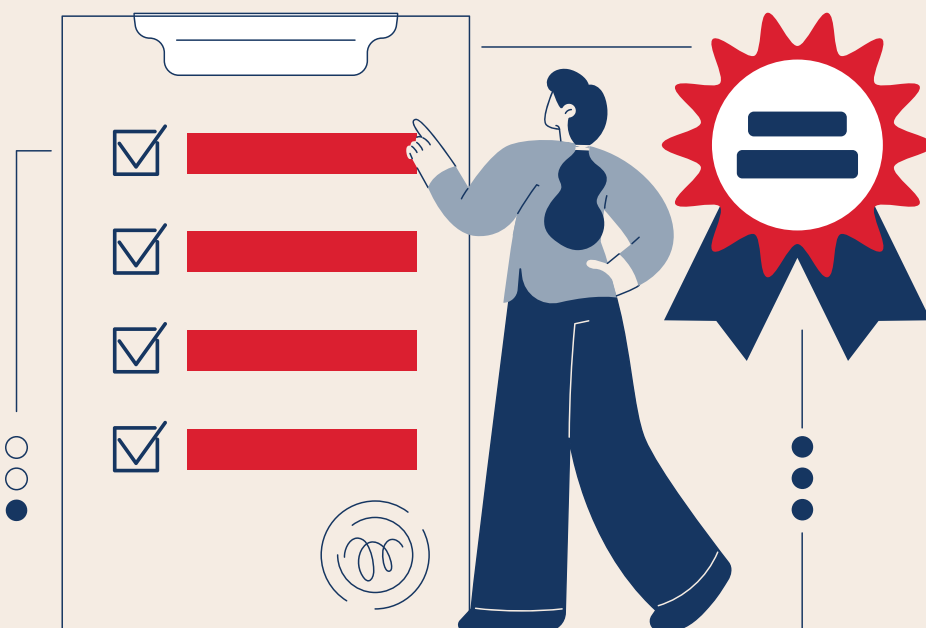




# CARE ABILITY

## BEST PRACTICES HANDBOOK



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## GLOSSARY OF ACRONYMS

### Core project / EU-policy acronyms

- **EU** — European Union
- **VET** — Vocational Education and Training
- **EQF** — European Qualifications Framework
- **IO** — Intellectual Output
- **IO2** — Intellectual Output 2
- **SDGs** — Sustainable Development Goals
- **UNESCO** — United Nations Educational, Scientific and Cultural Organization
- **ESD** — Education for Sustainable Development
- **EPSR** — European Pillar of Social Rights
- **ETF** — European Training Foundation
- **ESF+** — European Social Fund Plus

### Accessibility / inclusion / ethics

- **WCAG** — Web Content Accessibility Guidelines
- **UDL** — Universal Design for Learning
- **RPL** — Recognition of Prior Learning
- **GDPR** — General Data Protection Regulation
- **QA** — Quality Assurance
- **KPIs** — Key Performance Indicators

### Training / delivery / learning format

- **MOOC** — Massive Open Online Course
- **WBL** — Work-Based Learning
- **PDFs** — Portable Document Format (files/materials)

**Partner contributions (WP2):** Country mapping inputs were provided by UA, FZAB, SŠJ partners through the WP2 templates and consolidated in the cross-country synthesis. The drafting and editing of this handbook was coordinated under Activity 2.3 with contributions from UA, FZAB, SŠJ, OJAB, DELTA partner organisations as per the agreed WP2 workflow.

### Health and care practice terminology used in learning outcomes

- **ADL** — Activities of Daily Living
- **CPR** — Cardiopulmonary Resuscitation
- **IPC** — Infection Prevention and Control

### Country/system-specific abbreviations in the Greece/Slovenia context

- **DYPA** — Greece's Public Employment Service (ΔΥΠΑ)
- **EPAS** — Apprenticeship Vocational Schools (Greece)
- **EPAL** — Vocational Lyceums (Greece)
- **NVQ** — National Vocational Qualifications
- **NPK** — Nacionalne poklicne kvalifikacije (Slovenian NVQ system)

### Other acronyms used

- **DEN** — Digital Employment Network
- **CPD** — Continuing Professional Development
- **ILO** — International Labour Organization
- **IAT** — Implicit Association Test

# 1. INTRODUCTION



European vocational education and training (VET) systems are facing major challenges driven by demographic change, the green and digital transitions, and growing labour shortages in the healthcare and care sectors. At the same time, many population groups—particularly migrant women and women in socially or economically vulnerable situations—continue to experience structural barriers to accessing quality education, training, and sustainable employment. These challenges call for integrated, inclusive, and future-oriented approaches to vocational education and training.

The **CAREABILITY project** addresses these challenges by developing innovative, accessible, and flexible training models that combine healthcare, care work, sustainability, and accessibility. Its overarching aim is to enhance the employability and social inclusion of vulnerable groups, while contributing to Europe’s strategic priorities of social fairness, sustainable development, and labour market resilience. Particular emphasis is placed on micro-credentials, digital learning environments, and inclusive pedagogical approaches that enable gradual, supported entry into vocational pathways and employment.

The Best Practices Handbook represents a central output of these efforts. It is based on a systematic mapping and evaluation of existing VET programmes, policy frameworks, and implementation models across partner countries, complemented by close collaboration with training providers, employers, social services, NGOs, and policymakers. The collected practices offer concrete and transferable solutions for embedding sustainability principles, digital accessibility, Universal Design for Learning (UDL), and social inclusion into vocational training systems.

The identification of best practices follows a structured and transparent methodological framework grounded in clear and measurable criteria, including impact, innovation, inclusiveness, sustainability, transferability, and alignment with European policies, notably the European Green Deal, the European Pillar of Social Rights, and the United Nations Sustainable Development Goals (SDGs). This ensures the selection of practices that not only demonstrate local effectiveness but also show strong potential for replication and scaling across different institutional and national contexts.

Designed as both a practical and strategic resource, this handbook addresses educators, training managers, institutional leaders, policymakers, and professionals in the care sector. Its purpose is to support the development and implementation of high-quality, inclusive, and sustainable training programmes that enhance employability, promote social participation, and strengthen the long-term capacity of healthcare and social care systems. In doing so, the handbook contributes to the broader mission of CAREABILITY: fostering resilient, equitable, and future-ready vocational education pathways that underpin social cohesion and sustainable growth in Europe.

## 1.1 EVIDENCE BASIS AND SOURCES

This handbook builds on WP2 evidence generation, including (i) a structured review of 100+ sources on inclusive VET design, migrant women’s labour-market integration, sustainability, and accessibility-by-design; and (ii) an analysis of 30+ EU-level and national policy and regulatory documents relevant to micro-credentials, EQF alignment, RPL, accessibility (WCAG/UDL), and care workforce development. Evidence was consolidated through partner country mapping outputs and cross-country synthesis, to ensure traceability between identified needs, policy constraints, and the proposed implementation practices.

## 2. THEORETICAL FOUNDATIONS

### 2.1 PURPOSE AND SCOPE

This document provides an expanded theoretical foundation for the development of IO2.1 (Policy Framework) and IO2.2 (Best Practices Handbook) within the CAREABILITY project. It integrates European policy orientations, contemporary pedagogical principles, gender-responsive and intersectional approaches, and evidence-based insights from the comparative partner Q/A matrix. The purpose is to position the 50-hour micro-credential for migrant women not merely as a training programme, but as a strategic intervention aligned with EU priorities in care workforce development, migrant integration, and accessible VET pathways.

The scope of this text spans conceptual clarification, curriculum design frameworks, sustainability principles, digital accessibility requirements, and practical mechanisms for labour-market integration. It also outlines a coherent structure for the micro-credential and establishes the rationale for its EQF level, modularity, and blended learning approach.

### 2.2 CORE CONCEPTS AND DEFINITIONS

Accessibility refers to the design of educational environments, assessments, content, and support systems to ensure equal participation opportunities for all learners, particularly those facing socio-economic, linguistic, cultural, or gender-related barriers. In the context of VET, accessibility includes digital accessibility (WCAG), Universal Design for Learning, modularisation of content, and the inclusion of recognition of prior learning (RPL).

Sustainability within care-related VET programmes transcends environmental considerations: it integrates social sustainability (equity, well-being, gender equality), economic sustainability (employment stability, workforce retention), and digital sustainability (ethical use of technologies, secure data handling). It is aligned with SDGs 3, 4, 5, 8, and 10.

Inclusion emphasises intersectional approaches that consider overlapping vulnerabilities such as migration status, gender, low prior educational attainment, and caregiving responsibilities. The CAREABILITY model emphasises gender-responsive design as migrant women face unique systemic barriers in entering care professions.



## 2.3 GUIDING FRAMEWORKS

The CARE-ABILITY training model is grounded in several European and international policy frameworks. The European Care Strategy highlights the urgent need to improve the quality, accessibility, and attractiveness of the care workforce. The EU Skills Agenda promotes lifelong learning, micro-credentials, and flexible training pathways. The Action Plan on Integration and Inclusion (2021–2027) stresses language learning, skills recognition, access to VET, and tailored support for migrant women.

Additionally, the European Pillar of Social Rights underscores the right to quality education, equal opportunities, and access to labour-market support. UNESCO's Education for Sustainable Development (ESD) provides a global blueprint for integrating sustainability competencies in training curricula.

