



Education and Culture

Leonardo da Vinci



Università
del Terzo
Settore

Training and Employment Opportunities for Migrant Women in the Health and Care Sectors in Italy Challenges and Recommendations

Report within the Leonardo da Vinci Project
“Prequalification for Migrant Women
in the Health and Care Sector”

In cooperation with:

A.N.P.A.S. – Associazione Nazionale Pubbliche Assistenze



A.N.P.A.S.
ASSOCIAZIONE
NAZIONALE
PUBBLICHE
ASSISTENZE

and

ADBI – Associazione delle Donne Brasiliane in Italia



INDEX

Introduction	3
Part I - Secondary Analysis	
1. Women's migration and work in Italy	
1.1. Structural conditions	4
1.2. Work forms	6
2. The care sector in Italy	
2.1. The definition of care	8
2.2. Care services in Italy	9
2.3. Occupational description and training	12
2.4. Labour market's demands	14
2.5. Notification, accreditation and recognition of training	17
Part II - Empirical Study	
Introduction	21
1. What challenges and problems face migrant women who wish to work in the care field?	
1.1. The point of view of migrant women	22
1.2. The point of view of policy makers	25
1.3. The point of view of training institutions	26
1.4. The point of view of health care institutions	27
1.5. The point of view of trade unions	27
2. Conclusions	28
3. Recommendations	29
Annexes	
1 Statistics	30
2 Interview guidelines	34
3 Sources	41

Introduction

Over the last decade there has been an increasing ageing in European population, triggering the need for health, care and nursing qualified operators. Women who have migrated to EU countries are a great potential for the covering of the lack of qualified supply in our countries, as they are often experienced in the health and socio-assistance sectors in their countries of origin. Their insertion in our labour market is nevertheless prevented or made more difficult by the fact that their educational levels are not acknowledged and their knowledge of European language are not good enough. We must deliver to this vulnerable social group an adequate training and education in order to favour its insertion in the market.

The goals of the pilot project “Prequalification for Migrant Women in the Health and Care Sector”, financed by the European programme Leonardo da Vinci, are to elaborate a basic training course for migrant women to prepare them to work in the health and socio-assistance fields, to prevent them from dropping out training courses in the same fields, to foster their professional fitting and to achieve recognition of training courses in the partner countries.

The following national research is included in this project, and is intended to be the basis for the construction of the educational curriculum that is going to be tested during the realization of the project. Such educational curriculum will also consider indications and recommendations identified by the other European partners.

Part I – Secondary Analysis

1. Women's Migration and Work in Italy

1.1. Structural conditions

A survey of immigration in Italy shows that it consists mainly of young people of reproductive age, nearly half of which are females, with a high percentage of infants and minors, which indicates that the migrant population has settled and/or tends to do so.

The presence of these people in almost all the fields of social life (work, school, health, rights, citizenship etc.) and their needs and demands must be therefore taken into serious consideration, also in the terms of the changes and transformations that the meeting of different cultures, peoples and ways of life bring in both the migrant and the host communities.

In order to make an estimate of the presence of migrant people in Italy we can refer to the archives of the Ministry of Internal Affairs, which by the end of 2003 numbered 2,193,999 current residence permits, in addition to the minors, about a fifth of the total according to the census taken in 2001. To sum up, thus, the foreigners in Italy are to be estimated in 2,598,223.

As for gender, females represent the 48,4% of the migrant population, with an increase of the 1,4% since 2002. There is, however, a substantial difference between different national groups: the North-African migrants, for instance, are mostly males (74%), while Cubans and Caboverdians are mostly females (80%), as well as South-Americans in general, and Filipinos tend to a balance (60% females) due to families reuniting.

The high number of women of certain nationalities is strictly connected to the migratory projects and typologies, which can be divided into 3 major surges (Melchiori, 2000):

1. During the '70s the most part of immigration came from some Latin American countries, from Cabo Verde, from Eritrea and from Ethiopia. The maids of Italian people coming back to Italy from Eritrea who followed them were the first migrants, next were workers of the textile industries destroyed during the Ethiopia invasion. Most of them were divorced, separated from or deserted by their husbands, both with and without children.

Somali women came over when fleeing from war.

2. During the '80s, on the contrary, migrants were mostly men from North and Saharian Africa, followed by their wives and children, who gave a strong mark of stability to this surge of immigration.

3. The '90s were characterized by the settling and slight decrease of African immigration and by a strong increase of East European one, with a substantial majority of young women, single and with a medium-higher level of education, many of which left one or more children in their countries of origin.

The migratory project of women, too, shows some specific features; it can be divided in two major groups showing different personal typologies, geographical and social origins, as well as different positions and expectations inside the hosting society. We can therefore find:

1. single women with an independent project, living a period of crisis and deep social and personal change (75-85% of the immigrant women are single or divorced): this group mainly includes Filipino, Caboverdian, Ethiopic, Eritrea, Somali, Brazilian, Peruvian women, and the majority of East European women;

2. women who come over to reunite with their husbands and/or children. They are included in the migratory projects of men and belong to an oldest immigration surge on its way to steady settlement. These women mostly come from North Africa, Senegal and Maghreb, or from Middle East and China.

In recent years there has been a strong increase in this kind of immigration (also because of the issuing of new laws); in 2003 the number of visas granted for this reason were 65,816, compared to the 4500 granted in 1988 (Caritas, 2004).

To date, the presence of foreign families in Italy is estimated between 10,000 and 20,000, with an average of 2 children per family. Such families, though, are often divided: some of their members still live in the country of origin, waiting to reunite with the others. To both migrant and hosting society, family has a strong stabilizing power: the migratory project changes into something settled and permanent; the "here and now" growing up of children shifts symbolic, affective and economic investments from the country of origin to the country of arrival. Family is the place where internal solidarity is organized anew and where priorities are redefined with regard to available resources" (Tognetti, 2004).

1.2. Work forms

The 80% of migrant women are employed in the field of housework. Although this kind of employment often provides board and lodging as well as legalization, at least for the first years, it is nevertheless perceived as a temporary situation in the expectation to find another type of job, to have a house of one's own and to create an independent and stable life. In some regions home helps are up to the 80%, in some provinces such as Oristano are the 100%, in Trieste the 97%.

Notwithstanding the fact that a large part of female migrants are professionals and the better achievements of young female migrants compared to males, women are still under-represented in the higher levels of professional work and are concentrated only in some fields of activity. We can once more deem this situation as a result of twofold discrimination. Employers should be encouraged through every mean permitted by the various European rules to adopt programmes for equal opportunities to increase employment and access to education for migrant women and women belonging to ethnic minorities, and most of all to allow them to reach high professional positions. Such programmes should include specific measures to reduce the twofold disadvantages of being a woman and belonging to an ethnic minority.

So far, migrant women have mostly found employment at the lowest levels of the labour market. The feminisation of non-EU immigration means, substantially, the employment in the fields of nursing and housekeeping, which increasingly need the presence of “night and day workers”, flexible in roles and work hours and adaptable to the needs and spaces of the employing families. Such employments are generally considered, at least in the workers' expectations, as “short-term strategies”, a good chance to earn money, especially for single women, as they provide at the same time work and accommodation, a net income which can be remitted to the country of origin, and, for those who have not legalized their position, the *non visibility*. All of these elements, however, concur to compose a form of occupational seclusion, which stands in the way of planning the creation of personal independence, family reunions and ways of fitting in the autochthon community. The risk is for temporary and provisional jobs to turn into the only contact with the new society, preventing all opportunities for change because it totally takes up spare time as well as both physical and psychological energies. Further to the power of attraction of such jobs, which allow immigrants to earn money and give them the chance to remain in the hosting country, there is another element: a sort of emotional blackmail is triggered

between the employer and the employee. The migrants' affective and social isolation and their weakness on the labour market cause them to regard as their benefactors those who are actually their exploiters. The difficulties in reconciling working and private life are even stronger for women with children, who are forced to give up their work and to seek more casual and flexible jobs, thus abandoning all attempts to create a personal strategy of employment. Obviously, a position of illegality also influences the capacity to react to hard and unsatisfying working conditions: the sense of helplessness and the fear to be discovered and "sent back" bring these workers to accept a situation of submission without right of objection.

Whatever the typology of the migratory project and the level of education and professional skill in the country of origin, migrant women are seemingly destined to be employed in the housekeeping and/or care sector, at least for the moment. This situation largely depends on this employment typology, very important in Italy, but other factors also play a major role: the lack of recognition of education and of the professional skills achieved abroad, as well as some sort of segregation on a gender and ethnical basis. Employers often take for granted that migrant workers lack professional skills which can be spent in Western economic contexts, but according to our research, as well as to many other researches, this is not at all true (the education levels in our sample are generally high). Similarly, there is the widespread idea that migrant workers are more ready to assume tasks, work shifts and conditions which are no longer accepted by national workers: they are forced to accept conditions dictated by other people. Migrant workers are therefore a particular case in the informal and personalistic regulation of the Italian labour market. Nets of solidarity and mutual help between people from the same country play a decisive role in finding a job, and this is particularly true for migrant women. Such nets, however, as useful and essential as they may be in the moment of arrival and of emergency, become castrative and negative when the time for a change, especially of a professional improvement, comes. Thus, if these nets of solidarity on one hand help immigrant women, on the other hand they trap them, making it easier to find a job inside the niche in the market which their national group occupies, but binding them when looking for another type of employment. On the contrary, their cultural wealth, their position on the border, at the crossing between different cultures and societies, could allow them to achieve new skills and create new professional roles (like, for instance, functions of cultural and linguistic mediation). The strong connection with the dimension of expression, with the search for identity through their work, results in a strong emotional investment on their profession.

