



KA2 Projekt 2022-1-DE02-KA220-VET-000087682

# TRAINING ADAPTATION TOOLKIT

## A Guidance document for implementing the EU-MiCare Course in Vocational Education and Training (VET)

Redacted in September 2025 by Ethno-Medizinisches Zentrum e.V.  
under the collaboration of all project partners



**Co-funded by  
the European Union**

**Funded by the European Union.**

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



This work is licensed under a  
[Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/)  
(CC-BY-NC 4.0).

*Ethno-  
Medizinisches  
Zentrum e.V.*



**PROLEPSIS**  
INSTITUTE

**+eirmos**

**SOCIETÀ BENEFIT**  
**ZADIG**

**POLIBIENESTAR**  
UNIVERSITAT DE VALÈNCIA



Cyprus  
University of  
Technology

<b>Introduction .....</b>	<b>3</b>
<i>Background .....</i>	3
<i>Project Description and Aim.....</i>	3
<i>Target Group .....</i>	4
<i>The EU-MiCare Training in short.....</i>	5
<i>The Training Adaptation Toolkit.....</i>	5
<b>The Training Development .....</b>	<b>6</b>
<i>Step I: Conceptual framework and Co-Created Training Scheme .....</i>	6
<i>Step II: Development of the EU-MiCare Training Curriculum and Content .....</i>	8
<i>Training Curricula .....</i>	9
<i>Course Structure.....</i>	10
<i>Learning Modules .....</i>	10
<i>Learning Tools and Resources.....</i>	17
<i>Learning Modality .....</i>	18
<i>E-Learning Platform and Pilot Phase.....</i>	19
<i>Training languages.....</i>	19
<i>Learning Outcomes .....</i>	20
<i>Learning Assessment .....</i>	21
<i>Satisfaction Assessment and Participants Profile Survey.....</i>	25
<i>OER and Licenses .....</i>	25
<i>Implementation of the Training.....</i>	26
Who can be a VET trainer? .....	26
Audience and Number of Participants .....	27
Scheduling and Modality.....	27
<i>Certification and Accreditation.....</i>	28
<b>Lessons Learned.....</b>	<b>29</b>
Participants' Profile .....	29
Suggestions for Training Improvement.....	30

# Introduction

## Background

As migrant and refugee flows continue to Europe – the recent Ukrainian conflict greatly contributing to this increase – the psychosocial well-being of this population has become of critical concern not only for migrants themselves but also for host communities and health services of transit and final destination countries.

Migrants and refugees are often faced with unique and prolonged stressors and adversities during their journey and settlement in a new country. The literature establishes that their psychosocial well-being is often compromised due to prolonged trauma experienced in their country of origin, their journey, or their country of destination (WHO, 2022).

Despite increasing needs of psychological support, migrants and refugees are often underrepresented in mental health services (McDonald et al., 2021). At the same time, service providers report a lack of training opportunities that would help them deal with the needs of these populations.

EU-MiCare responds to these needs by providing an extensive and innovative training program for health professionals (and other professionals) focusing on the specific area of refugee and migrant mental health. The EU-MiCare Training offers participants with different professional backgrounds and across different countries the necessary tools to deal with migrant and refugee populations and the mental health issues they face.

## Project Description and Aim

The project "Training the EU Health Workforce to Improve Migrant and Refugee Mental Health Care (EU-MiCare)" was funded by the European Commission under the Erasmus+ Program. It had a duration of 36 months (October 2022-September 2025) and was part of the European Commission's overall strategy to improve the mental health of migrants. The EU-MiCare consortium was made up of six partners from five EU countries: Cyprus, Germany, Greece, Italy and Spain.

The overall objective of the EU-MiCare project was to improve the mental health training of professionals and volunteers who work with migrants and refugees. It aimed to address the barriers hindering access to mental health services for migrants and refugees from the perspective of healthcare providers. To do this, an extensive and innovative online training program was designed, catering to health professionals across diverse countries. This training program equips them with the skills and knowledge necessary to effectively manage the mental health challenges faced by migrant and refugee populations. In the longer term, EU-MiCare will improve service delivery for migrants and refugees, while contributing to the development of a more effective, integrated multidisciplinary approach in the provision of mental health services to this population in the consortium countries and beyond.

The main objectives of the developed training program were to:

- Enhance professional capacity to respond to the mental health needs of vulnerable migrant and refugee populations.
- Enhance partner capabilities to develop and deliver appropriate training to health professionals working with migrant and refugees experiencing psychological distress.
- Increase awareness of the relevant professional communities and organizations on the developed training.
- Raise awareness about the necessary interdisciplinary and cross-cultural collaboration.
- Increase possibilities of health professionals who work with migrants and refugees to benefit from the Erasmus+ program.
- Raise awareness among migrants and refugees, and engage them in recognizing mental health issues.

## Target Group

The training seeks to increase capacity, competency, and interdisciplinary cooperation among professionals and volunteers with diverse educational and working experiences, enhancing understanding and responsiveness to diversity. It includes different curricula, designed to adapt to learners with diverse backgrounds and previous knowledge.