These frameworks collectively justify the methodological choices in CAREABILITY: modularity, digital delivery, micro-credential recognition, and the alignment of outcomes with labour-market needs.

## 2.4 THE ROLE OF MICRO-CREDENTIALS AND DIGITAL PLATFORMS

Micro-credentials are now widely endorsed across the EU as flexible, short learning experiences that certify specific skills. They allow quicker entry to employment, support upskilling and reskilling, and ensure portability across borders through the use of Europass and EQF alignment.

The CARE-ABILITY 50-hour micro-credential is delivered through a digital MOOC platform, ensuring low-threshold access and high scalability. A blended format—30 hours guided learning and 20 hours independent study—addresses the time limitations and learning needs of migrant women. The digital platform also enables personalised learning paths, incorporates case studies, quizzes, AI-driven recommendations, accessible multimedia, and downloadable materials.

## 2.5 THEORY OF CHANGE

The CARE-ABILITY Theory of Change rests on the assumption that accessible, modular training combined with gender-sensitive support and labour-market alignment can significantly improve the integration of migrant women into the care sector. The training reduces entry barriers by addressing language challenges, unfamiliarity with local labour markets, limited access to formal qualifications, and lack of recognition of informal caregiving experience.

Immediate outcomes include improved learner confidence, introduction to basic elderly care principles, foundational digital competence, and increased awareness of professional expectations. Medium-term outcomes include higher enrolment in formal VET programmes and enhanced employability in entry-level elderly care roles. Long-term outcomes support the sustainability of the care workforce and reinforce European goals for inclusive societies.

## 2.6 CURRICULUM DESIGN PRINCIPLES

The CARE-ABILITY curriculum is built on five core principles:

- 1. Accessibility-by-design:** The programme applies UDL principles, visual supports, plain language, multilingual scaffolding, and mobile-friendly materials. Digital accessibility follows WCAG standards, ensuring compatibility with assistive technologies.
- 2. Sustainability competencies:** Learners gain knowledge on environmentally responsible care practices, infection control, energy-efficient routines, and climate-health awareness.
- 3. Gender-responsive and intersectional support:** Design choices recognise the challenges migrant women face—childcare burdens, interrupted educational histories, trauma exposure, and limited economic resources. Flexibility, empathy, and mentoring are integral to the programme.
- 4. Work-based learning orientation:** Although not a full apprenticeship, the programme includes simulated scenarios, practical case studies, and orientation to real workplace situations.
- 5. Modularisation:** The programme is structured into small, stackable units that allow tailoring to different learner profiles and prior experiences.

## 2.7 THE 50 HOUR MICRO-CREDENTIAL STRUCTURE

The unified structure agreed by partners comprises:

- 30 hours guided platform learning: video lessons, quizzes, reading tasks, interactive exercises
- 20 hours independent learning: reflection tasks, downloadable PDFs, games, scenario-based activities

This structure balances flexibility with pedagogical rigour, enabling consistent delivery across countries. The format is responsive to the realities of migrant women who may manage childcare, employment, or unstable living conditions.

## 2.8 CORE CONTENT AREAS

The micro-credential covers essential topics for safe and compassionate elderly care:

- Assistance with activities of daily living (ADL): hygiene, mobility, nutrition, toileting
- Basic first aid, CPR fundamentals, safety and fall prevention
- Infection control, ergonomics, and safe movement techniques
- Communication and interpersonal skills, including intercultural communication
- Ethics, patient rights, safeguarding principles
- Basic digital literacy: using devices in care settings, managing simple documentation
- Caregiving tools, assistive technologies, and low-tech supports
- Job orientation: labour rights, workplace expectations, teamwork, and stress management



## 2.9 OPTIONAL/FLEXIBLE MODULES

Based on learner needs and country context, additional topics may include:

- Dementia awareness and responsive care approaches
- Working in multicultural care teams
- Emotional self-care, resilience, and wellbeing for caregivers

## 2.10 KNOWLEDGE, SKILLS AND ATTITUDES OUTCOMES (EQF 2)

Knowledge outcomes include understanding basic elderly care principles, safety, communication strategies, and digital basics. Skills outcomes include the ability to assist with daily living tasks, follow safety and hygiene rules, communicate respectfully, and use basic caregiving tools. Attitudinal outcomes include empathy, patience, reliability, intercultural sensitivity, and ethical conduct.

EQF Level 2 is appropriate because it marks the transition from informal to structured care competencies. It prepares learners for progression to EQF 3 and 4 VET pathways.

## 2.11 INTEGRATION PATHWAY FOR MIGRANT WOMEN

The CARE-ABILITY programme supports migrant women's integration by:

- Providing a low-barrier, flexible entry point into elderly care
- Recognising informal caregiving experience using a competence-based approach
- Offering transferable learning outcomes that facilitate mobility
- Strengthening workplace readiness and confidence
- Linking learners to employers through the Digital Employment Network (DEN)
- Creating transparent pathways from micro-credential → RPL → formal VET

## 2.12 BEST PRACTICE APPROACH AND SELECTION CRITERIA

This handbook uses the term best practice in a pragmatic and evidence-informed way. Within CAREABILITY, a “best practice” is defined as a programme, initiative, or implementation model that demonstrates credible value in improving access to training, skills recognition, and labour-market integration for migrant women (or similarly vulnerable groups), and that shows potential to be adapted across different national VET contexts. The purpose of selecting best practices is not to rank countries or systems, but to identify *transferable mechanisms* that can inform the design and implementation of the CAREABILITY micro-credential and its supporting ecosystem.

Best practices may originate from:

- Formal VET provision (e.g., regulated qualifications, apprenticeship pathways, accredited training programmes);
- Non-formal or hybrid initiatives operating at the interface between VET and employment/integration services (e.g., mentoring, language-in-context, employer mediation, bridging pathways);
- Public-private or NGO-public models that enable participation and progression (e.g., paid training, stipends, structured placements, recognition support).

Practices are included when they contribute directly to CAREABILITY’s objectives of inclusive workforce participation, accessibility-by-design, and sustainability integration in care-related pathways .

To ensure transparency and cross-country comparability, practices were selected using a standardised set of criteria. A practice is considered suitable for inclusion when it meets several of the following:



### 1. Relevance to CAREABILITY’s target context

The practice supports entry, progression, or retention in care-related training/employment, particularly for migrant women or groups facing structural barriers (e.g., low prior qualifications, language barriers, caregiving responsibilities).

### 2. Inclusiveness and accessibility-by-design

The practice demonstrates concrete measures that reduce barriers to participation (e.g., flexible delivery, mentoring, language scaffolding, recognition of prior learning, accessible materials or platform features).

### 3. Sustainability integration (environmental + social)

The practice embeds sustainability competences and/or operational routines relevant to care settings (e.g., waste/resource awareness, safe practices, link between sustainability and health equity).

### 4. Implementation feasibility

The practice shows a plausible delivery model within typical institutional constraints (resources, staffing, stakeholder availability). Where the model depends on exceptional funding or regional conditions, this is explicitly flagged.

### 5. Demonstrated or plausible impact

Preference is given to practices with documented outcomes (e.g., completion, transition to training/employment, employer uptake). Where formal outcomes are not available, inclusion is justified through clear logic of change and credible documentation.

### 6. Transferability and scalability

The practice is not strictly dependent on one legal framework or local structure; it can be adapted to other contexts through identifiable components (e.g., modular design, standardised tools, partnership templates, RPL procedures).

### 7. Policy alignment

The practice aligns with relevant EU priorities (e.g., inclusion, skills recognition, micro-credentials, care workforce development, accessibility and digital inclusion), supporting coherence between WP2 mapping, policy analysis and the handbook’s recommendations .

Each best practice is documented using a **Best Practice Identification Card**, which functions as a structured evidence record. The card format is designed to support traceability from:

- A2.1 (mapping and evidence collection) → identification of needs, gaps and enabling conditions;
- to
- IO2.2 (handbook guidance) → practical mechanisms and implementation strategies.

For transparency, each card includes: title and country, sector/context, concise description, justification for inclusion, primary evidence source, transferability potential, and alignment with SDGs/policy frameworks. This ensures that practices included in IO2.2 can be clearly linked back to mapped evidence and documented sources, strengthening the evidence trail for WP2 outputs .

The Best Practice Identification Cards are not intended as exhaustive programme descriptions. Instead, they operate as **implementation blueprints**: they highlight the mechanisms that travel across contexts (e.g., paid training to reduce attrition, mentoring and language-in-context to support completion, employer compacts to strengthen transition-to-work, or standardised RPL tools to recognise informal care experience). These mechanisms are then synthesised in the recommendations section to provide practical guidance for VET educators, training providers, and policymakers.

### 2.13 TRANSFERABILITY CONSIDERATIONS

Countries can adopt the programme by ensuring alignment with national qualification frameworks, establishing cooperation with employers, and providing necessary language and mentoring supports. The modularity of the curriculum allows countries to adapt specific modules while maintaining EU-wide coherence.