The activity chosen must foster the expression of personal abilities and ensure the largest personal independence. Even if the jobs they wish for may be different, their strongest wish is the same: the right of choice.

2. The Care Sector in Italy

2.1 The definition of care

It is a work producing care, focused on the gestures and daily needs; it is mostly operated in the field of services, and also in other productive contexts dedicated to “the person”. It is a work which involves a high degree of relationship skills, destined to an individual and to his/her overall well-being; it requests both the interdependence of the involved people and at the same time the discretion of the worker, who must know and evaluate its boundaries and avoid useless help. It is a work, which is part of the activities performed by women for their families throughout history. It is a part of a large number of professional activities, wider and more precisely defined as, e.g., social or educational work, health and rehabilitative work.

Though this work is included in different professions, it has some specific dimensions, which define it:

a physical and material dimension: it is a practical, tangible work, performed face to face with the person, his/her body and its most intimate parts and functions;

an organizational dimension: it is a work which involves the performance of given sequences linked with the person and the environment in which he/she lives, in a project including other people with different roles and functions, with given objectives and values; a project which involves a keen evaluation of its achievements in terms of the satisfaction, well-being and possible improvement of health of the person tended to;

an emotional dimension, not only because this type of work communicates emotions, but also because the worker must be able to manage them. The worker not only needs to keep his/her emotions under control without losing the capacity to “feel”, but he/she is engaged in a kind of emotional social production, i.e. in producing a socially legitimized care relationship which must be not distant/not intimate, not detached/not enthralling, not alien/not personal.

Nurses exclusively provide professional care; the “carer” provides domestic care.

The “care work” refers to the skilful creation of a system of care around the person who needs it. The relationship between the “carer” and the nursed person is characterized as a relationship of help which can be meant as the act of fostering a better adaptation to the faced situation in someone who relies on someone else’s skill, in order to find the necessary support to overcome difficulties and retrieve and preserve for the longest time the best possible psychophysical well-being.

Who is a carer, and what are his/her functions? The carer provides an integration to non-medical activities of care, that is, so to say, “closeness” for psychological-relational support to the patient (e.g. keeping him/her company, encouraging him/her to talk, reassure him/her, running little errands such as the purchase of newspapers, water, snacks etc.), all the activities usually performed by relatives when it is not possible for them to do so. The carer can guarantee the support needed for the comfort of the person tended to (only one at a time), in strict observance of the doctors’ indications, and in full respect of the other patients’ privacy and of the health facility itself.

In short, the term “carer” is used to indicate people who give assistance to elderly people, adults or minors whose self-sufficiency is reduced and who need full-time assistance to be able to remain at home and/or to ensure the continuation of an adequate standard of life outside the family context.

In the collective imaginary, care is a female feature, even though men perform care services as well. Women play a major role in the care scenario: they guarantee free assistance in the family during their spare time; they perform care tasks working in social services; they ask for care services for their relatives.

2.2 Care services in Italy

The role of nurses is getting more and more important and strategic for the management of the National Health Service in Italy. In order to rationalize and optimise medical interventions, the presence of nurses on the territory will become more widespread.

In the process of transformation of health organization oriented to the care personalization, the relationship of help and technical-relational support to the person is the central element of the issue of care, and nurses, having elaborated and used their own organizational and care models to evaluate, identify and solve health problems through time, certainly are the most experienced and skilled professionals in this field. They have also acquired a higher consciousness about their role, which is now characterized by a stronger decisional and

operational autonomy. In Italy the shortage of trained nurses gets more and more dramatic. The Ipasvi, the nurses' professional association, has stated that Italy lacks 40,000 trained nurses. There are, actually, 326,000 nurses on the register, but the requirements are for 366,000 nurses. This is the estimate made by Ipasvi, based on the Ocse benchmarks, indicating a minimal standard of 6.9 nurses every 1,000 inhabitants for a civilized nation, while in Italy there are only 5.4 (nearly all other industrialized nations have a better ratio). The lack of trained nurses reveals one of the most patent ironies of our labour market: there is a strong demand for labour, but a shortage of supply. Although the professional outlets for nurses are guaranteed, and the job in itself is extremely useful and extraordinarily rich on the relational level, courses in universities only provide 3,500 graduates per year, while the physiological turnover is up to 12,500 workers every 12 months. Such gap, according to Ipasvi, will never be closed by extra-communitarian nurses: in fact, despite their high inflow, only 5,000 foreign citizens have had their professional qualifications recognized by the special board nominated by the Ministry of Health since 1999.

The reasons for this lack of Italian nurses are: low salaries, delicacy of the tasks to be performed, uncomfortable work shifts, difficult path to the achievement of qualification (three years of academic studies), without an acceptable overall cost-and-benefit ratio. There are, furthermore, psychological matters such as prestige and social consideration: an important and critical profession as it is, nursing is nevertheless underestimated in the hierarchy of professions.

According to the new internal and communitarian guidelines, in Italy about 900,000 doctors and nurses must, in order to carry on working, keep their preparation high and up-to-date by means of training courses accredited by the Ministerial Committee ECM (Continuing Medical Education), which is the Italian authority for education. All health workers must autonomously refresh their skills, giving priority to educational aims of national and regional interest. This change is especially important to health workers, in order to get ever more reliable and professional to their patients.

The necessity, the role and problems of the home helping are today much more important than in the past.

Women perform now multiple functions (as wives, mothers, workers, while they were once only housewives and mothers), and sometimes, if they have children, work more than 60

hours a week, to the detriment of their free time and with strong problems in concealing familiar and extra-familiar tasks – also because of the asymmetry of roles inside the family.

Now Italian women are no longer alone, as non-EU women help them in some of the domestic tasks and in the care of relatives and elderly people (thus finding a place in the labour market too). Furthermore, according to the ISTAT survey carried out in 1998, the 76% of Italian couples ask for the help of non-cohabitant grandparents and the 11,9% use various forms of fee-paid babysitting.

There has therefore obviously been an increase of the visibility of home helps and of the awareness that the tasks they perform are socially useful and must be better regulated in terms of labour inflows and protection; but the Italian government hasn't so far been able to pass an adequate policy for the care of the aged.

During the last decades, care services have been increasingly entrusted to external workers as Italian women have entered the labour market: where economically possible, Italian families tend to leave services to externals. Private workers, called “carers” when foreigners, work in individual or organized manner for a salary. Often those who work individually don't get a fair remuneration for their job; those who work for an elderly person get worse conditions and wages than those organized in social cooperatives or firms, and are often forced to work off-the-books. In order to allow them to legalize their position, a tax reduction proportional to the expenses for care services has been provided for.

Public support for care services is divided in two types: an allowance for assistance to non self-sufficient aged people from the central government, and a care allowance from the local government. Such allowances, the amounts of which are linked to the recipient's income, are used to pay for the work and services performed by the private workers. Local authorities have increased the deliver of domestic services, which, however, are only sufficient for a few low-income recipients. Italian laws provide for the economic participation of families, in proportion to their income, in order to obtain a public service.

The connections between private assistance and public services are insufficient (causing a professional deficit), because of the overall planning. It is necessary to regulate and control the labour market, following the workers' performances and evaluating their effectiveness: to do so, the workers' training should be fostered and their work accredited.

To sum up, the public system seems to play a minor role, while the private one is often characterized by the lack of rules, the evasion of tax and salary provisions and the

absence of protection both for workers and patients. The increasing aging of population, therefore, actually creates an emergency situation. Even in the rest of Europe, though, the public sector provides for health care, while social care is mostly charged to families, except for Scandinavian countries where governments provide social services and tend to issue reforms to further reduce costs, when, at the same time, the needs of aged population grow.

2.3 Occupational descriptions and training

Thanks to the new degree in Nursing Sciences, the educational possibilities have multiplied: now it is possible to choose between a three-year university degree (which can be followed by a one-year master course), a further two-year specialistic degree (which can, in turn, be followed by a second level master course), and finally a three-year PhD. According to Ipasvi, though, only the 84.4% of the available places is covered by new students. The institution of this specialistic degree, indeed, seems to have raised the interest towards the profession of nurse: since 2002, when more than 4,900 nurses graduated, the trend has reversed and the number of those who choose this profession is increasing again. In 2004 5420 nurses graduated, in 2005 5530 will. This has been achieved through the progressive increase of the available places for students: in 1999 they were about 7200 (for Italian citizens), in 2004 12,400, almost twice as many. There is a difference between regions: while in Southern Italy availability is almost completely filled up by new students, the 17% is still wanting in Central Italy, the 14,6% in the North East, up to the 20,7% in the North West, where a place out of five remains vacant.

But the Ipasvi warns that the situation of “sold out” in the South doesn’t fill the gap as for professional outlets: while in Southern Italy there are 606 candidates between the age of 20 and 24 for every job, in the North West there are 257 and in the North East only 208. This is one of the reasons why many young people move from the southern to the northern regions. In academic year 2002-2003, at least 10,000 young people moved to the North, where a new student out of three comes from other regions. The 70% of the students are women, but the percentage of men is growing in the South. The survey carried out by the Ipasvi also outlines a portrait of the young person who chooses to work in hospital: women are still the large majority - about the 70% of enrolments -, but men are rapidly increasing - the 30%, up to the 40% in the South (+7% during the past year). The average age of enrolment is 23, but it is under 21 for women. According to the Ipasvi, this means that the choice of this profession is more convinced for women, while it can be a makeshift solution

for men. The level of education before enrolment is high: the 27,1% of students comes from classical or scientific secondary schools, and the 32,6% from technical schools. Studies last 3.3 years on the average, with no differences between men and women.