The primary target groups of the EU-MiCare project were:

- ◇ Health professionals (psychologists, social workers, physicians, nurses);
- ◇ Other professionals (cultural mediators, interpreters, counselors, caregivers of unaccompanied minors) and volunteers working with migrant and refugee populations in various settings such as reception camps, NGOs, public mental health centers, hospitals, shelters for unaccompanied minors, etc.;
- ◇ Vocational Education and Training (VET) providers, developers of VET training and academic institutions (targeted to further use and advance the developed training);
- ◇ Relevant professional associations, public sector and civil society organizations active in the field of migrant/refugee health.

Secondary target groups included migrant and refugee populations (adults, children and their families, unaccompanied minors). These groups were targeted through migrant and refugee organizations for the purposes of taking into account their opinions during the design of the training.

## The EU-MiCare Training in short

The training was the result of a collaborative effort involving partners from Cyprus, Germany, Greece, Italy, and Spain. It was designed to support professionals and volunteers in their work with migrants and refugees by providing a robust framework grounded in both theory and practical applications. By exploring key psychosocial dimensions, the training aimed to deepen understanding of migration as a complex and multifaceted experience. At the time of writing, the EU-MiCare training is available in four languages (English, German, Greek, Italian and Spanish) as an e-learning course on the platform <https://learning.projectmicare.eu/>.

## The Training Adaptation Toolkit

This Training Adaptation Toolkit is directed at VET providers and other parties responsible for the continuous education of health professionals, delivering specific guidelines on how to implement the gained knowledge in their own organizations. It can be used as a guiding document by all those interested in implementing, adapting, and further developing the EU-MiCare Training.

In this Toolkit, we reconstruct the training development process, which stretched over two years, and provide recommendations on how to successfully implement the training in VET settings across the European Union and beyond. We reflect on the project experience, the continuous exchange we had with the involved health professionals and the training target groups, and report useful "lessons learned" during the training development and during its piloting phase (June to August 2025).

VET trainers and institutions who wish to design and develop relevant training can draw inspiration from this document and the experiences gained by the partners during the project period. However, VET providers will likely find that some modifications are necessary to customize the training to the specific needs of their own settings and the current national context.

This document aims to contribute to the capacity building of VET centers, as well as other types of training organizations, and hence to better equip and train professionals involved in mental health care provision for migrants and refugees.

# The Training Development

## Step I: Conceptual framework and Co-Created Training Scheme

The first step in the training development was to create an in-depth understanding of the training needs, gaps, and expectations of the target groups through a comprehensive review of training opportunities and additional co-creation activities. This work was carried out between October 2022 and July 2023 in the framework of Work Package n°2.

Taking into consideration the perspective of the target population when developing educational material and making decisions about the suitability of training methods has been of great importance for the creation of the training, both in terms of content and modality.

Specifically, the WP2 tasks were:

*a) Exploring the state of the art through mapping of training opportunities and relevant initiatives*

An extensive mapping review was conducted to identify the content of available training opportunities across the different partner countries and at the EU level more broadly. The review encompassed training offers from public and private educational institutions, mental health centers, vocational education and training centers, universities, etc. Each partner conducted research in its own country and Prolepsis Institute (Greece) researched at the European level. The analyzed timeframe was 2015 – 2022. The training opportunities were selected and organized using the following criteria: type of training or course (formal, informal, non-formal), kind/level of course, thematic area covered, provider organization, target group, content, duration, validation method, etc.

The quantity of available training opportunities covering (at least partially) the topic of mental health for migrants and refugees was very different among the partner countries. While a great amount of training opportunities could be found in Germany (53 identified offers) and in Italy (45 identified offers), the offer was low (Spain and Greece) or almost nonexistent (Cyprus) in the other partner countries.

Gaps and limitations were also identified in the countries with the largest amount of offered training. For instance, many of the identified trainings were no longer being offered, and most of them lacked a multi-disciplinary approach and a focus on transcultural competence and working with interpreters. In addition, several of them were cost-intensive and therefore not accessible to all.

The training opportunities review emphasized the need for an innovative, holistic, and comprehensive training approach that can be integrated into a variety of different settings. The EU-MiCare project aimed at bridging the gaps and limitations of current training opportunities in the partner countries by providing a complete and extensive training curriculum for mental health professionals, interpreters, social workers, educators, and all professionals who come into regular contact with refugee and migrant communities. In this way, the EU-MiCare training could play a pivotal role in enhancing and promoting mental healthcare for migrants and refugees across Europe.

b) *Implementing co-creation activities (Focus Groups) with the training target groups*

Between March and April 2023, co-creation activities in the form of focus groups were carried out in all partner countries with representatives of the training's target groups. These were health professionals (psychologists, psychiatrists, social workers, physicians, nurses) and other professionals (cultural mediators, interpreters, counselors) working with migrant and refugee populations, as well as volunteers in the same setting. In each partner country, two focus groups were performed with a total of 60 participants.

Each partner produced a national report on the training opportunities review and a report on the focus group delivery with an analysis of the results. These documents can be found on the project website (<https://projectmicare.eu/reports-and-results/>).

c) *Reviewing possibilities for the Validation-certification process in the partner countries and at EU- level*

The training made use of the EU transparency instruments, i.e. mutual recognition among the partners in accordance with the ECVET principles and learning outcome orientation and documentation. Following the current EU-VET guidelines, the provision of ECVET credit points is no longer necessary.