## 3. POLICY ANALYSIS

### 3.1 PURPOSE AND ANALYTICAL SCOPE

This Policy Analysis translates the strategic intent of IO2.1 (Policy Framework) into operational guidance for IO2.2 (Best Practices Handbook). It synthesises European and national policy directions that affect the design, recognition and deployment of a 50-hour micro-credential for migrant women entering elderly care, using the cross-country Q/A synthesis (Spain, Slovenia, Greece, Austria) as the primary evidence base. The analysis focuses on five areas: (i) policy alignment with EU frameworks; (ii) national enabling conditions and constraints; (iii) recognition, quality assurance and EQF considerations; (iv) digital accessibility and inclusion requirements; and (v) actionable policy levers for scaling and transfer.

### 3.2 EUROPEAN LEVEL ALIGNMENT

The CARE-ABILITY model is consistent with the European Care Strategy, which calls for improved access, quality and workforce attractiveness in long-term care; the EU Skills Agenda and Pact for Skills, which prioritise modular, flexible upskilling pathways; the Action Plan on Integration and Inclusion (2021–2027), which emphasises language support, validation of skills and equal access to VET, particularly for women; the European Pillar of Social Rights (principles on education, equal opportunities and active support to employment); as well as UNESCO's ESD and the Sustainable Development Goals (SDGs 3, 4, 5, 8, 10). Together, these frameworks justify short, competence-based micro-credentials linked to labour-market entry in shortage sectors and support the programme's focus on accessibility, gender sensitivity and sustainability.

#### Policy implications at EU level:

- **Recognition and portability:** Align learning outcomes with EQF level 2, use Europass for micro-credential documentation, and reference validation pathways (RPL) for progression to EQF 3–4.
- **Quality and transparency:** Describe assessment methods (knowledge/skills/attitudes), workload (50 hours), and evidence (quizzes, case tasks), and publish them in open, accessible formats.
- **Inclusion safeguards:** Adopt WCAG-compliant materials; embed UDL; require gender-responsive supports (mentoring, flexible pacing, childcare signposting).
- **Sustainability mainstreaming:** Integrate green, digital and social sustainability competences relevant to care settings.

### 3.3 NATIONAL POLICY CONTEXT (CROSS-COUNTRY SYNTHESIS)

This section summarises enabling conditions, constraints and priority actions derived from partner inputs. It is not exhaustive but provides a coherent baseline for the Cross-country Synthesis Matrix and for tailoring Best Practice Cards. Concrete examples are documented in Annex A (Best Practice Identification Cards), which specify evidence sources and transferability notes for each case.

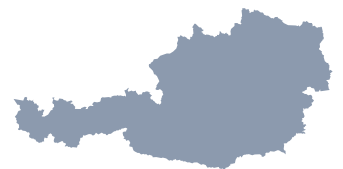
#### 3.3.1 AUSTRIA

**Alignment:** Regional programmes (e.g., Vienna's paid requalification models; NGO-public collaborations) show strong employer engagement and feasibility of paid training, which reduces attrition and supports migrant women.

**Gaps:** Scaling outside major urban centres can be challenging; recognition of micro-credentials for progression may require stronger linkage to state-regulated curricula; systematic WCAG/UDL adoption differs by provider.

#### Priority actions:

- Codify micro-credential-to-qualification bridges and RPL procedures
- Expand employer compacts beyond urban hubs
- Integrate accessibility-by-design requirements into procurement and provider guidelines.



### 3.3.2 GREECE

**Alignment:** Apprenticeship and specialty pathways (e.g., nursing assistant via DYPA/EPAS; occupational therapy assistant) fit a dual-learning logic. The CAREABILITY micro-credential can act as an on-ramp to these pathways.

**Gaps:** Curriculum transparency and systematic embedding of sustainability/accessibility in some specialties are limited; RPL practices and recognition of short micro-credentials are still emergent.

**Priority actions:**

- Define micro-credential learning outcomes in EQF terms and crosswalk them to EPAS/EPAL modules
- Institutionalise language-in-context for care
- Strengthen employer partnerships for supervised practice
- Embed green and digital ethics content explicitly.



### 3.3.3 SLOVENIA

**Alignment:** Integration policies and employment services (e.g., information points, NGO partnerships) enable targeted pathways for migrant women. Existing initiatives demonstrate strong mentoring, language and employer-mediation practices that can anchor the micro-credential's transition-to-work component.

**Gaps:** Limited sector-specific bridging for regulated roles and variable RPL practices; need for systematic digital accessibility in public platforms; capacity for paid learning or stipends is constrained.

**Priority actions:**

- Formalise RPL for informal caregiving
- Add sector-specific bridging modules (language-in-context for care, basic first aid, ethics)
- Develop local employer compacts for structured placements
- Adopt WCAG standards and plain-language guidelines across delivery platforms.



### 3.3.4 SPAIN

**Alignment:** Strong tradition of competence-based VET, regulated health and social care qualifications (e.g., Auxiliary Nursing Technician; Level 2 certificates for dependent-persons' care) and substantial work-based learning. This provides a clear ladder for progression from a non-formal micro-credential to formal qualifications.

**Gaps:** Sustainability and digital/accessibility components in older curricula require updating; recognition of short micro-credentials varies by autonomous community; bridging routes for migrant women may be administratively complex.

**Priority actions:**

- Map micro-credential outcomes to existing modules in health/social care cycles
- Pilot RPL with sector employers and regional authorities
- Add sustainability (waste, energy, IPC) and data-protection basics to curricula
- Coordinate with public employment services for job-matching and paid practice opportunities.



### 3.4 RECOGNITION, QUALITY ASSURANCE AND EQF

**Recognition:** The micro-credential is non-formal but should document learning outcomes, volume (50h), assessment methods and evidence of competence. This supports validation (RPL) toward EQF 3-4 VET programmes.

**Quality assurance:** Providers should:

- Publish learning outcomes, assessment rubrics and completion criteria
- Use supervisor or mentor feedback for practice-oriented tasks
- Track participant progress, completion and employability
- Adopt learner protection and safeguarding policies.

**EQF alignment:** Outcomes correspond to EQF Level 2 (basic knowledge of facts; applying basic tasks under supervision; responsibility for completion of simple tasks). This positioning ensures transferability while clarifying that the micro-credential is not a nursing qualification.

### 3.5 DIGITAL ACCESSIBILITY, DATA PROTECTION AND INCLUSION

**Accessibility:** All digital resources should meet WCAG standards; materials should use plain language; multimedia requires captions and alternative text; platform navigation must be mobile-friendly.

**Data protection:** Providers should ensure GDPR-compliant data handling, particularly for sensitive learner and health-related content.

**Inclusion:** Gender-responsive support (mentoring, flexible deadlines), culturally relevant examples, and language-in-context for care roles are essential to reduce attrition and improve outcomes.

### 3.6 POLICY LEVERS AND RECOMMENDATIONS

Based on the cross-country synthesis, the following levers are recommended:

- Funded participation: explore stipends, transport vouchers or paid practice to reduce financial barriers.
- Employer compacts: partner with care providers for supervised practice and job-matching; integrate the project's Digital Employment Network.
- RPL pathways: adopt standardised templates and assessor training to recognise informal caregiving experience.
- Curriculum updates: embed sustainability, digital ethics and accessibility as mandatory outcomes.
- Accessibility-by-design: make WCAG/UDL compliance a provider requirement and audit periodically.
- Monitoring and KPIs: track equity, learning and employment indicators (enrollment/completion of migrant women, WBL completion, placement and retention).
- Transfer and scale: use EQF-aligned outcome descriptors to negotiate recognition with regional/national authorities; publish Best Practice Cards as policy blueprints.

### 3.7 RISK ASSESSMENT AND MITIGATION

Potential risks include inconsistent recognition of micro-credentials; limited employer capacity for supervised practice; digital access and language barriers; and sustainability content being treated as optional. Mitigation strategies:

- Early engagement with authorities on recognition
- Phased employer onboarding with clear supervision guidelines
- Offline/low-data learning packs and local language support
- Formalising sustainability and accessibility outcomes in assessment rubrics.

### 3.8 BEST PRACTICE IDENTIFICATION CARDS (IMPLEMENTATION BLUEPRINTS)

This handbook includes a set of **Best Practice Identification Cards** that document selected initiatives and training pathways relevant to CAREABILITY. The cards are designed to make best practices **visible, comparable, and actionable** for practitioners, training providers and policymakers. They function as concise implementation blueprints: each card captures the practice context and target group, the core mechanism(s) that make it effective, the primary evidence source, its transferability potential, and its alignment with relevant SDGs and policy frameworks.

The cards are included to strengthen **traceability** between WP2 evidence generation and IO2.2 outputs. In particular, they support a clear link between:

- A2.1 (Mapping and evidence collection): identification of existing pathways, enabling conditions and gaps; and
- IO2.2 (Handbook guidance): operational mechanisms that can be adapted to improve access, progression, recognition and labour-market integration for migrant women.

Importantly, the cards are **not intended as exhaustive programme descriptions**. Instead, they highlight the components that can “travel” across contexts—such as mentoring and language-in-context, employer mediation, paid training models to reduce attrition, structured pathways into regulated care occupations, and support for recognition of prior learning (RPL). These transferable mechanisms complement the cross-country policy synthesis in Section 3.3 and inform the practical recommendations in Sections 5 and 6.

The cards are presented in a standardised format to enable quick comparison across countries and to support replication. Where practices operate at the interface between employment/integration services and VET, they are included because they provide essential bridging functions (orientation, employer compacts, counselling, and navigation), which are often decisive for participation and transition-to-work for migrant women.