In Italy, the demand for help in assistance to relatives is undergoing an exponential growth, due principally to the impossibility for the members of a family to perform the requested tasks because of uncomfortable working hours (flexibility and shifts) and, more generally, because of the frantic rhythms of everyday life (time spent on transports, opening hours of public offices etc.). The problems in providing adequate assistance are more urgent in those cases where geographical distances (for reasons of work, of choice, of creating a new family) make it impossible to pay the necessary tending to the more "fragile" relatives. This is precisely the situation in which migrant workers are seen as a resort, not a temporary one but a trend destined to future growth.

Although the Italian labour market seems to need foreign manpower, immigration is nonetheless a complex and contradictory issue, that must be faced in its many sidedness. The average jobless rate in Italy is about the 10.6 (statistics by Caritas, 2001), much lower in the North East and much higher in the South and isles. This is the reason why many workers move from the South to the North of the country. Such mobility is three times as high among foreign migrants as among Italian workers. According to the data of the Ministry of Internal Affairs updated to the 31st December 2000, by that time the 10.7% of foreigners living in Italy for working reasons were looking for a job (the percentage was lower for women, as they are more easily employed as home helps). Migrant and Italian workers assume complementary roles: migrants often accept jobs that Italians are no longer willing to perform (because they require a lower qualification or more flexibility, mobility and precariousness). Foreign workers who move to Italy must expect a different standard of life in Italy than in their mother countries, in terms of income (but also of security, freedom of choice, access to services); this happens, indeed, because the salaries are higher in Italy than in the countries of origin. But we must also consider the fact that in Italy the cost of living is quite high: a carer's salary, 600-800 euros, is not sufficient for her to send money to her relatives (except in the case the family she works for provides board and lodging), because of the high costs of renting a house and using the services in Italy. The cost of living is, in short, too high to guarantee a good quality of life.

No specific qualifications are requested to work as a carer: employers choose their employees on the basis of personal qualities, intuition, good will, readiness to face events of everyday life –even unexpected ones -, and a carer is requested to organize the body of necessary skills to perform her tasks “in the field”, directly at the patient’s home. In several Italian regions initiatives are now being taken to offer an adequate training. Foreign carers are usually experienced in the care of elderly and sick persons, and they use their experience to perform their tasks; nevertheless, training assumes a crucial importance in order to learn Italian as a pre-condition to enter a wider labour market (elderly homes, cooperatives of assistance etc.), to acquire new skills and to be supervised, so that they can make their ideas clearer about their role and feelings linked with the task of caring. Some regions are adding to the courses of preparation for socio-medical workers an educational module, which certifies the skills of home help, support and accompaniment for the family and the person. This module is precisely dedicated to the training of recognized home helps (Emilia Romagna; Piemonte); other regions have started off courses for carers (Campania, Lazio). Similar initiatives have been taken by several Italian cities, and are increasingly spreading. Universities too are establishing educational projects in this field. The access to courses is usually depending on some prerequisites: a regular residence permit, a previous experience in similar tasks, junior secondary school qualification (diploma), and competent knowledge of Italian. Admission to courses usually follows a selection intended to check the prerequisites and, in some cases, the motivation. Many of these courses are for free or for a very little fee, especially those established by local authorities and by voluntary associations and parishes; other courses, established by private structures, may request a more or less considerable fee; others request only an enrolment fee and the purchase of textbooks. Finally, some courses provide allowances for attendance or partial reimbursements to students.

2.4 Labour market demands

Among the workers in this field, trained nurses are hardest to find. Firms are looking for nearly 3,000 trained nurses among non-EU migrants, and in the 88.4% of cases the recruitment is deemed as difficult (October 2004). One of the changes introduced by the Bossi-Fini act (189/2002) was the insertion of the category of the nurses among the recruitments open all year round regardless of quotas. In order to recruit a foreign nurse, a health institution, be it a public or private one, must apply to the Provincial Labour Bureau, and later (when it will be in operation) to the bureau for immigration at the Prefecture –

Local Bureau. The authorization to work will be granted only further to the acknowledgement of the educational qualification achieved abroad. Before starting to work, the immigrant will have to be put on the professional roll and to pass an exam of Italian language and knowledge of the ethical rules of the profession.

Surveys carried out in Italy, as well as Italian cultural tradition, indicate that the activity of “caring” is traditionally entrusted to women. Researches on the national territory show that the 99% of carers are women and that families seek female workers to tend to their relatives.

Only a few years ago, carers were a pale memory of a long gone past when wealthy families hired servants and maids to perform everyday tasks and duties. What is the reason for this dramatic change? Indeed, the massive immigration over the last few years has greatly contributed to it. The increasing labour supply has lowered the costs making it accessible to families of medium and upper-medium income. But the public policies have played a role as well: not only because of the insufficient investments on public services (in which we remain last in Europe), but also because of the insistence on programmes of allowances and economic subsidies to families to make them provide by themselves the care services needed by elderly people. Such allocations of money are carried out without any sort of check upon the families and their care skills, or upon the use they make of it; and, although established to enhance the citizens’ freedom of choice, such measures (among which the accompaniment allowance, which transfers 500 billion euros a year to families with disabled persons) have ended up nourishing the black market, encouraging the demand for migrant carers by families unable to find different solutions, and preventing all forms of regularization.

When faced with the *défaillances* of public assistance, Italian families have acted like entrepreneurs, turning to international labour market providing low-cost supplies. The result is a new situation where the private sector replaces the public sector and where the demand by families including aged persons meets the supply of migrants most of which come from East Europe. Moreover, according to a 2003 report by CNEL, only the 2.8% of the Italian aged is cared for at home; the percentage is twice as high in France and three times as high in Germany. Less than the 8% out of 2.8 millions aged people, a very low percentage, turns to elderly homes and health-assistance institutions. Italians don’t like ending up in an elderly home, like Scandinavians and Californians. Although the over-65’s have greatly increased, over the last ten years the number of those who went to live in that

kind of structures has not grown. ISTAT data updated to 2001 show a paradox: nearly 50,000 out of the available 273,000 beds have not been occupied. The explanation to this inconsistency is that the few well qualified structures are besieged and have very long waiting lists, while all the remaining ones are seen as “parking places for old people” and sometimes as perfect places of social isolation. High prices play a role in this widespread mistrust: the admission to an elderly home costs up to 1500-2000 euros a month, while a carer costs about 700-900 euros.

How many carers are there in Italy? All the surveys tend to aggregate home helps (maids) and carers as one subject. According to the three confederate trade unions, there are 1,5 millions, but maybe this is an over esteem. Statistics about immigrant legalization elaborated by the Caritas on the basis of data by the Ministry of Internal Affairs indicate an inflow of 341,000 home helps (maids) and carers in 2003, twice as many as there were only three years before. All carers, both migrants and Italians, both regular and irregular workers, are supposedly no more than 500,000. The higher density is in Lombardia, Lazio, Emilia and Veneto. Half of the effect of the act of amnesty provided for in the Bossi-Fini was to regularize home helps (maids and carers) and new nurses. According to a research by Alessandro Castegnaro, who teaches Social Politics at the University of Padova, the inflow of carers in Italy results in high savings for the public welfare. For instance, in 2001 the stay of an non self-sufficient aged person in an elderly home costed 27 millions liras to the Region Veneto and 36 millions to families: thus, since 15-20,000 aged people are assisted by carers, the “virtual” saving for public regional finance is about 350 billions liras a year.

The research carried out by Fondazione Andolfi/CNEL took as a sample 400 migrant women 300 of which coming from Philippines, Peru, Poland, and 100 from Eritrea, Ethiopia, Somalia and Cabo Verde. Those from the former Italian colonies immigrated first, then came those from Philippines and South America and finally those from Eastern Europe. The 21.7% is under 30, while the 15.8% is over 51: the average age is quite high. Among the reasons why they decided to come to Italy there is that of being able to choose their own lifestyle, to leave a “pre-written” life behind, to attend school, to achieve the same rights as men. Nevertheless, they work mainly for economic reasons (73.3%), and accept hierarchically “low” jobs despite their high education (46.4% of them have a diploma of secondary school, 21.7% a degree). In their countries of origin they often had a better job - as employees or professionals -, but with a much worse salary. In the 68% of

cases, there is a strong will to help their families and children (altruistic motivation), but the remaining 32%, a considerable percentage, have a strong urge to seek a better life for themselves (individualistic motivation). Indeed, the significance of the economic side of their work doesn't prevent them from giving importance to the affection for people tended to (nearly a third of answers). The 25% of women didn't have a residence permit and resorted to the amnesty provided for by the Bossi-Fini (closed on the 11th November 2002). The type of job performed in the employer families often depends on the country of origin.

Tasks performed (2003)

Home help	35,7	Higher occurrence: Eritreans 38,8%, Filipinos 43,6%
Cares to the aged	26,1	Higher occurrence: Ethiopians 41,7%, Somali 47,4%
Baby sitting	9,0	Higher occurrence: Ethiopians 16,7%
General tasks	29,2	Higher occurrence: Filipinos 40,6%, Caboverdians 68,0%

Source: Dossier Statistico Immigrazione Caritas/Migrantes. Indagine Fondazione Andolfi/CNEL

2.5 Notification, accreditation and recognition of training and their effects on training and job opportunities and choice.