It was left to the national partners to decide on the possibility of applying for credit points to the responsible authorities at the national level. However, the application was complicated by the fact that the target group of the EU-MiCare Training entailed mixed profiles and backgrounds.

d) *Redacting a country-profile report for each partner country*

The review of training opportunities was complemented with a literature review in all consortium countries, to provide a country profile of the situation in terms of important issues relevant to the project theme. The country profile reports encompassed basic background information about the population of migrants and refugees (number, countries of origin, demographic data) and the mental health system in the respective country, as well as legislation regarding the use of mental health services. Furthermore, the reports offered information on the most common mental health issues for the population of migrants and refugees in each consortium country and the main challenges of addressing them.

The different activities of Work Package n°2 created the foundations of the training and the e-learning platform.



## Step II: Development of the EU-MiCare Training Curriculum and Content

The Methodological Framework and the content of the training curriculum package i.e., modules, materials and tools were developed between August 2023 and July 2024 in the framework of Work Package n°3.

The key stages in their development process were the following:

1. Development of the draft Methodological Framework for the training curriculum
2. Organization of validation sessions with the target group
3. Finalization of the Methodological Framework for the training curriculum & Allocation of modules to the partners based on their expertise
4. Development of the modules' content, tools, and additional materials
5. Delivery of the first version of the training modules for review and commentary
6. Realization of a “Train the Trainers” meeting
7. Adaptation of modules and finalization of the EU-MiCare training package

The choice of the topics (units) covered in the modules was based on the research conducted during Work Package n°2 and was integrated by the suggestions and wishes expressed by the participants of the Focus Groups in WP2 and WP3, who overlapped largely with the future participants of the EU-MiCare training.

The following thematic areas were selected to be covered by the training:

- Definition of mental health and psychosocial well-being in the context of migration and displacement
- Definition of migrant and refugee
- Social determinants of mental health
- Risk, protective, and promotive factors for mental well-being
- Phases of migration and their influence on mental health
- Most common mental health issues among migrants and refugees and their manifestations (e.g. depression, post-traumatic stress disorder/PTSD, etc.)
- Intersectional approach on mental health and migration
- Culture-determined understandings of mental health and their impact on the provision of care
- Mental health assessment tools, including addressing suicide risk
- Psychological First Aid (PFA)
- Effective communication (non-verbal communication, inter-/transcultural communication, working with cultural mediators and interpreters)
- Interdisciplinary collaboration and multisectoral approach in psychosocial intervention
- Special situation of migrant and refugee children in families, as well as separated and unaccompanied children
- Self-care, staff care, and ethical considerations for volunteer



## Training Curricula

The EU-MiCare partners agreed to develop different training curricula, to better suit the training needs and expectations of participants with different professional backgrounds. The partners identified five participants' profiles, for each of whom a different curriculum was created.

These were:

1. Psychologists/Psychotherapists
2. Social Workers
3. Cultural Mediators/Interpreters
4. Volunteers
5. Physicians/Other Profiles

These profiles formed the target group of EU-MiCare, as they were likely to be interested in expanding their knowledge and skills on the topic of mental health for migrants and refugees. However, their professional backgrounds, daily experiences, possible pre-existing knowledge, and position toward migrant and refugee communities (professionals vs. volunteers) varied considerably (Figure 1). To respond to this diversity, the curricula were differentiated so that each professional category could access training content relevant and engaging to their role. On the e-learning platform, upon beginning the course, each participant can choose the curriculum that best matches their background and access the corresponding learning materials.



Figure 1: Screenshot of some of the available courses on the e-learning platform

	Psychologist Psychotherapists	Social workers	Cultural mediators Interpreters	Caregivers Volunteers	Health professionals
<b>Module 1</b>	<b>Common contents</b>				
<b>Module 2</b>	2A	2B	2B	2B	2A
<b>Module 3</b>	3B	3B	3A	3B	3B
<b>Module 4</b>	<b>Common contents</b>				

Table 1: Combinations of module versions in the curricula to address the different educational needs

## Course Structure

The curriculum content was developed using participatory methodologies, incorporating the input of field workers throughout the training design process. Additionally, the perspectives of migrants and refugees (adults, families, and children) were indirectly represented through the expertise of partner organizations providing mental health and social care services to these populations.

The course follows a logical progression from general to specific topics and is comprised of 4 modules and a total of 17 learning units, with detailed descriptions provided below.

Modules 2 and 3 are offered in two separate streams to cater to different professional roles. For some specialized learning units, two versions were foreseen to reflect the varying backgrounds and roles within the target group (Table 1). This is for example the case for Unit 2.2 on mental health assessment tools, which includes one version for mental health experts and one for other profiles.

In the process of developing the training, the thematic learning units were allocated to one or two project partners depending on their area of expertise. The full course was then reviewed by Babel Day Centre (Greece) as part of its responsibilities under Work Package n° 3 to ensure consistency and coherence across all 4 modules, as well as the different streams.