The full set of Best Practice Identification Cards is provided in Annex A.



## 4. KEY FINDINGS

### 4.1 PURPOSE AND BASIS OF SYNTHESIS

This document provides a synthesis of cross-country evidence (Spain, Slovenia, Greece, Austria) gathered through partner mappings, and the agreed 50-hour micro-credential model for migrant women entering elderly care. It distils the most policy-relevant and implementation-ready findings to inform IO2.2 (Best Practices Handbook) and to feed the Cross-country Synthesis Matrix and subsequent policy recommendations.

### 4.2 OVERALL ALIGNMENT WITH EUROPEAN PRIORITIES

Across all partners, there is broad alignment with EU priorities:

- Flexible, modular VET pathways (micro-credentials)
- Improved access to quality care and workforce attractiveness
- Gender-responsive integration measures
- Recognition/validation of prior learning (RPL).

The shared design choices - competence-based learning outcomes, short-cycle training, digital delivery, and sustainability-by-design - are consistent with EU-level directions and provide a coherent baseline for national adaptation.

### 4.3 CONVERGING DESIGN PARAMETERS OF THE TRAINING MODEL

- **Format and workload:** Partners converged on a 50-hour micro-credential combining 30 hours guided MOOC-based learning and 20 hours independent learning.
- **Target level:** EQF Level 2, clearly positioned as an entry-level, non-formal micro-credential that prepares, but does not substitute, for regulated care qualifications.
- **Core content validation:** Basic elderly care, first aid and safety, communication and intercultural skills, ethics and safeguarding, digital basics for care, assistive technologies, labour-market orientation. Optional extensions include dementia awareness, teamwork in multicultural settings, and caregiver wellbeing.
- **Pedagogical model:** Accessibility-by-design (UDL, plain language, WCAG-compliant resources), modularity, case-based and scenario learning, and formative assessment (quizzes, tasks).

### 4.4 INCLUSION AND GENDER-RESPONSIVE PATHWAYS

Partners agree that the programme must function as a low-threshold, confidence-building entry route tailored to migrant women with diverse prior experiences. Key mechanisms include recognition of informal caregiving experience (RPL), language-in-context for care, mentoring and counselling, flexible pacing, and childcare signposting. These supports are integral to improving participation, completion and transition into work or further VET.

### 4.5 RECOGNITION, QUALITY ASSURANCE AND PROGRESSION

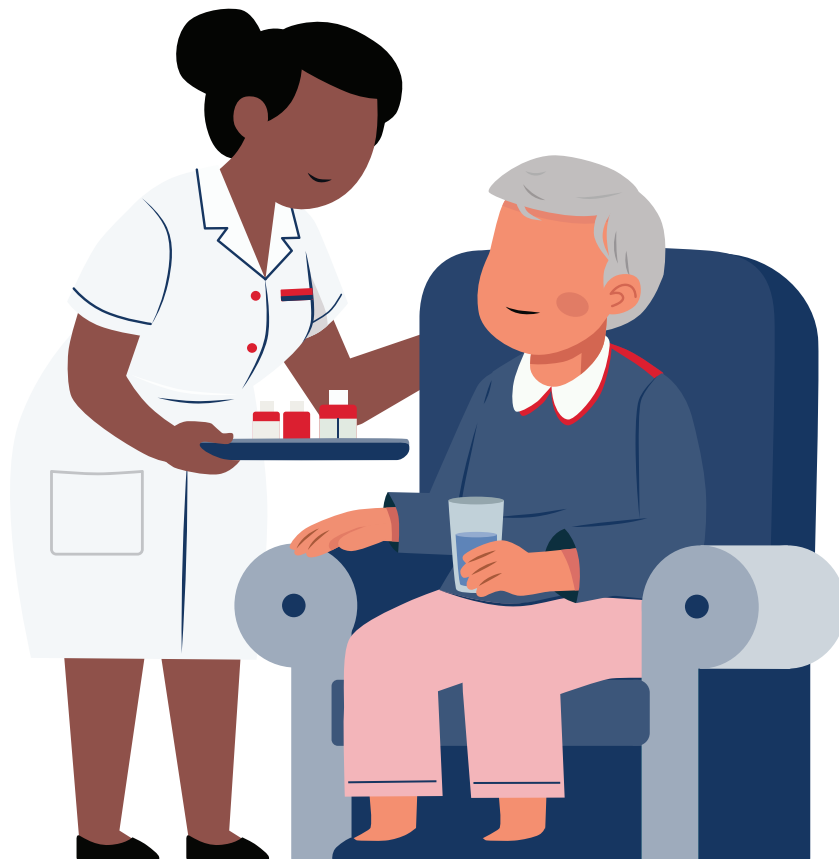
While recognition practices vary, consensus exists on documenting learning outcomes, workload, assessment methods and evidence of competence to facilitate RPL into EQF 3–4 pathways. Recommended measures include transparent rubrics, completion criteria, supervisor or mentor feedback on applied tasks, and safeguarding policies. These measures enhance credibility, portability and uptake by providers and employers.

#### 4.6 EMPLOYER ENGAGEMENT AND LABOUR-MARKET RELEVANCE

Evidence from partner countries highlights the importance of structured collaboration with care providers (employer compacts). Paid training models (where feasible), supervised practice or observation, and job-matching services significantly improve completion and employment outcomes. The project's Digital Employment Network (DEN) is a key instrument to connect learners, training providers and employers, creating data feedback loops for continuous improvement.

#### 4.7 DIGITAL ACCESSIBILITY, DATA PROTECTION AND SUSTAINABILITY

All partners recognise that digital platforms must comply with WCAG guidelines and adopt UDL principles to ensure equitable access (multilingual scaffolding, captions, alt text, mobile-friendly navigation). GDPR-compliant data handling is essential given the sensitivity of learner and care-related information. Sustainability is not an add-on but integrated through green care practices (waste reduction, energy efficiency), digital ethics, and social sustainability (decent work and reduced inequalities).



#### 4.8 COUNTRY-SPECIFIC STRENGTHS AND GAPS

- **Austria:** Employer engagement and paid training models support inclusion; scaling beyond cities and formal recognition links to regulated curricula need development.
- **Greece:** Dual-learning logic (DYPA/EPAS, specialty tracks) offers on-ramps; transparency of curricula and formalised RPL for short micro-credentials require strengthening.
- **Slovenia:** Robust integration services and NGO-public partnerships (mentoring, employer mediation) exist; gaps include sector-specific bridging modules and systematic RPL in care.
- **Spain:** Strong VET regulation and WBL culture facilitate progression; updating sustainability and digital/accessibility content remains a priority, with regional variation in recognition procedures.

#### 4.9 TRANSFERABILITY AND SCALABILITY CONDITIONS

Transfer is most feasible when:

- Learning outcomes are expressed in EQF terms
- RPL tools and assessor guidance are standardised
- Employer partnerships are formalised with supervision quality criteria
- WCAG/UDL compliance is a provider requirement
- Micro-credential documentation uses Europass
- Basic funding levers (stipends, transport vouchers or paid practice) mitigate financial barriers for migrant women.

#### 4.10 RISK AND MITIGATION

Key risks include inconsistent recognition of micro-credentials, limited employer capacity for supervised experience, digital and language barriers, and sustainability content being treated as optional. Mitigation strategies: early engagement with authorities on recognition bridges; phased employer onboarding; offline/low-data learning packages and language-in-context; formalising sustainability and accessibility outcomes in assessments; and monitoring KPIs to adjust delivery in real time.

#### 4.11 MEASURABLE INDICATORS (FOR MONITORING AND LEARNING)

Access and equity: enrolment and completion rates of migrant women; uptake of RPL; time-to-qualification after RPL/bridging; childcare/mentoring utilisation.

Learning and competence: achievement of sustainability/accessibility outcomes; WBL task completion; supervisor feedback.

Employment and progression: job placement within 3–6 months; 12-month retention; progression to EQF 3–4.

Organisational/system: number of employer partners; WCAG/UDL compliance rates; availability of paid learning or stipends.

## 5. RECOMMENDATIONS: INCLUSIVE PRACTICES FOR MIGRANT WOMEN IN VOCATIONAL EDUCATION AND TRAINING

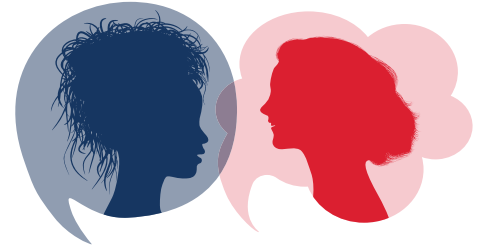
### 5.1 RECOMMENDATIONS FOR VET EDUCATORS

The following recommendations are addressed to VET educators and trainers working with migrant women across European contexts. They draw on the Care-Ability project’s mapping of national VET systems in Austria, Spain, Greece, and Slovenia; the Eurocarers (2025) position paper on migrant care integration; the EU-VET CARE Project Consortium’s (2021) guidance for VET trainers; the European Training Foundation (ETF) cross-country analysis of migrant women as learners (Kalataryan & Garlappi, 2024); and the EU legislative and policy framework for VET, integration, and skills recognition. Recommendations are organised around communication, training design, support structures, and institutional practice.