The educational curriculum for nursing includes several stages, every one of which is certified through a system of educational credits.

Degree in Nursing (Laurea in Infermieristica, L) Its goal is to guarantee the student an adequate mastering of general scientific methods and contents (180 Cfu. 1 credit = 30 hours). This is the degree qualifying for the practice of the profession (it replaces the former diplomas of Trained Nurse and university diploma in Nursing Sciences). It usually lasts three years.

Specialistic degree in Nursing Sciences (Laurea specialistica in Scienze infermieristiche, LS) Its goal is to provide an advanced education for the practice of highly complex tasks (120 Cfu). It usually lasts two years.

First level master course In-depth scientific study of high continuing education in specific fields (emergency, pediatrics, mental health, public health), which follows the achievement of the degree in Nursing (60 Cfu).

Second level master course Courses of in-depth scientific study and high continuing education in specific fields, which follows the achievement of the specialistic degree (60 Cfu).

PhD It provides the necessary skills to practice research and high-level activities in Universities and private institutions.

Who is entitled to the post-degree basic educational curriculum All nurses with a recognized degree in Nursing are qualified for the post-degree basic educational curriculum, but this right was extended to all other nurses and pediatric nurses (having a secondary school diploma) by act 1/2002 which recognizes the former diplomas as valid in order to continue studies.

Italian State recognizes the possibility for non-EU citizens who move to Italy, both for short and long periods of time, to practice a profession in the health field, provided that they have certain requirements. The regulations in force in this matter are:

ACT 189/2002 - Law of provisions on immigration (and subsequent amendments)
Academic and professional qualifications achieved in a non-EU country are not recognized in Italy for the practice of the profession. They can nevertheless be recognized by the Ministry of Health for working in the public health system, further to the filling of a special form, which also indicates the certificates to be submitted.

At a local level, Regions define benchmarks for socio-medical professionals to be trained, and to whom a regional qualification is recognized.

Region Toscana is particularly active in vocational training for the socio-medical field: it delivers several training courses meant to create specific professionals for this sector. The main professional profiles are:

Home help (social services sector) The home help is able to help in the everyday activities fragile aged persons, disabled persons, temporarily or permanently non self-sufficient persons, and can live at the patient's home, or work part-time. His/her role is to facilitate or completely perform tasks of cleaning, both of the house and of the person, of preparation of meals, of surveillance and company keeping. Requirements are: being 18 or over, having finished compulsory school, having a residence permit (in the case of foreigners). Labour outlets are: working for families including elderly or disabled persons, chronic or temporary patients, people who are in the impossibility to perform everyday activities of house and personal care; self-employment or contract for home helping in one

or more families, in cohabitation or part-time. The course lasts 300 hours (100/120 hours of lessons – 180/200 of training, or three months at the patients' home under monitoring).

Operator for basic assistance The operator for basic assistance to the person, mainly performs direct assistance and care in the patient's environment, be it a private home or in a residential care. He/she works in cooperation with social services in order to favour the patient's self-sufficiency and auto determination. He/she can face particular situations of necessity through a widespread presence on the territory, preventing persons in need and their families from having problems, and at the same time avoiding overcrowding and unsuitable use of health and hospital structures. He/she works in public and private and/or accredited institutions, as a member of social cooperatives or autonomously. Requirements are: having a junior secondary school diploma and being of age by the 31st December of the year of beginning of the course; having a healthy and sound physical constitution, certified according to the regulations in force since no longer than three months. Labour outlets are: services of home assistance; health and assistance structures; social cooperatives; daytime centres. The course lasts 600 hours.

Cultural and linguistic mediator for migrants The cultural mediator for non-EU minority ethnic groups is a professional person belonging to a migrant community whose intervention in specific situations can identify particular needs of non-EU persons and make them clear, as well as negotiate services by the public services and operators, triggering communication and changing contents and ways of approach. He/she works as an intermediation with the first-contact public services. Requirements are: qualification equivalent to secondary school diploma or university degree; good knowledge of written and spoken Italian; good knowledge of at least one lingua franca (English or French). Professional outlets are: first-contact public service, social and health service; school and educational service; judicial service. The course lasts 450 hours.

Socio-medical operator The socio-medical operator, after having achieved the qualification certificate after a specific professional training, works in order to:

- a. satisfy the primary needs of the patient, in the fields of his/her competence, in both the social and the health context;
- b. favour the patient's well-being and self-sufficiency

The socio-medical operator works in all social and health services, both of socio-assistential and socio-medical type, both residential and semi-residential. His/her activities are dedicated to the persons and the environment they live in and are in particular:

- a. direct assistance and home or hotel help;
- b. hygienic-medical and social interventions;
- c. managerial, organizational and educational support.

The requirements for admission to the new training courses are: having the diploma of compulsory school and being seventeen or over at the time of enrolment. Teaching is structured in modules and subject areas and includes the following educational modules:

- a. a basic module;
- b. a professionalizing module;
- c. an optional additional thematic module.

The training courses for socio-medical operators can last up to eighteen months, with no less than 1000 hours, articulated in educational modules. All courses include a guided training in the structures and services involved. The regional councils quantify the educational credits to be attributed to former qualifications and services for achieving the qualification for this professional profile and provide for compensatory measures in those cases when former education is deemed as insufficient, be it in its health or social part.

Main activities of the socio-medical operator:

- 1 direct assistance and home or hotel help
2. hygienic-medical and social interventions
3. managerial, organizational and educational support.

PART II – Empirical Study

Introduction

The second part of the present report is an empirical study based both on an analysis of the data collected by the secondary research and on the processing of the data obtained in qualitative interviews.

The interviews were carried out following a format for the semi-structured interview created for each group of interviewees. The qualitative interview was carried out with the representatives of the following categories:

- Immigrant women working in the nursing sector (6).
- Immigrant women currently attending a training course in the health field (4).
- Immigrant women who have interrupted a training course (1)
and/or
- Immigrant women who wish to attend a training course in the health field (2)
- Directors, political officials or senior trainers in professional and educational institutions that are involved in training in the health sector (3)
- Directors, head nurses or directors in a health institution (hospitals, geriatric institutions, nursing homes) (2)
- Political representatives in charge of professional training (local authorities, universities) (2)
- Union representatives (1)

The interviews were carried out in two Italian regions, Lazio and Tuscany, sponsored by the associations UniTS, A.N.P.A.S. and ADBI, Italian partners in the project. In total 21 people were interviewed.

The analysis of the qualitative interviews tried to answer the following questions:

- 1) What are the differences found by immigrant women who wish to work in the social/care sector?
- 2) What answers are given by the subjects concerned
- 3) What suggestions and recommendations should be taken into account in the drawing up phase of the training curriculum

Enclosed is the guide to the semi-structured interview drawn up for each category interviewed.

1. What challenges and problems face migrant women who wish to work in the care field?

1.1 The point of view of immigrant women

From the interviews carried out with some immigrant women, currently employed in the health sector in Tuscany, it emerged that they met with various difficulties during training courses. Above all, the problem of dividing up their own time between work and study.

It is clear that what most interests the women concerned is having a job. But it is equally clear that a specific, complete training enables them to enter the job market more easily, being in possession of a better qualification.

The women all agree that it is difficult to reconcile the demands of work with those of training courses, but they are equally aware of the importance of such courses and the relative qualification.

As far as language difficulties are concerned, only one of the interviewees stated that she had had difficulties at the beginning of the course, the others made no mention of such difficulties. One of the four interviewees, on the other hand, found some difficulty in understanding the legal terminology used during the training course.

Finally, only one interviewee said that she had noticed veiled racism among her fellow trainees.

In general, what the immigrant women had to cope with, when they began to work in the health sector, is the high level of responsibility involved in this kind of work. Coming in contact with old people and patients needing care is an arduous challenge, which can only be borne if there is a strong underlying motivation. Moreover, if one is a foreigner it is not always easy to find an old person happy and willing to accept a new presence in the home.

Two of the interviewees stated that work like that in the care field did not exist in their country of origin. For this reason, the expectations that had been created while working in

the health sector were completely different. Nevertheless, they continued to work in care because the wish prevailed in them to continue in their chosen direction, animated also by the personal satisfaction that such work offers them.

One interviewee stated that she had a natural predisposition for this kind of work and had already begun doing such work in her country of origin.

For another interviewee, the approach to the health sector had been different. At first it had been experienced negatively, given the large number of old people present where she worked. Subsequently the woman had become aware that she found satisfaction in helping people in difficulty.

Many women, who work or intend to work in the health sector in Lazio, wish to attend a training course so that they can retrain or requalify.

The main concerns are, however, not being able to complete the course because they are not able to bear the costs involved in a period of training and because of the difficulty of reconciling study and work, since for most of these women it would be impossible to dedicate themselves to training without having a job that provides them with an adequate income.

Another worry is that they will not find work at the end of the course. For those women who are already working, but would like to qualify, the worry becomes that of not finding a more qualified job.

In such cases, the doubt arises over whether it is worth investing in a training course, in that it requires a considerable commitment in terms of time (hours of study in the classroom, laboratory or at home, reduction in the number of working hours with a resulting decrease in pay, for the women already working, etc.), economically (costs of transport, food and didactic materials) and personally (mental and physical commitment, adaptation to the hours, to the culture and the language, recommencing training after a long period, etc.).

For those women who, despite the difficulties and doubts, decide to dedicate themselves to a course of training, the essential prerequisites that would enable them to finish the course successfully are the breadth of the subjects studied, the organization (capable teachers, logical sequence of the topics studied, etc.), the flexibility of the timetable, the fact that the courses are free or the possibility of obtaining grants.