## Learning Modules

Each training curriculum comprises 4 learning modules:

1. Foundations of Psychosocial Care in Migration Contexts
2. Improving Skills on Recognizing and Addressing Migrants' Mental Health Needs
3. Improving Skills in Managing Migrants' Mental Health Needs
4. Self-Care and Staff Well-Being

A detailed overview of the modules, units, and learning outcomes is provided below:

### ***Module 1: Foundations of Psychosocial Care in Migration Contexts***

#### **Module 1: Foundations of Psychosocial Care in Migration Contexts**

(estimated average time for the module completion 13.5 hours)

- **Unit 1.1 – Psychosocial Well-Being in the Context of Migration:** Overview of key concepts that will appear throughout the curriculum.
- **Unit 1.2 – Social Determinants of Mental Health:** The nonmedical factors that influence health and mental health across time and throughout different migration phases.

- **Unit 1.3 – Risk, Protective, and Promotive/Resilient Factors:** Factors affecting the well-being of migrants and refugees, including specific groups, such as women, older adults, and LGBTQ+ individuals.
- **Unit 1.4 – Psychological Dimensions of the Migration Process:** Main theories and conceptualizations of the complex psychological journey of migrants and refugees.
- **Unit 1.5 – Common Mental Health Conditions Among Migrants and Refugees:** Overview of epidemiology and manifestations of mental health challenges faced by migrants and refugees.

### Module Overview

This module offers a comprehensive foundation in the area of mental health and psychosocial care for professionals and volunteers working with migrant and refugee populations. Unit 1.1 introduces course participants to key mental health concepts and frameworks, while discussing the complexities of the migrant condition. It also draws attention to the role of culture in shaping mental health. Unit 1.2 discusses the social determinants of mental health and outlines how social, economic, and structural inequalities influence both the journey of migration and the resettlement process. Unit 1.3 uses a socio-ecological framework to explain how different factors at the individual, family, community, and systemic/structural levels influence mental health outcomes. Special attention is given to the significance of resilience, particularly the concept of adversity-activated development. Unit 1.4 emphasizes the emotional journeys migrants and refugees may go through before, during, and after fleeing their home countries. The unit draws attention to the importance of understanding these processes not only as responses to trauma but also as part of the broader psychological adaptation to migration. Finally, Unit 1.5 provides a detailed exploration of the mental health challenges that migrants and refugees frequently face. It emphasizes the complex interplay between the migration experience and mental health, recognizing that exposure to various stressors (including stressors in the host society or resettlement context) can contribute to a range of mental health conditions. In addition to enhancing knowledge, this module equips participants with practical strategies for recognizing the nuances of the experiences of migrants and refugees.

### Module Learning Outcomes:

Upon completion of this Module, participants should be able to:

- Define key concepts and frameworks relevant to psychosocial care in migration contexts
- Understand the complex relationship between migration, culture, and mental health
- Review the topic of migrant and refugee mental health through a social determinants' framework rather than a biomedical/individualistic lens
- Recognize the range of factors that influence the mental health of migrants and refugees
- Evaluate how structural inequalities and socio-economic factors affect mental health outcomes throughout the migration journey

- Apply a socio-ecological framework to understand risk and protective factors influencing migrant mental health
- Identify key promotive and resilience factors that help mitigate mental health challenges in migrant populations
- Understand the complex psychosocial journeys experienced by migrants and refugees
- Identify common mental health conditions among migrant and refugee populations
- Recognize how host society stressors and cultural dimensions affect the mental health and psychosocial well-being of migrants and refugees

## **Module 2: Improving Skills in Recognizing & Assessing Migrants' Mental Health Needs**

### **Module 2: Improving Skills in Recognizing and Assessing Migrants' Mental Health Needs** (Two Separate Streams: Mental Health Professionals, Other Professionals)

(estimated average time for the module completion 12.5 hours)

- **Unit 2.1 – Understanding the Influence of Culture on Mental Health:** The relationship between culture and mental health.
- **Unit 2.2 – Intersectional Perspectives on Migration and Mental Health:** Migration and well-being through the lens of intersectionality.
- **Unit 2.3 – Mental Health Screening Approaches for Migrants and Refugees:** Overview of culturally-sensitive approaches for identifying mental health needs.
- **Unit 2.4 – Psychological First Aid (PFA):** How to provide immediate support in the aftermath of a crisis.

**Health Professionals Stream:** This stream is designed for professionals who are comfortable with clinical language and conduct mental health screenings, assessments, diagnoses, or treatment/therapy within their respective contexts. This includes physicians, psychologists, psychotherapists and nurses.

**Other Professionals and Volunteers Stream:** This stream targets professionals and volunteers working closely with migrants and refugees in non-clinical capacities, such as cultural mediators, interpreters, social workers, counsellors, caregivers of unaccompanied minors and volunteers.

