one migrants'/refugees' who had given answers, 7 were females, 8 were males, but 6 had not stated their gender. There was variety in the origin countries with most coming from Africa. All 21 were asked about their years of education and out of the 19 answers we found out that most of them have been educated for more than 10 years and just a few them less than 10 years. Most of them are migrants and recognized refugees and only two of the ones who answered are granted subsidiary protection. The findings showed that the majority work in care units as caregivers, they are not very good with the local language (verbal or written) and the majority had not received any language training.

Migrants and refugees face some problems when they search for a job, with the most significant obstacle being the local language. Most of them have received training outside their job and just a few on the job and they all stated that they did not face any difficulties during their training or education and that they wouldn't change anything. During their training, the technology used was with web pages and various applications.

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During the beginning of their employment by health care organisations, they faced communication problems because they could not speak the local language, and that is very significant lack. Language training is very important for migrants and refugees so that they can feel integrated. Language and communication should be considered as the most significant factor when working in the health care sector because dealing with the elderly and their needs should be as clear as possible. Most of them believe that the health system in their host country is more organized than in their country of origin.

Caregivers

Out of the 55 caregivers (21 males and 34 females), 8 were from Greece, 10 from Cyprus, 7 Portugal and 30 from Italy. Thirty-two of the caregivers stated that they work in Long Term Care Units, 12 in Clinic/Health Centers, 4 in Rehabilitation Centers, 2 in Day Care Centers, 2 in Chronic Diseases Units and 3 in Non-Governmental/Non-Profit Organisation/Institution. The majority has stated that they have difficulties finding care professionals to work for their Institutions with the main difficulties being the “task field”, “salary” and “working hours”.

Out of the 39 caregivers who gave answers about their education level, the majority stated that they attended Professional Education and Secondary school and all of them positively answered that they had been provided with education within the institution they work for. The education provided by the institutions were in majority of programmes that were developed by the Institute for its employees and also a mixed training system both by the Organisation/Training Organisation/Institution. The findings showed that training/education institutions, in majority, have trained people from foreign countries but a very few have trained refugees and migrants. The most common difficulties that training institutions face when they train refugees and migrants are language and culture differences. Most of them stated that introductory training on language and integration are needed on a regular basis.

Health Care Centers/Institutions in majority hire migrants and refugees and their country of origin vary from countries such as Africa, Asia, Eastern & Western Europe, but still face difficulties in working with them. Language of communication and culture issues are the most common difficulties they face, and this outcome leads us to the need for the provision of language and integration training. All institution representatives, strongly believe that refugees and migrants can better integrate in the workplace with training.

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Given the above data analysis, provision of training in language and culture issues is highly needed in order refugees and migrants can feel comfortable and integrated in their workplace and society in general.

ANNEXES

ANNEX 1
https://docs.google.com/document/d/1POX6BR1RLnycsVf6VqwK93p7vTOUzboc/edit

ANNEX 2
https://docs.google.com/document/d/1mJv0KduU-2zt2btfahEeBOM8Zea6EAKn/edit

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References:

https://www.eui.eu/Documents/RSCAS/Research/ArchivesInstitutionsGovernanceDemocracy/20181205-Keynote-lecture-labour-market-integration.pdf

[i] https://www.un-ilibrary.org/content/books/9789210556279
[ii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828994/
[iii] https://archive.discoversociety.org/2020/04/19/migrant-care-work-in-the-time-of-pandemic
[iv]https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_674622.pdf
[v]https://apps.who.int/iris/bitstream/handle/10665/332496/Eurohealth-25-4-15-18-eng.pdf?sequence=1&isAllowed=y
[vi] https://portal.research.lu.se/portal/files/55434955/Migrant_care_workers_OA.pdf