In any case, there were various suggestions for perfecting and adapting training courses to the needs of immigrant women. Two important suggestions were: to dedicate a module to the study of psychology indicated by the women as an indispensable topic, to provide the students with a technical/practical foundation, not just theoretical. It is also essential that the teachers have a high level of knowledge of the problems facing immigrants.

Once a training course has begun, the challenge to be faced is that of completing the course successfully and satisfactorily. For this to be possible, the necessary conditions must exist, especially when it concerns immigrant women, because of the problems we saw above.

It is not uncommon for a woman beginning a period of training to give it up after a certain period of time. Although there is the strong motivation and will to qualify in the field, the difficulties mentioned often mean that the course is interrupted, to the detriment not only of the woman, but of the institutions responsible for training and for financing the course, the objective i.e. the qualification for purposes of work is not achieved.

The interruption of the course generally occurs because it becomes impossible on the part of the woman – who normally works – to reconcile hours of work with the hours of the course, a problem we came across frequently.

These women would have continued the course, if there had been greater timetable flexibility. It has to be taken into account that these women have family (many have started families) and working lives (in many cases, in home care).

According to the women who interrupted a training course, not only practical and technical, but also psychological, knowledge are of fundamental importance in training for the health sector.

The reason why the women attend a course in the health sector is, as we have seen, to obtain a qualification that will enable them to find a more secure and qualified job at the end of the training.

The wish to leave impermanent work, in these cases, enables them to overcome the difficulties: too many hours of study and times that conflict with those of work.

Normally, as can be seen, the difficulties of the training course are of an organizational nature. Indeed, the women who in some way succeeded in overcoming such problems (hours, investment, etc.) proved to be quite satisfied with the content of the course.

Considering the large number of immigrants involved in this sector, all the women agreed that a cultural mediation module should be included in the training courses.

One interesting datum regarding women who already work in the nursing sector in Lazio, is that the majority acquired their present skills in their country of origin, while a small part were trained in Italy, through courses in home care.

The motivation for working in this sector is nearly always a vocation to or pleasure in helping others. In this sense, the work answers to expectations, yet much more could be done if suitable conditions existed.

The difficulties of the work are indeed numerous: low pay, excessively long shifts and lack of psychological support.

On the other hand, there is normally no difficulty in gaining access to training courses in Italy – for example, retraining courses. There can however be difficulties regarding the recognition of a qualification obtained abroad.

Training proves to be a fundamental factor in the lives of these women, without which it would not have been possible for them to enter the world of work. Training also contributes to cultural integration and to knowledge of the difficulties inherent in the sector.

As for the conditions rendering the training period useful, it is believed that practice and communication are factors of considerable importance.

The needs expressed by women working in the nursing sector are: participation in retraining courses, exchange of experiences with other work contexts and psychological support.

In consideration of the large number of immigrants involved in this sector, all the women agree on including a cultural mediation module in the training courses, emphasizing the importance of the participation above all of workers in the field of Italian origin.

1.2. The point of view of political representatives

The current training opportunities in the health field, from the point of view of professional training, recognized by the regions of Lazio and Tuscany (OSA – Social and Care Worker and OSS – Social and Health Worker) qualifies the work carried out in this sector. Those obtaining such qualifications immediately enter the job market. In the Tuscan Region there is a strong synergy between the promoters of training and the institutions providing the

services (hospitals, nursing homes, cooperatives and associations), making possible immediate access to the work world.

According to the political representatives interviewed, one great and at the moment insuperable difficulty is the recognition of qualifications obtained abroad. This imposes an administrative limit on the enrolment of immigrant women in higher training courses (nursing courses).

A pre-qualifying course in the social and health services sector would be welcomed, if it contributed to overcoming the administrative barriers to recognition of qualifications and curricula and facilitated enrolment in higher training courses.

1.3. The point of view of the training institutions

According to the training institutions, the greatest difficulties met by foreign students are knowledge of the Italian language, spoken and written, and recognition of qualifications obtained abroad. Most of the immigrants obtained in their country of origin a qualification superior to that recognized in Italy.

Another challenge that immigrants have to face when they take part in these training courses is to find a real motivation for what will be their future work. The institutions maintain that sometimes the necessary motivation is lacking for performing the role of assistant, since the priority still remains pay, interest taking second place.

This way of thinking, according to the interviewees, constitutes a barrier to participation in such courses. For this reason, the prerequisites required by the training institutions for admission to the courses, are not of a curricular nature, but mainly motivational. They require enthusiasm, the perception of the course as an opportunity for work, stability, interest, social skills, awareness of the role they will perform.

Other barriers were pointed out by the institutions: in addition to the lack of real motivation on the part of immigrants, the latter are not fully aware of the professional opportunities offered by the training course.

Finally, many students are people over thirty years of age and therefore no longer used to studying. It is therefore difficult for them to understand that the job of basic assistants also requires basic theory and technical terminology.

None of the institutions interviewed stated that immigrant women were given priority in permanent education or continuous learning. In general, there is equality of access to the

courses between men and women. Finally, the institutions interviewed believe it would be useful to include notions of intercultural communication in the training courses.

1.4. The point of view of the institutions providing the services

The institutions providing the services stated in the interviews that in general the present skills of the professionals that work in the health sector correspond to the needs of the customers. The skills required regard the ability to work in a group, helpfulness, strong motivation, and professionalism.

As for the challenges that these professionals have to face in the work place, the one most strongly felt is collaboration within the group and sharing of ideals. In second place is the achievement of an optimisation of diagnoses and the care of the patients.

The institutions interviewed claim that there are equal opportunities for Italian and foreign students. Some foreign nurses, but with a higher level of previous training, have become head nurses after attending a training course in Italy. Indeed, the importance of training courses above all for nurses is emphasized, given that there is a decline in the nursing profession in Italy. The institutions interviewed would be favourable to the inclusion in the training course of modules on intercultural communication.

1.5. The point of view of the unions

According to union experience, Italian and foreign workers have equal opportunities in some sectors, such as computer scientists, nurses and other specialised professions, while in all the other professions there are no specific policies regarding equal opportunities of access to the job market. This situation does not facilitate the employment of immigrant women.

Immigrant women who wish to attend a course of professional training have no privileged channel and often have to make considerable sacrifices, above all if head of the family, in order to train. Nonetheless, for some years now immigrant women have understood that only education and training can give them social mobility and consequently a change of job and improvement of their conditions of work and income.

According to union representatives, intercultural communication should be included in all the training courses, given that the immigrants that reside permanently in Italy increase in number every year and every professional comes into contact with them, whether in banks or schools or public services or the health service.

2 Conclusions

Women are interested in training courses because they represent the possibility of progressing in their careers or of starting a secure job.

The reasons, although they can vary from person to person, converge on a better quality of life, represented by the abandonment of an insecure working and economic situation.

Training proves in these cases to be a way out, which should however correspond to their expectations, i.e. offer the real possibility to women who undertake this commitment to find a job suited to the studies they have completed.

Unfortunately the reality shows that everyday difficulties often prevent the completion of training.

Some courses are not free, others, although financed by local authorities, do not have hours that are suited to the needs of the students. It should be remembered, among other things, that a course, even if it is free, involves certain costs, such as transport, food and didactic materials.

If we analyse such factors in the light of the requirements of immigrant women, we can see clearly that there are some fundamental difficulties that prevent these people achieving the goals they have set themselves.

It is obvious that most of the women who work in the health service - home care, nursing, etc. are not able to dedicate the necessary time and the necessary resources to a training course, reconciling work and study.

If they cannot leave work or reduce the hours of work, training becomes impossible. Many women, moreover, work illegally as home helps with no guarantee of the right to utilize 40 hours a year –as do public service employees – to dedicate to permanent training. Why therefore should an immigrant woman risk her job or in any case risk investing her money and time in a course that perhaps she will not be able to complete? And if she should complete it, after 400, 600 or one thousand hours of study, what guarantee is there that this woman will find a job?

It is certainly not easy to provide an answer. We can, however, say that until there is collaboration between the public sector – local authorities, educational institutions, etc. – and the private sphere – families that avail themselves of home care – the situation will continue to be precarious for women working there.

Moreover, if public and private institutions in Italy want to help to resolve some of the problems of immigrants – such as the question of women in the care sector – it will be necessary to begin to think and to feel as immigrants often feel: rejected by society of which they want to feel part, with considerable problems of cultural adaptation and marginalization at work.

Immigrant women, with their differences and their difficulties, want to have the same opportunities as Italians to work and live with dignity.