### **Module Overview**

This module is targeted to professionals working in clinical capacities and addresses the topic of identification and assessment of mental health needs of migrants and refugees. Unit 2.1 aims to support practitioners working in transcultural contexts in understanding and managing the influence of culture in the assessment of mental health needs. Unit 2.2 examines the intersectional perspective on migration and mental health, drawing from the rationale that the application of the

intersectionality theory can do more justice to the complexity of the experience of migrants and refugees. An intersectional perspective can also help professionals and volunteers expand their views, identify further elements relevant to their practice, and reflect on their positions and how this affects their encounters with the people they work with. Unit 2.3 offers insights on the assessment of mental health needs of migrants and refugees. It highlights the limitations of ethnocentric diagnostic tools and introduces strategies for transcultural mental health assessment, including screening and referral networks. It also explores suicide risk assessment, considering cultural influences and vulnerabilities in migrants and refugees. Lastly, Unit 2.4 aims to improve participants' knowledge and skills to recognize and assess crises and implement Psychological First Aid (PFA) in the context of their work. By understanding the definition of PFA along with its basic framework and practices, participants will be better equipped to create a safe environment, ready to face the challenges of quick response to the mental health needs of migrant populations in different situations.

### Module Learning Outcomes:

Upon completion of this Module, participants should be able to:

- Examine how cultural factors can influence various aspects of mental health
- Identify the four culture traps in transcultural interactions
- Discover frameworks for assessing and understanding mental health concerns of culturally and linguistically diverse populations
- Use self-reflection to uncover personal cultural biases, assumptions, and stereotypes
- Reflect on the intersections of power, privilege, and identity and their impact on mental health
- Review key factors for selecting culturally appropriate mental health screening tools
- Identify barriers to assessing mental health conditions among migrants and refugees
- Analyze effective approaches to suicide risk assessment
- Clarify intervention frameworks for mental health practitioners
- Demonstrate effective ways to discuss suicide with individuals in distress
- Describe the definitions of Psychological First Aid (PFA) and crisis intervention
- Explain what PFA is and what it is not
- List the three core action principles of PFA

## **Module 3: Improving Skills in Managing Migrants' Mental Health Needs**

### **Module 3: Improving Skills in Managing Migrants' Mental Health Needs** (Two Separate Streams: Interpreters/Cultural Mediators, Other Professionals)

(estimated average time for the module completion 13.5 hours)

- **Unit 3.1 – Effective Communication:** Techniques for supportive and non-violent communication.
- **Unit 3.2 – Cultural Awareness:** Understanding and respecting cultural differences.
- **Unit 3.3 – Collaborating for Effective Interpretation and Cultural Mediation:** Guiding principles towards an effective collaboration with interpreters and cultural mediators.
- **Unit 3.4 – Interdisciplinary Collaboration in Mental Health and Psychosocial Support:** Exploring multi-sectoral approaches to psychosocial interventions.
- **Unit 3.5 – Responding to the Special Situation of Children:** Addressing the unique needs of younger people in the context of migration, including unaccompanied and separated minors.

**Interpreters and Cultural Mediators Stream:** This stream focuses on individuals responsible for bridging cultural and linguistic gaps in the work with migrants and refugees, such as interpreters and cultural mediators.

**Other Professionals Stream:** This stream is open to all other professionals and volunteers who do not fit the profiles outlined above but still work with migrants and refugees in various capacities such as physicians, psychologists, psychotherapists, nurses, social workers, counsellors, caregivers of unaccompanied minors and volunteers

### **Module Overview**

This module equips interpreters and cultural mediators with the necessary skills and strategies to manage the mental health needs of migrants and refugees. It emphasizes effective communication, cultural awareness, collaboration with professionals when it comes to interpreting/cultural mediation, and interdisciplinary teamwork. A supplementary unit at the end of the module provides focused attention to the unique circumstances of migrant children and youth, including unaccompanied minors. Unit 3.1 focuses on effective communication, providing tools to build empathy, trust, and rapport with migrants and refugees while addressing language and cultural barriers through techniques such as Non-Violent Communication (NVC) and reflective practice. Unit 3.2 emphasizes cultural awareness, encouraging self-reflection on biases and promoting culturally sensitive approaches to care, with an introduction to structural competency to address systemic inequities. Unit 3.3 delves into collaborating for effective interpretation and cultural mediation, highlighting the role of interpreters and cultural mediators in bridging linguistic and cultural gaps, and offering guidelines for teamwork in triadic communication settings. Unit 3.4 explores interdisciplinary collaboration in mental health and



psychosocial support, promoting integrated care approaches across diverse professional roles. Finally, Unit 3.5 examines the special situation of children, addressing the unique mental health and psychosocial needs of migrant and refugee children with tailored strategies to ensure safety, trust, and engagement.