#### 5.1.1 Communication and Intercultural Competence

##### 1) Cultivate Intercultural Communication Skills

VET educators should engage in continuous professional development in intercultural communication, cultivating self-awareness about their own cultural assumptions, practising empathy and active listening, and learning to recognise culturally specific verbal and non-verbal cues. The counselling approach—self-awareness, empathy, and active listening— has been identified as an effective framework for multicultural training settings (EU-VET CARE Consortium, 2021). The CARE-ABILITY mapping revealed that across partner countries, care-related VET pathways vary considerably in governance structure and accessibility, ranging from Austria’s federally and regionally distributed care qualifications to Greece’s fragmented curricular documentation. Trainers must therefore be prepared to support learners who navigate unfamiliar and often complex qualification landscapes.



##### 2) Use Plain, Accessible Language and Multilingual Resources

Training materials and instructions should use clear, simple language, avoiding jargon and idiomatic expressions. Visual aids, pictograms, multilingual glossaries, and demonstration-based teaching significantly improve comprehension (Carrasco-Sanz et al., 2017). The EU Action Plan on Integration and Inclusion 2021–2027 explicitly calls for continued language learning as part of inclusive education and training (European Commission, 2020). Trainers should routinely verify understanding through teach-back methods—a technique in which learners are asked to explain, in their own words, what they have just been taught, allowing the educator to identify and correct misunderstandings in a non-judgemental way (Agency for Healthcare Research and Quality, 2024). Where possible, key documents should also be provided in learners’ first languages.

##### 3) Address Implicit Bias and Stereotypes

Unconscious biases related to ethnicity, religion, or migration status can undermine the educator-learner relationship. Implicit bias among professionals impaired communication and contributed to disparities (EU-VET CARE Consortium, 2021). The EU Action Plan on Integration and Inclusion mainstreams gender and anti-discrimination priorities and complements the EU Gender Equality Strategy and the EU Anti-Racism Action Plan (European Commission, 2020). Educators should participate in structured anti-bias training — for example, using self-assessment tools such as Harvard University’s Implicit Association Test (IAT), which helps individuals identify unconscious attitudes related to race, ethnicity, gender, and other identity markers (Greenwald et al., 1998)—and create classroom cultures that explicitly value diversity.

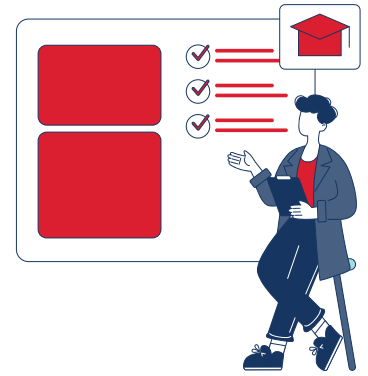
##### 4) Leverage Cultural Mediators and Peer Mentors

Cultural mediators or bilingual peer mentors should be engaged as bridges between trainers and learners. Eurocarers (2025) emphasised that language and cultural training are prerequisites for effective mutual understanding. The cross-country study conducted by the European Training Foundation’s (ETF) research project “Migrant women as learners: Individual pathways and prospects” recommended networking platforms where experienced migrant women share insights with newcomers, alongside formal mentorship connecting returnee migrants with industry professionals (Kalataryan & Garlappi, 2024). In countries where the CARE-ABILITY mapping identified limited bridging programmes—such as Slovenia, where no accredited formal care pathways specifically tailored to migrant women were found—peer support and cultural mediation become particularly important.

## 5.1.2 TRAINING DESIGN AND DELIVERY

### 1) Offer Flexible, Modular and Hybrid Training Formats

The Council Recommendation on VET for sustainable competitiveness, social fairness and resilience (Council of the European Union, 2020) calls for VET to be agile, flexible, and inclusive. The EU Osnabrück Declaration on vocational education and training (2020) reinforces this vision with concrete actions to promote quality, inclusive VET systems. Migrant women frequently juggle caregiving, precarious employment, and administrative obligations (Eurocarers, 2025). VET providers should offer part-time, evening, or weekend courses alongside hybrid formats blending online and in-person sessions (Kalataryan & Garlappi, 2024). The Council Recommendation on micro-credentials (Council of the European Union, 2022a) supports stackable, modular learning pathways—enabling migrant women to accumulate recognised credentials incrementally and re-enter training after interruptions.



### 2) Integrate Language Support into Vocational Content

Rather than treating language acquisition and vocational skills as separate tracks, effective programmes embed language learning within vocational content. Both Eurocarers (2025) and the ETF study recommend that language training be offered systematically as part of integration, including occupation-specific vocabulary and post-return maintenance modules (Kalataryan & Garlappi, 2024). The CARE-ABILITY mapping confirmed that language requirements often constitute an implicit entry barrier across all four partner countries. Embedding language coaches within vocational training teams—consistent with the EU Action Plan’s call for inclusive education with continued language learning (European Commission, 2020)—can help address this barrier.

### 3) Use Participatory and Practice-Based Pedagogies

Training should move beyond lectures toward participatory approaches—case studies, role-play, group work, and practice-based learning. Case-based vignettes contextualised knowledge effectively (EU-VET CARE Consortium, 2021). Moreover, it is necessary to extend internship periods and fusing theoretical knowledge with hands-on applications (Kalataryan & Garlappi, 2024). Spain’s care-related VET model, as documented in the CARE-ABILITY national VET mapping, with its structured blend of modular curricula and workplace training across intermediate and advanced levels, offers an instructive example of how theory-practice integration can be embedded within formal qualification frameworks.

### 4) Develop Transversal Skills Alongside Technical Competencies

VET programmes should integrate soft skills—communication, teamwork, time management, adaptability, and digital literacy—alongside technical content. Developing soft skills has been identified as critical for employability and integration (Kalataryan & Garlappi, 2024). Pre-departure or orientation modules addressing financial literacy, worker rights, and cultural adaptation should equip migrant women with transversal skills for navigating new professional environments.

### 5) Ensure Financial Accessibility

Cost represents a significant barrier for migrant women. VET providers should offer subsidised or free introductory modules, allowing learners to engage with a subject before committing financially to intermediate and advanced levels leading to certification (Kalataryan & Garlappi, 2024). European Social Fund Plus (ESF+) and the Asylum and Migration Fund both offer dedicated funding streams for migrant integration through VET (European Commission, 2020), including programmes specifically targeting migrant women. However, care-sector-specific funding for migrant women’s VET remains limited at the EU level, meaning that VET providers should actively monitor national and regional ESF+ calls relevant to health and social care training. Information about costs, financial aid, and scholarship opportunities should be provided in accessible formats and multiple languages.

### 5.1.3 SUPPORT STRUCTURES AND LEARNER WELLBEING

#### 1) Recognise and Validate Prior Learning

The Council Recommendation on validation of non-formal and informal learning (Council of the European Union, 2012) establishes the EU framework for identifying, documenting, and certifying skills gained outside formal education—including through caregiving, on-the-job experience, and community-based learning. This is particularly relevant for migrant women, many of whom hold qualifications or professional experience from their countries of origin that remain unrecognised in host countries. Mutual recognition agreements and accessible mechanisms for validating informally acquired skills, including micro-credentials, has to be advocated for and promoted (Kalataryan & Garlappi, 2024). The CAREABILITY mapping found that Slovenia's National Vocational Qualifications (NPK/NVQ) system, with its transparent occupational standards and assessment criteria, provides a strong model for such validation—one that other partner countries could draw on to strengthen recognition pathways for migrant women.



#### 2) Provide Psychosocial Support and Trauma-Informed Environments

Institutions must support both staff and learners' wellbeing, including through burnout and vicarious trauma prevention (EU-VET CARE Consortium, 2021). Dedicated psychosocial support services for migrant women during and after employment abroad is recommended (Kalataryan & Garlappi, 2024). VET settings should establish anti-discrimination policies, train staff in trauma-informed approaches, and ensure access to counselling services. The EU Action Plan on Integration and Inclusion specifically promotes access to mental healthcare for people with a migrant background (European Commission, 2020).

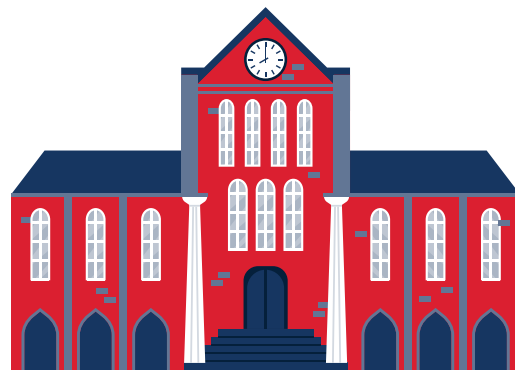
#### 3) Build Mentorship and Peer Networking Opportunities

Mentorship programmes connecting migrant women with experienced professionals provide guidance, practical insights, and a support network. This approach has been found highly valued by returnee and seasonal migrants alike (Kalataryan & Garlappi, 2024). VET providers should create peer networking platforms—online and in-person—where migrant women share experiences and build professional relationships. Such networks also serve as channels for disseminating training opportunities, consistent with the EU Action Plan's goal of fostering migrant participation and encounters with host communities (European Commission, 2020).