3 Recommendations for the framing of the training curriculum

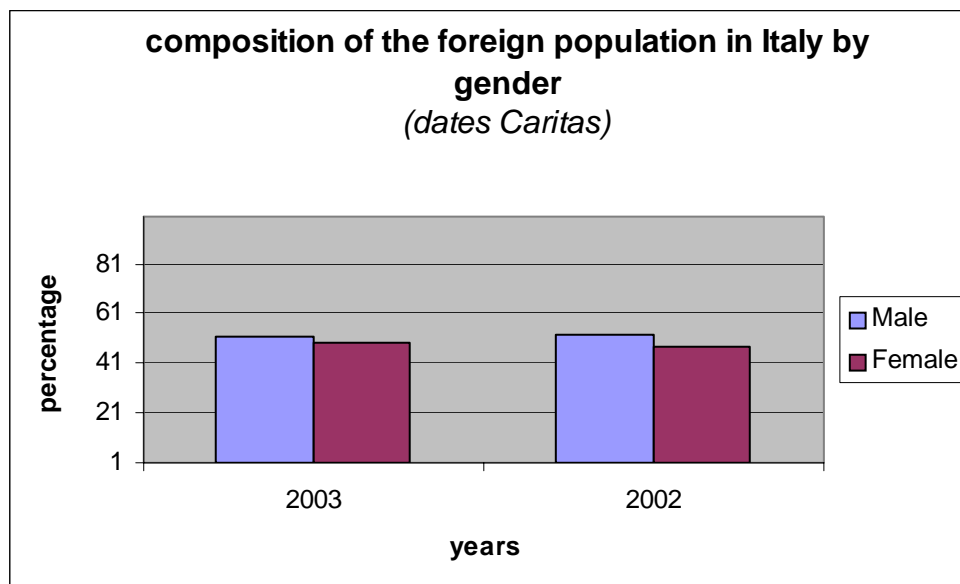
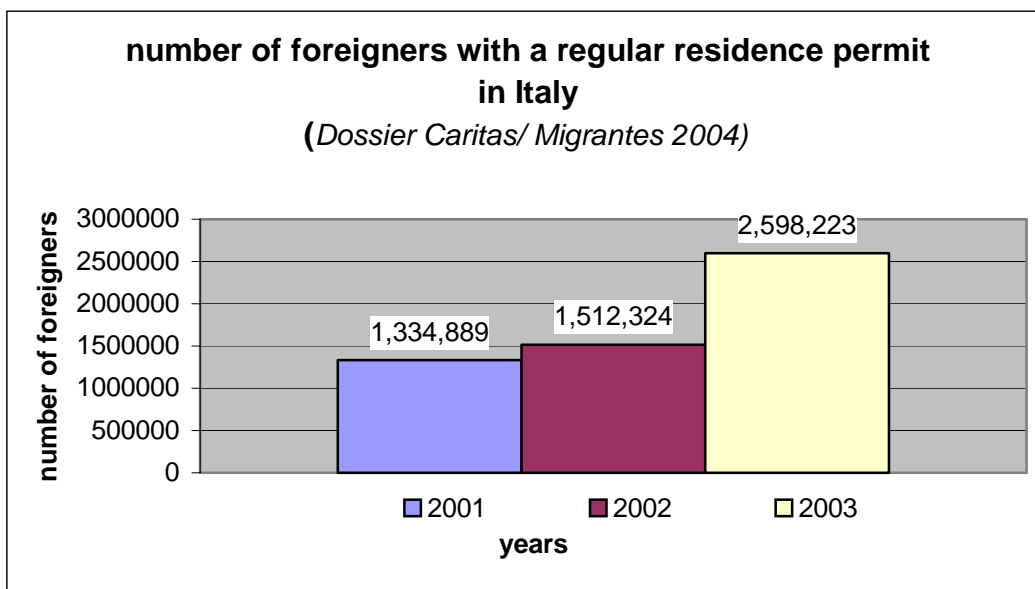
It being understood that the institution concerned will recognize the new training curriculum, both in terms of professional qualification and of training credits giving access to higher qualifications, the recommendations received from the interviewees can be summarized as follows:

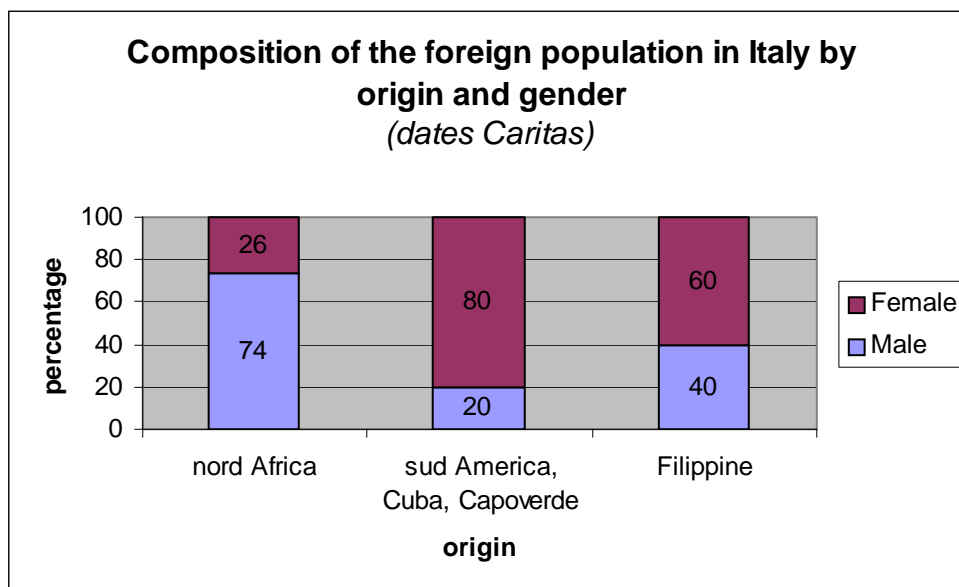
- ❖ the training curriculum must be conceived in a flexible manner, so as to be suited to the needs of women, reconciling therefore study with work and family life;
- ❖ there must be a balance between theory and practice in the training curriculum;
- ❖ the training curriculum must provide a language course on the terminology used in the sector and an introduction to the administrative structure of the social and health services;
- ❖ the training curriculum must provide orientation for future professional opportunities, describing the roles and duties of the professional functions existing in the sector;
- ❖ the training curriculum must provide elements of intercultural communication and also of psychology to facilitate better interaction with customers using the services as well as with colleagues and Italian society in general.

Finally, for the course to be successful, it is hoped that the participants will receive an economic contribution, in the form of a grant or refund of costs.