### Module Learning Outcomes:

Upon completion of this Module, participants should be able to:

- Demonstrate effective communication skills to build trust, empathy, and rapport with migrants and refugees
- Identify and address nonverbal communication cues, understanding their significance and using them effectively to establish rapport
- Implement effective communication strategies, including the use of NVC and reflective practice
- Apply cultural awareness and structural competency to tailor psychosocial support
- Collaborate efficiently with interpreters and cultural mediators and understand their roles
- Implement best practices for triadic communication to bridge linguistic and cultural gaps
- Facilitate interdisciplinary collaboration, integrating the roles of various professionals to provide mental health and psychosocial support for migrant and refugee populations
- Review the risk and protective factors as well as diverse needs and responses to stress related to displaced children
- Respond to the unique needs of migrant and refugee children, employing age-appropriate approaches to ensure safety, trust, and engagement

### Module 4: Self-Care and Staff Well-Being

#### Module 4: Self-Care and Staff Well-Being

(estimated average time for the module completion 9.5 hours)

- **Unit 4.1 – Effects Among Professionals and Volunteers Working in the Context of Migration:** Psychological consequences of the nature of the work.
- **Unit 4.2 – Self-Care:** Practical strategies for maintaining your own mental health.
- **Unit 4.3 – Staff Care:** Supporting the well-being of colleagues and team members within an organizational context, with special attention paid to the needs and challenges faced by volunteers.



## Module Overview

This module addresses the critical topic of managing stress and ensuring mental well-being for professionals and volunteers working with migrants and refugees. Unit 4.1 examines the numerous stressors inherent in this work, such as the emotional burden of supporting individuals who have experienced significant adversities, loss, and displacement. It also discusses the complexities of operating in challenging, and at times, hostile environments, where resources are limited, and structural and systemic barriers can hinder effective support. By identifying the different sources of stress (whether emotional, structural, or environmental) field workers can better manage their own mental health, which in turn enhances their ability to support migrants and refugees in a sustainable way. Unit 4.2 focuses on self-care as a professional competency. It introduces practical strategies that participants can incorporate into their daily routines. Lastly, Unit 4.3 emphasizes the duty of care on the part of employers while providing strategies for employees to advocate for a culture of care within their working environments. It discusses how organizations can create supportive structures through regular supervision, debriefing, and team support, among other things. It also offers practical ideas for reflective practice. Special attention is given to volunteers, who often lack formal support systems, highlighting the need for clear communication and boundaries to prevent occupational exhaustion. Recognizing the multifaceted nature of our work and understanding how stress may manifest in our day-to-day practice is crucial for maintaining well-being and ensuring meaningful service provision.

## Module Learning Outcomes:

Upon completion of this Module, participants should be able to:

- Appreciate the complexity of their own emotional responses to their work with migrants and refugees
- Understand how both internal and external stressors may manifest in day-to-day responsibilities
- Recognize signs of stress and mental strain, and differentiate between various types of occupational stress (e.g. burnout, compassion fatigue, and vicarious trauma)
- Apply self-care strategies to enhance resilience in both personal and professional contexts
- Understand the importance of the employers' and their own responsibility in fostering a supportive work environment
- Promote team cohesion by recognizing the importance of peer support and social interaction
- Identify how to communicate and maintain clear boundaries, especially in volunteer roles
- Reflect on both the challenges and the meaningful, rewarding aspects of their work

## Learning Tools and Resources

The training content is accessible through the online platform Moodle. Emphasis was given on the training being as practical as possible; thus, the modules included a set of experiential training activities, e.g., videos, case studies in real-world settings, and interactive learning activities.






The learning Resources can be divided into:

- *Theoretical Foundations (reports)*: Each unit includes a detailed literature review and references, drawing from current global research on migrant and refugee care.
- *Reflective Exercises*: Practical activities designed to deepen understanding and enhance skills in addressing migrant and refugee mental health.
- *Glossary*: A comprehensive resource in the Repository providing definitions of key migration terms (English language only).
- *Supplementary Materials*: Additional tools, including videos, graphics, and other helpful resources, accessible through the Repository (English language only).
- *Community of Knowledge*: A dedicated, independently operated forum connecting learners across Europe to exchange ideas, share insights, network, and build a community of practice.

The reports operate as the foundation of the training materials. The content of each one of the four thematic learning modules constitutes one report, divided into subchapters corresponding to the different learning units. Each report has an approximate length of 40–60 pages. The estimated average time for the completion of each module varies between 9.5 and 13.5 hours. In total, the estimated learning time for completing the course has been estimated in around 50 hours, considering the complete reading of the reports, watching the suggested additional resources (videos), etc. However, it is expected that course participants with solid previous knowledge and/or “fast learners” can complete the whole course in shorter time.

An innovative element of the EU-MiCare Training is constituted by the “Online Community of Knowledge”, a networking space integrated in the training platform, through which each training participant can share materials, suggestions, and experiences with colleagues from the same national context and other EU-countries. The different Learning Resources are marked in the course as following:

### eLearning Icons and Visual Indicators

	Repository
	Key Point
	Video
	Reflection Break
	Definition of term provided in Glossary (English language only)