#### 5.1.4 INSTITUTIONAL PRACTICES AND SYSTEMIC ACTION

The CAREABILITY mapping of VET systems across Austria, Spain, Greece, and Slovenia revealed both shared structural challenges and country-specific gaps that educators and institutions must address to improve inclusivity for migrant women:



- **Invest in educator professional development:** Provide mandatory, ongoing training in intercultural competence, trauma-informed practice, and inclusive pedagogy. The Osnabrück Declaration calls for continuous professional development of VET teachers and trainers (European Ministers for VET et al., 2020). Trainers should ideally have direct experience working with migrant populations (EU-VET CARE Consortium, 2021).
- **Involve migrant women in programme design:** Consult migrant women as equal partners in designing, implementing, and evaluating VET programmes. The EU Action Plan on Integration and Inclusion established an Expert Group on the Views of Migrants to ensure migrant voices shape policy (European Commission, 2020). VET providers should replicate this participatory principle at programme level.
- **Build interdisciplinary networks:** Connect VET providers with social services, health care, legal aid, employment agencies, and migrant community organisations. Integrated, cross-sectoral approaches are central to the European Care Strategy (European Commission, 2022).
- **Improve transparency and navigability of qualification systems:** The CARE-ABILITY mapping identified that complex, multi-layered qualification landscapes—such as the coexistence of federal and regional care pathways in Austria, dual formal and professional certificate tracks in Spain, or fragmented curricular documentation in Greece—create barriers for migrant women seeking to enter or progress within the care sector. Educators should proactively guide learners through available pathways and advocate for clearer, multilingual information.
- **Monitor inclusivity with disaggregated data:** Collect and analyse enrolment, completion, and outcome data by gender and migration status. Organisational self-assessment tools for cultural competence support continuous improvement (EU-VET CARE Consortium, 2021).
- **Support entrepreneurship and self-employment pathways:** Offer entrepreneurship training and facilitate access to micro-finance for migrant women seeking to start businesses, complementing employment-focused VET (Kalataryan & Garlappi, 2024).
- **Advocate for supportive policy frameworks:** Engage in advocacy for adequate funding for language training, childcare during training hours, qualification recognition, and pathways to legal employment, building on the Council Recommendation on access to affordable high-quality long-term care (Council of the European Union, 2022b).



## 5.2 RECOMMENDATIONS FOR POLICYMAKERS

### Strengthening Inclusive Pathways for Migrant Women in Elderly Care in Europe

Europe's long-term care systems are under pressure from population ageing, workforce shortages, and uneven access to quality, affordable care. At the same time, migrant women already play a major role in care work across Europe, including home-based and personal/household services, yet they often face barriers to training, recognition, formal employment, and progression. The European Care Strategy and the Council Recommendation on long-term care provide a strong policy basis for improving care systems and care jobs, while EU frameworks on VET, micro-credentials, inclusion and accessibility offer practical tools for implementation.

For CARE-ABILITY, the policy objective should be broader than filling labour shortages. It should be to build fair, high-quality, inclusive care systems where migrant women can access training that works for their realities, gain recognised skills, and enter decent work with progression pathways—while older people receive safer, more person-centred, accessible support.

This section proposes policy recommendations at European, national, regional and local levels.



#### 1) Make migrant women in elderly care a strategic priority in care workforce policy

A recurring policy gap across Europe is the mismatch between actual labour market dependence on migrant care workers and the lack of structured pathways for their professionalisation and protection. Care systems often rely on migrant women in practice, but policy frameworks still treat them as an “exception” rather than a core workforce group. Policymakers should adopt an explicit **care workforce inclusion strategy** that identifies migrant women as a priority target for:

- entry into care-related VET and adult learning,
- recognition of prior competences,
- transition to formal employment,
- job retention and career progression.

This can be justified directly through the European Care Strategy and the long-term care Council Recommendation, which emphasise strengthening care systems, improving access and quality, and supporting the workforce. It also aligns with the European Pillar of Social Rights principles on education and lifelong learning, gender equality, equal opportunities, fair working conditions, and long-term care.

#### Policy action points

- Integrate care workforce planning with migration/integration, VET, labour and equality policies.
- Include migrant women in national and regional care workforce plans and labour market forecasting.
- Set measurable targets (training access, completion, recognition, formal employment, retention).
- Move beyond one-off project funding and support scaling of proven pathways into mainstream systems.

## 2) Require inclusive VET design that reflects the real lives of migrant women

Many training pathways underperform not because learners lack motivation, but because programmes are not designed around real barriers such as language, childcare responsibilities, unstable work schedules, transport constraints, low digital confidence, or complex bureaucracy. The EU Action Plan on Integration and Inclusion 2021–2027 explicitly supports inclusion in education and training, employment and access to services, and highlights cross-sector coordination and partnerships. Policy should therefore define **inclusive care training standards** that go beyond curriculum content and include access conditions.

### Recommended minimum standards for publicly supported care training

- Flexible **and modular delivery**
  - part-time and modular pathways,
  - evening/weekend options where relevant,
  - blended/hybrid learning where appropriate,
  - predictable schedules to support family responsibilities.
- Integrated **language support**
  - language learning embedded in care tasks and scenarios (e.g., hygiene routines, appointments, communication with family members and professionals),
  - care-sector terminology and safety/emergency language.
- Guidance **and mentoring**
  - mentoring, coaching, or cultural mediation,
  - guidance on rights, services, and progression opportunities,
  - referral pathways for social support (childcare, legal information, psychosocial support).
- Accessible **and learner-centred materials**
  - plain language,
  - visual supports and step-by-step formats,
  - inclusive assessment methods,
  - multilingual glossaries where feasible.

These priorities are consistent with the VET Council Recommendation's focus on quality, inclusion, work-based learning, and staff capacity to work in diverse and multicultural learning environments.

### Policy action points

- Make inclusive design features an eligibility condition in funding calls and procurement.
- Include them in VET QA standards and monitoring frameworks.
- Track completion and transition outcomes (not only enrolment figures).

## 3) Build formal recognition pathways for existing care skills through validation and micro-credentials

A major barrier for migrant women in care is not necessarily lack of skills, but lack of **formal recognition**. Many already have substantial care experience (in family, community, or paid roles), but cannot document it in a way employers or institutions recognise. This leads to deskilling, delayed labour market entry, or confinement to informal work. Policy should make skills recognition a central pillar of care workforce inclusion by combining:

- validation **of non-formal and informal learning**, and
- **micro-credentials** that are competence-based and stackable.

The Council Recommendation on validation of non-formal and informal learning (2012) provides a strong basis for this, while the Council Recommendation on a European approach to micro-credentials (2022/C 243/02) supports transparent, portable recognition of learning outcomes.

### Recommended policy approach

- Establish simple and affordable **recognition of prior learning (RPL)** procedures for care competences.
- Allow **partial recognition** (not just full qualification recognition), so learners can bridge gaps efficiently.
- Use practical assessment methods (observation, simulation, scenario-based assessment, structured interview, portfolio evidence), not only formal certificates.
- Develop **stackable micro-credentials** for core elderly care competences (e.g., person-centred care support, accessibility and communication, safeguarding, health and safety, digital service navigation, sustainability in care routines).
- Link micro-credentials to broader qualifications and progression pathways to avoid dead-end certification.

This also aligns with EPSR ( European Pillar of Social Rights ) principle 1 (education, training, lifelong learning) and the broader EU objective of increasing adult participation in learning.

#### Policy action points

- Involve qualification authorities, VET providers, employers and care stakeholders in co-design.
- Enable public employment services and municipalities to refer candidates into validation pathways.
- Promote employer trust and uptake through sector dialogue and co-endorsement.

### 4) Put decent work and ethical recruitment at the centre of elderly care policy

No care workforce policy can be sustainable if it ignores labour exploitation risks. Home-based and personal/household care settings can involve undeclared work, unclear duties, excessive hours, weak oversight, and dependency on employers or intermediaries. The European Labour Authority's study on undeclared work in the personal and household services (PHS) sector highlights the scale and complexity of undeclared work in a sector that includes long-term care for older people and persons with disabilities.

At the same time, the European Commission's Single Permit information stresses equal treatment rights for legally residing non-EU workers in areas including working conditions, pay, health and safety, and education/training. ILO guidance on fair recruitment for migrant care workers also underlines governance and recruitment safeguards to prevent exploitation.

### Recommended policy safeguards

- Prohibit **worker-paid recruitment fees** and misleading recruitment practices.
- Require **written contracts in a language the worker understands**, covering duties, hours, pay, rest time, overtime, and live-in conditions where applicable.
- Ensure **clear complaint and referral channels** (labour inspectorates, social services, advice centres, NGOs).
- Protect workers from retaliation for reporting abuse or violations.
- Strengthen coordination between labour inspection, social services and care regulators in sectors with high informality risk.
- Include employer/family awareness guidance on lawful, fair care employment.

#### Policy action points

- Tie public support schemes (subsidies, vouchers, contracted services) to fair work compliance.
- Publish standard contract templates and minimum information sheets.
- Fund preventive information campaigns for workers and households/employers.