ANNEXES

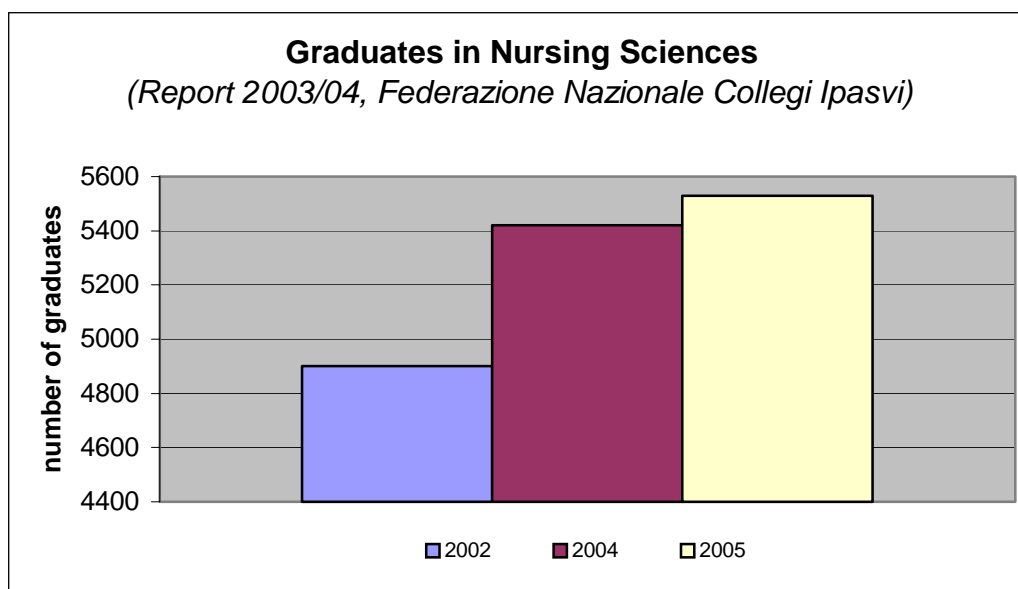
1 Statistics and data

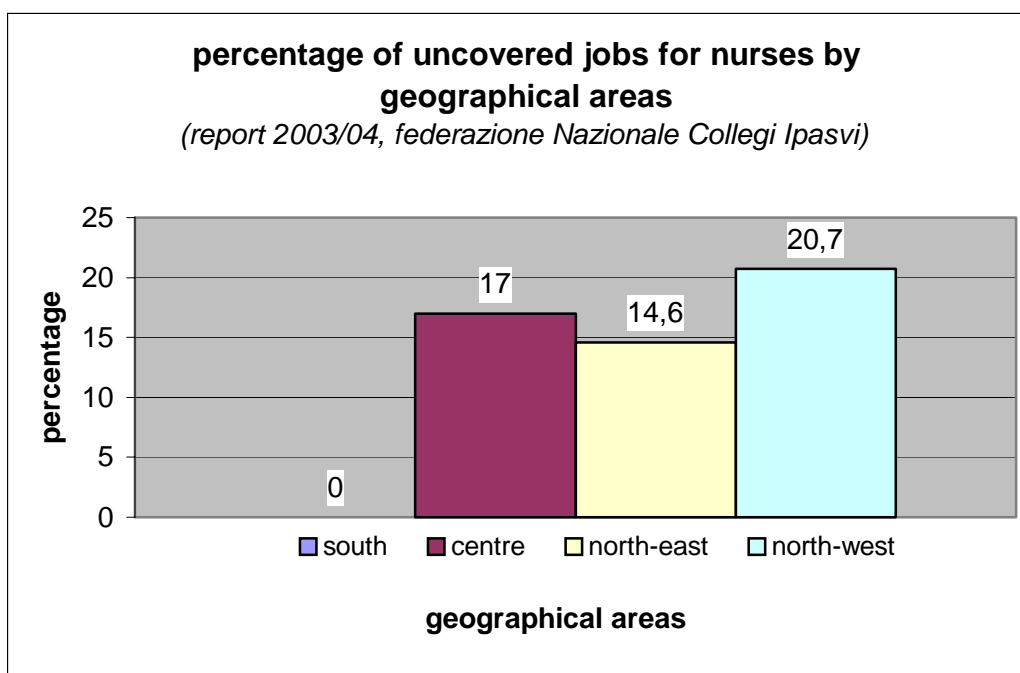
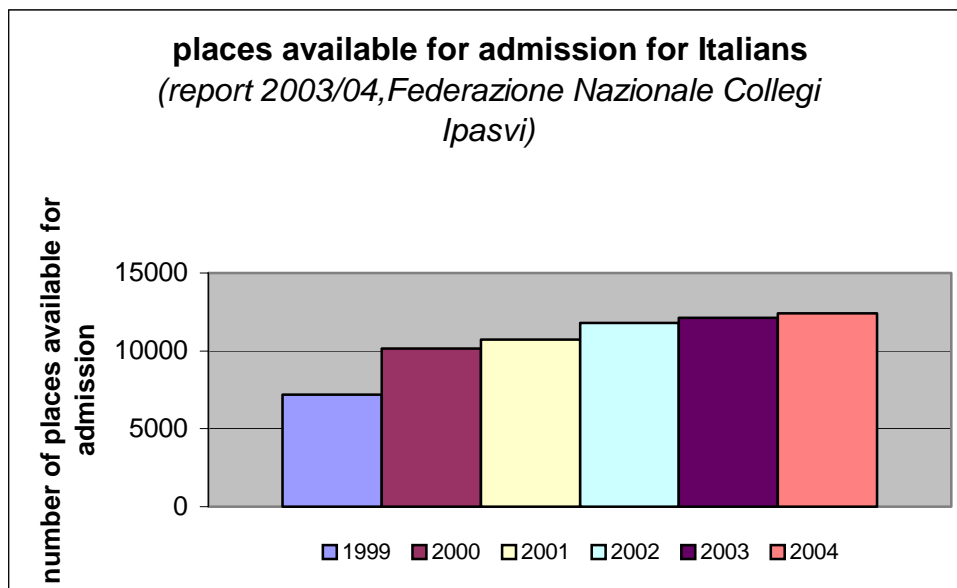


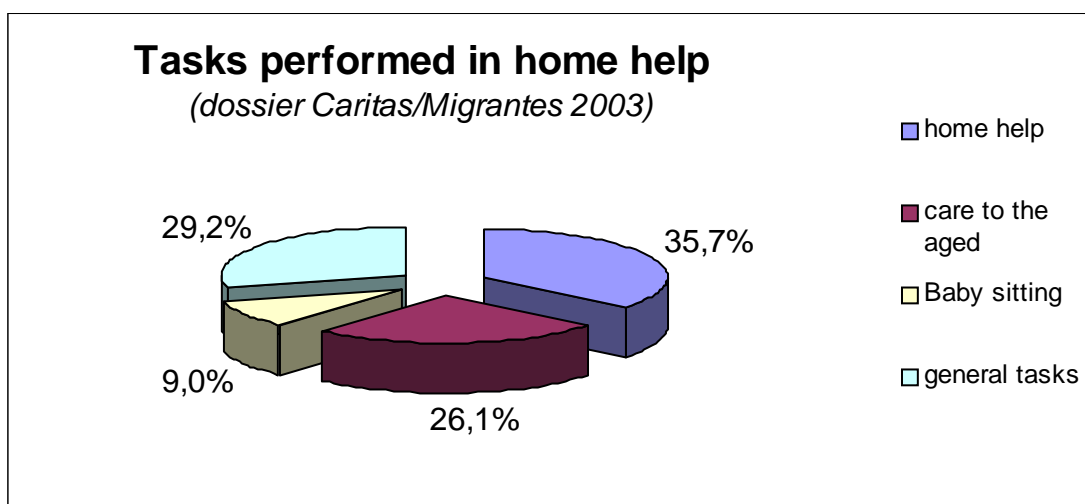
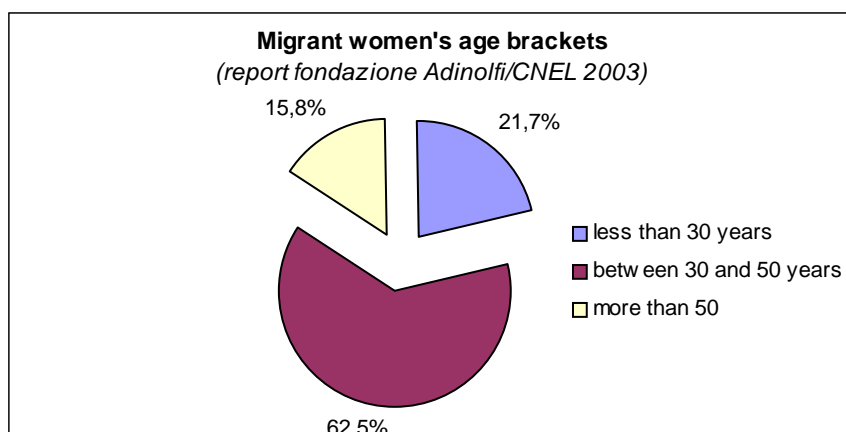
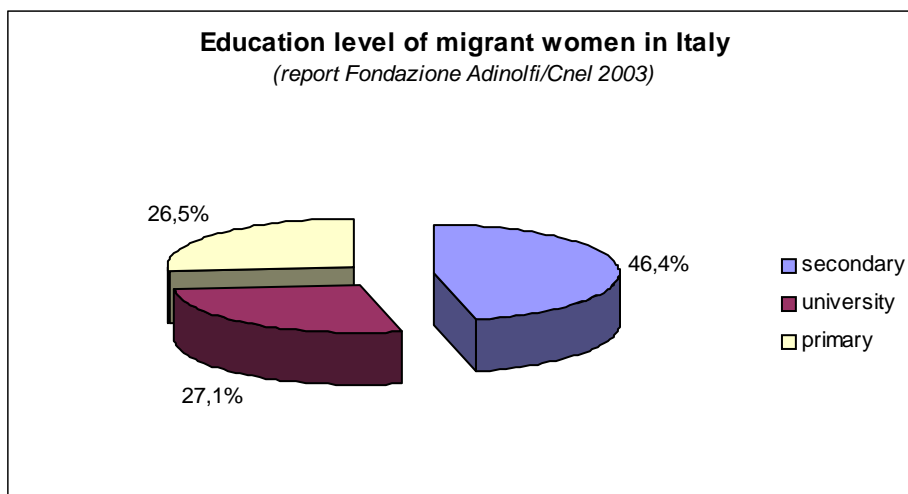


Different classifications of the migratory project
(survey Istat multiscopo 2003)

Different migratory projects	Percentage
Women migrating to reunite to their families	15/25%
Women having an independent project arriving in a moment of personal crisis	75/85%







2 Interview Guidelines



Education and Culture

Leonardo da Vinci

PRE-QUALIFICATION FOR MIGRANT WOMEN IN THE HEALTH SECTOR

Interview Guide

Introduction

The qualitative interview is one of the methods we will use to compile the study on the labour demands in the health sector. The study has the final objective to find out the reasons for migrant women to drop out training in the health sector in the countries participating in the Leonardo project.

We propose you to use a semi-structured interview.

The qualitative interview shall be carried out with representatives from the following categories:

- Migrant women in the nursing field
- Migrant women who are currently attending a training course in the health sector
- Migrant women who have dropped out a training course

and/or

- Migrant women wishing to attend a training course in the health sector
- Directors, decision makers or senior trainers in educational/vocational institutions delivering training in the health sector
 - Directors, head nurses or management in a health care institution (hospitals, elderly homes, home care,...)
 - Policy makers on vocational training (Regional and local government, universities, etc..)
 - Representatives of the trade unions.

While doing the qualitative interviews, we recommend you to follow the practical indications listed here below:

- 1) We advise you to interview 1-3 persons per category. The number of interviewees relates to your internal capacity, in terms of manpower, to carry them out. Of course, the more interviews, the more material we have to work on and to make comparisons with.
- 2) Make sure as far as possible that the interview takes place in a setting that is quiet and private.
- 3) Try to use a language that is comprehensible and relevant to the people you are interviewing.
- 4) Your questions should be short and precise. The quality of the answers you receive is based on the assumption that the interviewee clearly understands the intent of the questions you pose.
- 5) Ask only one question at a time and allow silence and pauses to signal that you want to give the interviewee the opportunity to reflect and amplify an answer.

- 6) After the interview, make your own notes about how the interview went, where the interview took place and the setting, any other feelings about the interview. These notes might help you in elaborating the interview results.
- 7) Please decide accordingly to your country regulation if the interview should be anonymous or not. If you decide for the anonymous interview, we recommend you to collect some data for statistical purposes: age, gender, position and function in the institution, number of years involved in the institutions, country of origin, marital status, children, etc.

Interview guide

The following interview guides will help you in conducting the interview with the different target groups. The semi-structured interview allows you certain flexibility during the interview process. Questions may not follow on exactly in the way outlined on the schedule. Questions that are not included in the guide may be asked as they pick up on things said by the interviewees. But, by and large, all of the questions will be asked and a similar wording will be used from interviewee to interviewee.

Recommendations for the interview guidelines concerning:

Policy makers

Please, interview policy makers on vocational training (Regional and local government, universities, etc..)