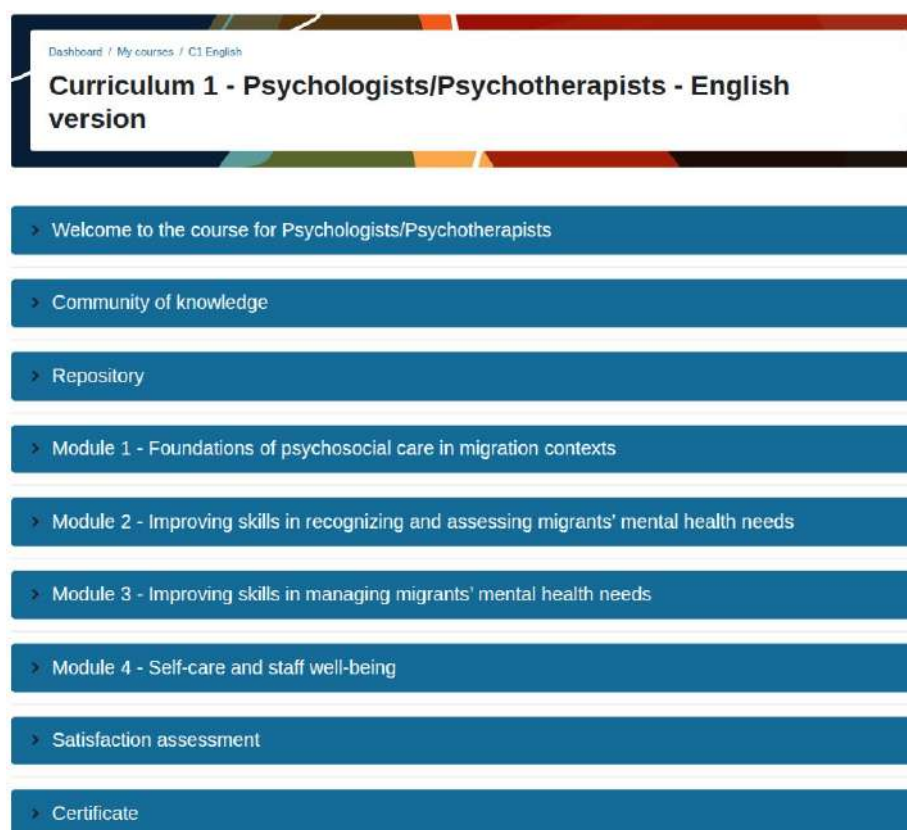


Figure 2: Overview of the materials included in Curriculum 1

## Learning Modality

The training was conceptualized to be carried out both in synchronous (face-to-face or online) and in asynchronous modalities (self-learning at own pace through the online platform<sup>1</sup>). The professionals participating in the focus groups expressed interest in both formats. While synchronous training offers more opportunities for exchange on an interpersonal level and can be more entertaining, the asynchronous modality allows participants with heavy schedules to participate in the course when it fits them best and at their own pace. For this reason, the project team aimed to create an offer that could accommodate the needs and preferences of a wide range of learners, to avoid losing interested potential participants due to time restrictions.

Course participants may download the reports for each module in PDF Format from the platform for learning purposes. VET providers and other interested persons may also download the materials to be adapted for synchronous training or use them during the course directly on the platform (e.g. videos during a face-to-face course).

Within the framework of the EU-MiCare project's pilot phase (June to August 2025), the asynchronous modality via e-learning platform was tested.

---

<sup>1</sup> The EU-MiCare training platform was developed using the online platform Moodle. The course can be accessed also through mobile phones or tablets using the Moodle App.

## E-Learning Platform and Pilot Phase

For asynchronous use, the training content is accessible through the online platform Moodle as well as the mobile Moodle app. Access to the training materials is free upon registration (Figure 2). During the registration process, platform users are asked to answer some questions such as their professional role, the context in which they work or volunteer, and their previous experience in the field of migration (see Annex I). Course participants also choose their preferred course language.

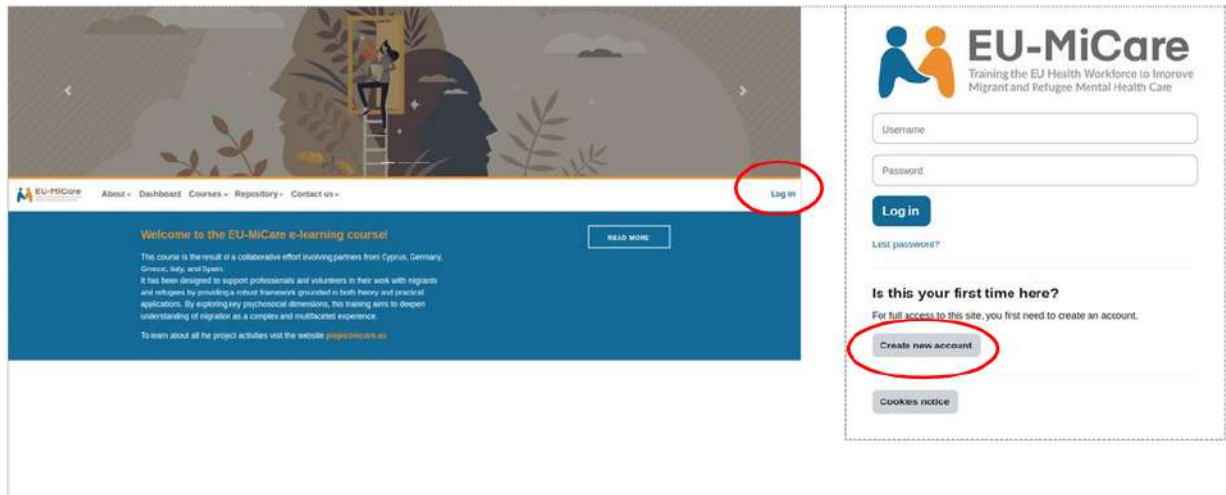


Figure 3: The home page of the e-learning platform

In June 2025, the EU-MiCare team launched the e-learning platform and offered four Introductory webinars for interested participants. During the webinars, the team presented the main contents of the training, the course modalities, and the use of the platform.