## 5) Update care training standards to include accessibility, safeguarding and digital service navigation

A narrow “task-only” approach to care training is no longer sufficient. Quality elderly care requires communication, accessibility, safeguarding, ethics, and increasingly digital competence (e-health appointments, messaging, basic online service navigation, and fraud awareness for older persons). The European Accessibility Act and the Commission’s accessibility policy materials reinforce the importance of accessibility in products and services used in daily life, which has implications for care-related communication and support.

For policymakers, this means training standards and qualification frameworks should define a broader competence profile for elderly care workers, especially entry pathways for migrant women.

### Core competence domains to embed in policy standards

- Person-centred care and dignity
- Accessibility and inclusive communication
- Safeguarding, ethics and professional boundaries
- Health and safety (including ergonomic and infection prevention basics)
- Digital service navigation and safe communication
- Intercultural communication and conflict prevention
- Sustainable care routines (resource-aware, safe, practical practices)

This is consistent with the VET Recommendation’s emphasis on sustainable competitiveness, social fairness and resilience, and on training staff to work effectively in diverse environments using digital tools.

### Policy action points

- Update curriculum standards and funding criteria to include these domains.
- Support trainer CPD for adult-centred, scenario-based and inclusive teaching methods.
- Encourage work-based learning and simulated practice linked to real care settings.

## 6) Build local and regional care inclusion ecosystems with public authorities as active partners

Even well-designed national policy often fails when implementation is fragmented at local level. Municipalities and regional authorities are crucial because they influence outreach, social support, transport links, local labour market partnerships, and access to care services. The EU Action Plan on Integration and Inclusion explicitly emphasises partnership and multi-level governance, which is highly relevant to care workforce inclusion.

Policy should support **local care inclusion partnerships** that bring together:

- municipalities/social services,
- VET providers and adult education centres,
- care employers/providers,
- employment services,
- migrant and women’s support organisations,
- qualification/certification actors (where relevant).

### Functions of local partnerships

- map local workforce shortages and barriers to entry;
- coordinate outreach and recruitment;
- support learner retention (including referrals to social support);
- validate training relevance with employers;
- connect training to placements and jobs;
- collect evidence and feedback for policy improvement.

### Policy action points

- Create small coordination funds for local partnerships.
- Require local stakeholder participation in publicly funded care training initiatives.
- Use standard local reporting templates to feed lessons into regional/national reform.

## 7) Monitor outcomes that matter: inclusion, recognition, quality and retention

Too often, policy monitoring focuses on outputs (number of participants, number of trainings delivered) rather than outcomes (formal employment, retention, recognition, improved care quality). The long-term care Council Recommendation explicitly encourages national frameworks for data collection and evaluation, relevant indicators, and gathering lessons learned and successful practices to inform policy design. Policymakers should adopt a balanced monitoring framework for care workforce inclusion programmes.

### Suggested policy indicator areas

- **Access and inclusion:** enrolment of migrant women, participation of underserved groups, availability/use of language and mentoring support.
- **Completion and transition:** completion rates, transition to formal jobs, time to job entry, placement uptake.
- **Skills recognition:** uptake of RPL pathways, partial/full recognition outcomes, micro-credentials issued, employer acceptance.
- **Job quality and retention:** formal contract rates, retention at 6/12 months, worker-reported safety and job quality.
- **Training and care quality:** learner confidence gains, employer satisfaction, evidence of improved communication/accessibility practices.

### Policy action points

- **Combine** quantitative indicators with qualitative feedback from learners, trainers, employers and (where appropriate) care recipients/families.
- Use monitoring for system improvement, not only compliance.
- Publish periodic learning summaries to support cross-country and cross-regional learning.



## 8) Support a European baseline with national adaptation

Care systems, labour regulations and qualification structures differ across Member States. However, the policy challenges are widely shared: workforce shortages, informal work risks, under-recognition of skills, and barriers to inclusion. The best approach is a European baseline + national adaptation model. Under this approach, policymakers support:

- common principles (inclusion, decent work, accessibility, quality, recognition),
- shared tools (templates, QA criteria, competency descriptors, workshop formats),
- national adaptation notes (legal, labour-market and service-system specifics).

This is particularly useful for CAREABILITY, where cross-border learning is a strength and transferability is an explicit objective. It is also consistent with EU VET and lifelong learning cooperation frameworks, which promote mutual learning and transparency while respecting national competence.

### Policy action points

- Fund cross-border peer learning among VET providers, care stakeholders and authorities.
- Encourage documentation of transferable best practices (including lessons learned and implementation constraints).
- Use EU-funded project evidence to inform mainstream policy, not just project dissemination.

## 9) Embed gender equality and anti-discrimination in all care workforce reforms

Migrant women in elderly care may face intersecting inequalities: gendered undervaluation of care work, migration-related barriers, discrimination, and limited progression opportunities. Policy responses that focus only on “employment numbers” risk reinforcing segmentation (entry into low-paid jobs without progression or protection). Policymakers should integrate gender equality and anti-discrimination principles into every stage of care workforce policy:

- outreach and recruitment,
- training access and completion support,
- assessment and recognition,
- workplace conditions,
- supervision and grievance mechanisms,
- progression opportunities.

This aligns with the European Pillar of Social Rights principles on gender equality and equal opportunities, and with the inclusion logic of the Action Plan on Integration and Inclusion.

### Policy action points

- Monitor progression, not only entry-level participation.
- Require safe reporting routes for harassment and abuse.
- Support public messaging that frames care as skilled and valuable work.
- Include equality/inclusion expertise in policy design and programme evaluation.

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## 7. ANNEX A. BEST PRACTICE IDENTIFICATION CARDS

The cards below follow a standardised structure and consistent writing style to ensure comparability. They are intended as synthesis tools rather than comprehensive programme descriptions.

### A.1 AUSTRIA



#### A.1.1 waff – Jobs PLUS Pflege (Vienna)

- **Country:** Austria
- **Sector:** Health / Vocational education and training
- **Description:** Vienna-based programme providing paid training and requalification pathways into nursing and care occupations, delivered through structured cooperation between training providers and employers, and accessible to migrants and migrant women.
- **Why it is a best practice:** Paid training reduces financial barriers and attrition, while employer-linked delivery strengthens completion and transition-to-work in shortage care roles.
- **Evidence source:** waff (Vienna Labour Market Fund) programme documentation.
- **Transferability potential:** High – replicable as an urban/regional model where public funding can support paid training and sustained employer engagement.
- **Related SDGs/Policies:** SDG 4, SDG 8, SDG 10; labour-market activation measures and care workforce strategies.

#### A.1.2 Caritas Austria – Migrant Care Workers Integration Programmes

- **Country:** Austria
- **Sector:** Social care / Employment
- **Description:** NGO-led programmes supporting migrant women through language training, qualification recognition support, mentoring, and job placement in elderly care and social services.
- **Why it is a best practice:** Combines gender-sensitive and holistic support with practical steps for labour-market entry (recognition, mentoring, placement), addressing structural barriers in care occupations.
- **Evidence source:** Caritas Austria programme documentation.
- **Transferability potential:** High – adaptable through NGO-public service collaboration and structured recognition/placement pathways.
- **Related SDGs/Policies:** SDG 5, SDG 8, SDG 10; EU integration and inclusion policy frameworks.

### A.1.3 Diakonie Austria – Training for Migrant Women in Care

- **Country:** Austria
- **Sector:** Social care / Adult education
- **Description:** Training offers providing low-threshold entry routes and initial qualifications for migrant women in social and elderly care, designed with direct links to employability and sector needs.
- **Why it is a best practice:** Creates accessible entry routes into shortage care roles and links training design to employment outcomes through employer-facing delivery logic.
- **Evidence source:** Diakonie Austria reports and related documentation referenced in WP2 sources.
- **Transferability potential:** High – effective template for expanding the care workforce via adult upskilling where targeted support for migrant women is prioritised.
- **Related SDGs/Policies:** SDG 5, SDG 8, SDG 10; inclusion frameworks and national/regional care strategies.

### A.1.4 StartWien – Integration and Qualification Pathways

- **Country:** Austria
- **Sector:** Integration / Education / Employment
- **Description:** City of Vienna programme offering orientation, German language courses, career guidance, and targeted qualification pathways, including routes into care and social occupations.
- **Why it is a best practice:** Provides early intervention and tailored counselling under strong local governance, enabling faster and better-informed transitions into training and employment pathways.
- **Evidence source:** City of Vienna / StartWien programme documentation.
- **Transferability potential:** High – replicable by municipalities/regions seeking structured integration services and targeted qualification routes aligned with local labour-market needs.
- **Related SDGs/Policies:** SDG 4, SDG 10; local integration and labour-market policies.

## A.2 GREECE



### A.2.1 Nursing Assistant – DYPA Apprenticeship Programme (EPAS)

- **Country:** Greece
- **Sector:** Healthcare / Apprenticeship-based entry to the care sector
- **Description:** Apprenticeship pathway providing early entry into nursing support roles through a dual-learning model combining school-based learning with extensive work-based learning in care settings.
- **Why it is a best practice:** Demonstrates a scalable dual-learning structure with strong employability in a high-need sector and inclusion potential for vulnerable youth entering the labour market.
- **Evidence source:** DYPA/EPAS apprenticeship documentation and national speciality catalogues referenced in WP2 mapping sources.
- **Transferability potential:** High – transferable apprenticeship model for care roles; impact can be strengthened further by embedding explicit sustainability, accessibility and digital ethics competences.
- **Related SDGs/Policies:** SDG 3, SDG 4, SDG 5, SDG 10; EU Youth Guarantee and EU skills/apprenticeship frameworks.