Warm-up questions:

- 1) Presentation of interviewer (role, function etc.)
- 2) Introduction to Leonardo project specifying objectives and activities. The following key points should be made clear to the interviewee:
 - i) the data obtained from the interview will be strictly confidential;
 - ii) the data obtained will only be used for the purpose of this study.

Interview questions:

- 3) Which are the vocational training opportunities in the health and care sector that you recognise?
Please, specify the level of education (secondary level, university level, professional courses, specializations etc.)
- 4) Do you believe that your training strategy in the health and care sector is fully answering the services demands and the employment opportunities?
- 5) Given the prerequisites fixed and the high percentage of migrant women involved in the sector, would you support the implementation of a pre-qualification training course for migrant women? If yes, to what extend? (Financing, recognition, standard pre-qualification, etc...)
- 6) Considering the high number of migrant persons in the country, what do you think about the possibility to include in all vocational training courses at least a module on cultural mediation and intercultural communication?

- 7) Considering the high number of migrant women involved in health and care sector, how would you improve their participation in the vocational training system?

Training institution

Please, interview directors, decision makers or senior trainers in educational/vocational institutions delivering training in the health sector.

Warm-up questions:

- 1) Presentation of interviewer (role, function etc.)
- 2) Introduction to Leonardo project specifying objectives and activities. The following key points should be made clear to the interviewee:
 - i) the data obtained from the interview will be strictly confidential;
 - ii) the data obtained will only be used for the purpose of this study.

Interview questions:

- 3) Information about their training courses (length, content, number of student per course, etc.)
- 4) To what extent does the issue of migration play a role in the content of the current curriculum?
- 5) Which topics in the curriculum do you think are key to working in this field?
- 6) Which prerequisites (personal, knowledge, etc.) do you think provide an advantage to students in completing the training course successfully?
- 7) Which language-oriented requirements do applicants /apprentices have to fulfil in order to work in this sector?
- 8) What do you think are common barriers for students in completing the training course successfully? In general and for students with a migration background specifically?
- 9) Pre-qualification and pre-conditions for completing the training course successfully – which reasons for dropout could be reduced with a special pre-qualification?
- 10) Considering the concept of equal opportunities, do migrant women have “some kind of priority” when it comes to continuing education and life long learning?
- 11) In your courses do you include module on cultural mediation and intercultural communication? If yes, how many hours? Do you think it is sufficient? If not, what do you think about the possibility to include this module in the courses?

Service providers

Please, interview directors, management or head nurses in a health care institution (hospitals, elderly homes, home care)

Warm-up questions:

- 1) Presentation of interviewer (role, function etc.)
- 2) Introduction to Leonardo project specifying objectives and activities. The following key points should be made clear to the interviewee:
 - i) the data obtained from the interview will be strictly confidential;

- ii) the data obtained will only be used for the purpose of this study.

Interview questions:

- 3) Please describe the services your institution provides.
- 4) Please describe the various positions in your institution/ department with regard to qualifications, competencies and responsibilities.
- 5) According to your experience, are the current competences of your professionals corresponding to the demands of your clients?
- 6) What challenges do you think professionals are facing with in this field?
- 7) Which competencies do you think are key to working in this field?
- 8) Are there any women with a migration background currently working in the nursing field in your institution?

If so, how many and in which positions?

- 9) Do professionals with migrant background, with similar degrees and language skills, have the same chances in the labour market as a native one? If not, are there any special policies to improve the equity of chances?
- 10) Considering the high number of professionals and patients/clients with a migrant background, what do you think about the possibility to include in health and care sector vocational training courses at least a module on cultural mediation and intercultural communication?

Trade unions

Please, interview representatives of the trade unions taking care of vocational training and migrant issues.

Warm-up questions:

- 1) Presentation of interviewer (role, function etc.)
- 2) Introduction to Leonardo project specifying objectives and activities. The following key points should be made clear to the interviewee:
 - i) the data obtained from the interview will be strictly confidential;
 - ii) the data obtained will only be used for the purpose of this study.

Interview questions:

- 1) Please describe the services your office provide to migrants
- 2) Do professionals with migrant background, with similar degrees and language skills, have the same chances in the labour market as a native one? If not, are there any special policies to improve the equity of chances?
- 3) Which are the labour and continuing education policies addressed to migrants?
- 4) Given the prerequisites fixed and the high percentage of migrant women involved in the sector, would you support the implementation of a pre-qualification training course for migrant women?
- 5) Considering the concept of equal opportunities, and according to your experience, do migrant women have “some kind of priority” when it comes to continuing education and life

long learning?

- 6) Considering the high number of professionals and patients/clients with a migrant background, what do you think about the possibility to include in health and care sector vocational training courses at least a module on cultural mediation and intercultural communication?

Migrant women in the nursing field

Please, interview migrant women working as a nurse

Warm-up questions:

- 1) Presentation of interviewer (role, function etc.)
- 2) Introduction to Leonardo project specifying objectives and activities. The following key points should be made clear to the interviewee:
 - i) the data obtained from the interview will be strictly confidential;
 - ii) the data obtained will only be used for the purpose of this study.

Interview questions:

- 3) Please describe your position and responsibilities in the service.
- 4) Where and how did you acquire your competences and work experience to work in this field?
- 5) What is your motivation to work in the nursing field?
- 6) Is the work in this field what you expected it to be?
- 7) What do you think are your personal strengths for working in this field?
- 8) What do you think are some of the difficulties (in general and personal) in working in this field?
- 9) Did you find any difficulties in accessing training courses in health sector (language skills, bureaucratic aspects, etc.)?
- 10) How has your training (in this country/ in home country) contributed to your work in the nursing field?
- 11) In your opinion which conditions /things would have been helpful to make the training period easier?
- 12) What additional training, information, competences, experiences would be helpful for you?
- 13) Considering the high number of professionals and patients/clients with a migrant background, what do you think about the possibility to include in health and care sector vocational training courses at least a module on cultural mediation and intercultural communication?
- 14) Would you like to participate as a trainer in some parts of the training courses for migrants and be able to share your experience with other migrant women? If so – in which themes/issues/topics can you contribute most?

Migrant women who are currently attending a training course in the health sector

Please, interview migrant women currently attending a training course in the health sector

Warm-up questions:

- 1) Presentation of interviewer (role, function etc.)
- 2) Introduction to Leonardo project specifying objectives and activities. The following key points should be made clear to the interviewee:
 - i) the data obtained from the interview will be strictly confidential;
 - ii) the data obtained will only be used for the purpose of this study.

Interview questions:

- 3) Which are your motivations to work in the health and care field?
- 4) Do you have experience in working in the nursing field? In home country/in this country. If so, what experience do you have?
- 5) Which are your reasons to following this training course? How far are you into the training?
- 6) Up until now, has the training been what you expected it to be?
- 7) Have you experienced any difficulties in the training with regard to conditions (time, finances etc.), content, classmates, trainers, and language?
- 8) What kind of preparation and which information do you think would have been helpful in preparing you for the training?
- 9) Considering the high number of professionals and patients/clients with a migrant background, would you consider important to include in health and care sector vocational training courses at least a module on cultural mediation and intercultural communication?

Migrant women who have dropped out a training course in the health sector and /or migrant women wishing to attend a training course

Please, interview migrant women who dropped out a training course in the health sector and/or migrant women wishing to attend a training course in this area.

Warm-up questions:

- 1) Presentation of interviewer (role, function etc.)
- 2) Introduction to Leonardo project specifying objectives and activities. The following key points should be made clear to the interviewee:
 - i) the data obtained from the interview will be strictly confidential;
 - ii) the data obtained will only be used for the purpose of this study.

Interview questions:

- 3) What were your motivations to decide to follow this training to work in the nursing field?
- 4) Did you consider any other training course?
- 5) Do you have experience in working in this field? Which one?
- 6) Why did you drop out? How long did it take you to make your decision?
- 7) What would have helped you to complete the training course?
- 8) What kind of preparation and which information do you think would have been helpful in preparing you for the training?
- 9) Can you describe your daily routine – included the resources you need for learning?

and /or migrant women wishing to attend a training course

- 1) Do you have any apprehensions or worries about the training course? If so, which one?
- 2) What would help you to complete the training course successfully?
- 3) Would you suggest any changes to the actual training structure/programme/content to facilitate your participation in the training course?

3 Sources

Caritas/Migrantes, *Immigrazione: dossier statistico 2004. XIV Rapporto*, IDOS, Roma, 2004.

Caritas/Migrantes, *Immigrazione: dossier statistico 2003, XIII Rapporto*, Nuova Anterem, Roma, 2003.

- www.alef-fvg.it/immigrazione/temi/bdn/14giu2004.htm
- www.bussolasalute.com/avvertenze/badante.htm
- www.progettoarcobaleno.it/now/convegno/attico/node47.html
- www.dirittiumani.donne.aidos.it/bibl_1_temi/f_indice_per_soggetti/g1_migranti/a_donn_migr_divers_cult/h_racc_partecip_com_accogl.html
- www.donneinvista.it/ricerca.htm
- www.badantilazio.it
- www.regione.toscana.it
- www.ipasvi.it/formazione/Indagine%202003-2004.pdf
- www.accaparlante.it/cdh-bo/informazione/hp/archivio/libro
- www.stranieriinitalia.it/news/lavoratori25ott2004.htm
- www.diaconiavaldese.org/csd_informa/csd_informa_novembre_2002.pdf
- www.labitalia.com/articles/Approfondimenti/7501.html
- www.xoomer.virgilio.it/v.sossella/nursitalia.htm