### A.2.2 General Nursing Assistant (Post-secondary pathway, EQF 5)

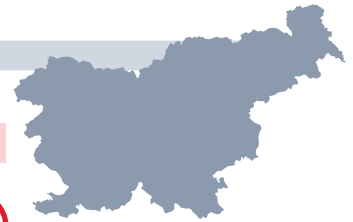
- **Country:** Greece
- **Sector:** Healthcare / Post-secondary VET
- **Description:** Post-secondary vocational pathway leading to a regulated nursing support role, with substantial theoretical and clinical components and an established professional framing within the national qualification system.
- **Why it is a best practice:** Provides a comprehensive competence set for nursing support, with strong clinical relevance and clear progression logic within the qualification framework.
- **Evidence source:** Ministry of Education study guide and national regulation references documented in WP2 mapping sources.
- **Transferability potential:** Medium-High – learning outcomes and clinical structure are highly reusable across contexts, though implementation depends on national regulation and certification routes.
- **Related SDGs/Policies:** SDG 3, SDG 4, SDG 8, SDG 10; alignment with EU priorities is strengthened when sustainability/accessibility modules are made explicit.

### A.2.3 Occupational Therapy Assistant

- **Country:** Greece
- **Sector:** Disability support / Rehabilitation / Health and welfare
- **Description:** Pathway preparing learners to support occupational therapy work focused on autonomy, functional independence, participation, and daily living skills across disability and chronic illness contexts.
- **Why it is a best practice:** Strong emphasis on autonomy and inclusion, high relevance for disability and long-term care ecosystems, and clear value as a competence-based pathway within rehabilitation services.
- **Evidence source:** EPAL/official speciality-level documentation referenced in WP2 sources (noting variable public curriculum transparency).
- **Transferability potential:** High — transferable competence model for disability and rehabilitation support, with clear scope to add digital assistive technologies and sustainability content.
- **Related SDGs/Policies:** SDG 3, SDG 4, SDG 10; EU Disability Strategy 2021-2030 and EU care-related inclusion priorities.



## A.3 SLOVENIA



### A.3.1 ENGAGE – Inclusive Integration Paths for Migrant Women (Labour Market Integration)

- **Country:** Slovenia
- **Sector:** Employment / Social inclusion (pathways into care-related sectors)
- **Description:** EU-funded initiative supporting third-country national women through skills assessment, targeted upskilling, mentoring and job-shadowing to facilitate access to employment, including care-related occupations.
- **Why it is a best practice:** Combines gender-sensitive design with structured skills development and real-work exposure, addressing systemic barriers faced by migrant women when entering shortage or regulated professions.
- **Evidence source:** European Commission (DG HOME) ENGAGE project documentation and partner pages.
- **Transferability potential:** High – readily adaptable to health and social care by linking training pathways with employers (care homes, hospitals, social services) and recognition mechanisms.
- **Related SDGs/Policies:** SDG 5, SDG 8, SDG 10; EU Action Plan on Integration and Inclusion.

### A.3.2 ESIRAS Slovenia – Employment Support for Asylum Seekers and Refugees

- **Country:** Slovenia
- **Sector:** Employment / Education / Social services
- **Description:** Programme providing employability training, language support and employer mediation, with pathways into vocational education for asylum seekers and beneficiaries of international protection, including women.
- **Why it is a best practice:** Offers structured transition support from protection to employment through individualised guidance and sustained cooperation with employers, reducing administrative and entry barriers.
- **Evidence source:** ESIRAS / partner project documentation referenced in WP2 sources.
- **Transferability potential:** Medium-High – transferable to health and social care if complemented with sector-specific vocational modules and bridging routes for regulated professions.
- **Related SDGs/Policies:** SDG 4, SDG 8, SDG 10; immigrant integration principles and inclusion-oriented instruments.

### A.3.3 Slovenian Employment Service – Info Point for Foreigners

- **Country:** Slovenia
- **Sector:** Employment / Public services
- **Description:** Dedicated service offering counselling, job-matching support and guidance on training opportunities for migrants and refugees entering the Slovenian labour market.
- **Why it is a best practice:** Provides an institutional, scalable model that reduces informational and administrative barriers and can be targeted to specific groups, including migrant women.
- **Evidence source:** Employment Service of Slovenia (ZRSZ) service documentation.
- **Transferability potential:** High — replicable as a one-stop access point and adaptable with guided pathways into regulated care occupations.
- **Related SDGs/Policies:** SDG 8, SDG 10; labour-market integration policy instruments.

### A.3.4 Integration Programme for Beneficiaries of International Protection

- **Country:** Slovenia
- **Sector:** Education / Employment / Health and social systems
- **Description:** State-supported integration programme combining language learning, access to education, vocational training and employment rights, enabling beneficiaries to pursue training or work, including in regulated sectors.
- **Why it is a best practice:** Rights-based and publicly supported, it creates stable conditions for long-term integration by linking training access with employment entitlements.
- **Evidence source:** Government of the Republic of Slovenia integration policy documentation (and EU country update sources).
- **Transferability potential:** Medium — strong as a policy model, but requires sector-specific bridging and recognition routes for regulated care roles.
- **Related SDGs/Policies:** SDG 4, SDG 8, SDG 10; national integration strategy and EU integration frameworks.



#### A.4.1 ES\_001 – Auxiliary Nursing Care (Nursing Assistant Technician)

- **Country:** Spain
- **Sector:** Health / Intermediate VET (nursing support)
- **Description:** Nationally regulated intermediate VET qualification preparing learners to deliver auxiliary nursing care and support clinical teams under supervision, including hygiene and environmental safety routines, patient support, documentation and psychosocial elements.
- **Why it is a best practice:** Provides a standardised baseline qualification for frontline care roles, with clear competence framing and strong relevance across healthcare settings.
- **Evidence source:** National regulation (Royal Decree framework) and official curriculum documentation referenced in the WP2 mapping.
- **Transferability potential:** High — competence-based structure and national regulation support adaptation as a baseline nursing-support qualification across VET systems (with scope to update sustainability, digital and accessibility elements where needed).
- **Related SDGs/Policies:** SDG 3, SDG 4, SDG 10; contributes to care workforce development and inclusion priorities.

#### A.4.2 ES\_012 – Technician in Emergency Health Care

- **Country:** Spain
- **Sector:** Healthcare / Emergency and pre-hospital care
- **Description:** Intermediate VET qualification preparing learners for frontline emergency and pre-hospital care roles, including patient transfer, basic clinical support, tele-emergency/telecare elements, emergency planning, and structured work-based learning.
- **Why it is a best practice:** Demonstrates strong alignment with modern care delivery needs by combining clinical competences with transition-to-work logic and emerging digital components relevant to emergency service coordination.
- **Evidence source:** National regulation and curriculum updates referenced in the WP2 mapping.
- **Transferability potential:** High — highly transferable model for integrating applied care competences with structured progression and employability pathways in high-need services.
- **Related SDGs/Policies:** SDG 3, SDG 4, SDG 8; aligns with care workforce resilience and crisis-response capacity.

#### A.4.3 ES\_013 – Technician in Care for People in Situations of Dependency

- **Country:** Spain
- **Sector:** Long-term care / Social and health care (dependency)
- **Description:** Intermediate VET qualification focused on supporting dependent persons in home and institutional contexts, combining hygienic-sanitary care, psychosocial support, communication support, and telecare-related competences.
- **Why it is a best practice:** Offers a holistic, person-centred competence profile for long-term care, including core practical skills and care relationship competences that support quality and continuity of care.
- **Evidence source:** National regulation and official curriculum documentation referenced in the WP2 mapping.
- **Transferability potential:** High – transferable long-term care model with clear relevance across ageing and disability-support contexts in Europe.
- **Related SDGs/Policies:** SDG 3, SDG 4, SDG 8, SDG 10; aligned with long-term care workforce development priorities.

#### A.4.4 SSCS0208 – Social and Health Care for Dependent Persons in Social Institutions (Professional Certificate)

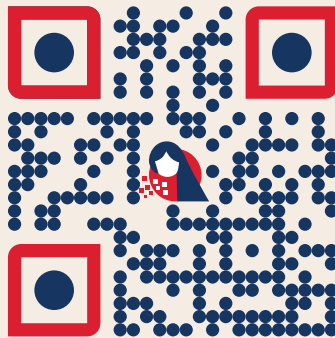
- **Country:** Spain
- **Sector:** Long-term care / Social institutions (short-cycle upskilling)
- **Description:** Short-cycle, job-oriented certificate pathway designed to qualify learners for institutional care roles supporting dependent persons, typically including a mandatory on-the-job training component.
- **Why it is a best practice:** Provides a rapid, regulated entry route into a shortage sector, combining concise training with workplace practice and strong inclusion potential for unemployed adults or learners in vulnerable situations.
- **Evidence source:** SEPE training speciality record and national certification documentation referenced in the WP2 mapping.
- **Transferability potential:** Medium-High – transferable as a short qualification model, with replication dependent on national accreditation systems.
- **Related SDGs/Policies:** SDG 3, SDG 10; labour inclusion and skills-recognition priorities.





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