## Training languages

The EU-MiCare training is available in four languages (English, German, Greek, Italian, and Spanish). During Work Package n° 3, the training content was elaborated by all partners in English. This allowed the consortium to discuss and test it within the framework of a “Train-the-Trainer” event (held on 11 and 12 June 2024 in Milan, Italy), when all project partners met in person for a two-days long exchange. After the event, the final version of the complete training material in English was completed, and the training content was then translated by each partner into the national language.

## Learning Outcomes<sup>2</sup>

Learning outcomes are statements of what a learner knows, understands, and is able to do upon completion of a learning process. Learning outcomes are defined in terms of knowledge, competence skills, and skills.

- **Knowledge** means the body of facts, principles, theories, and practices that is related to a field of work or study. It is described as theoretical and/or factual knowledge;
- **Competence** means the proven ability to use knowledge, skills and personal, social, and methodological abilities in work or study situations and in professional and personal development. It is described in terms of responsibility and autonomy.
- **Skills** means the ability to apply knowledge and use know-how to complete tasks and solve problems. They are described as cognitive (logical/intuitive and creative thinking) or practical (involving manual dexterity and the use of methods, materials, tools, and instruments);

To determine learning outcomes of the training units, the EU-MiCare team followed the below criteria:

- Learning outcomes units should be designed in such a way that they can be completed as independently as possible of other learning outcomes units.
- Learning outcomes units should include all necessary learning outcomes, i.e. they should describe the specialist competencies being sought as well as the necessary social and personal competencies in this context.
- Learning outcomes units should be structured and dimensioned in such a way that the relevant learning outcomes can be achieved in the given time. Learning outcomes units should therefore not be too extensive.
- Learning outcomes units should be assessable.
- Learning outcomes refer to vocational qualifications, not to the individual's specific development of vocational competence. The learning outcomes that are to be described are based on the learning achievements of an average learner.
- Learning outcomes are described from the perspective of the learner (not from the perspective of the instructor).
- Learning outcomes do not describe the learning target or the learning path, but the result following the completion of a learning process.
- Learning outcomes should be verifiable and assessable. Learning outcomes should be described in as concrete terms as possible.
- As a general principle, there should neither be too many nor too few learning outcomes.
- Active, clearly understandable verbs should be used in formulating learning outcomes. A non-exhaustive list can be found in the table below, based on Bloom's Taxonomy<sup>3</sup>.

---

<sup>2</sup> Geographical Mobility in Vocational Education and Training. Guidelines for describing units of learning outcomes. [www.ecvet-info.de](http://www.ecvet-info.de)

<sup>3</sup> Bloom, B. S. (1972). Taxonomy of Educational Objectives: Handbook 1, Cognitive Domain. New York: Mackay.

**Bloom distinguishes between six cognitive levels with increasing levels of complexity:** Examples of active verbs are listed at each level:

**1. Knowledge** Being able to recall and pass on information as precisely as possible.

*Examples of active verbs at this level:*

Arrange, define, describe, duplicate, identify, label, list, match, memorize, name, order, outline, recognize, relate, recall, repeat, reproduce, select, state

**2. Comprehension:** Being able to interpret information and relate and summarize it in one's own words

*Examples of active verbs at this level:*

Classify, convert, defend, describe, discuss, distinguish, estimate, explain, express, extend, generalize, give example(s), identify, indicate, infer, locate, paraphrase, predict, recognize, review, rewrite, select, summarize, translate

**3. Application:** Being able to apply abstractions (rules, methods, etc.) in concrete situations

*Examples of active verbs at this level:*

Calculate, demonstrate, develop, interpret, judge, modify, organize, predict, select, sketch, transfer

**4. Analysis:** Being able to break down ideas or problems into simpler parts and compare

*Examples of active verbs at this level:*

Analyse, appraise, compare, conclude, determine, discriminate, experiment, illustrate, infer, test

**5. Synthesis:** Being able to compile component ideas into a new whole

*Examples of active verbs at this level:*

Argue, assess, compare, decide, evaluate, predict, recommend, summarize, validate

**6. Evaluation:** Being able to make a qualified judgement

*Examples of active verbs at this level:*

Argue, arrange, expand, relate, generalize, generate, combine, join

## Learning Assessment

### a) Assessment questions

Assessment questions were developed for each module and specifically for each unit. To complete each module (and the entirety of training), participants need to consult all the reports and answer correctly to 80% of the vignettes' (n=5-8) and knowledge questions (n=8) (see example below). After successfully completing the training, participants receive a training certificate.

For each module, each participant is asked to answer a total of 10 randomized assessment questions. The consortium partner responsible for each learning unit developed questions corresponding to the contents of their unit, in collaboration with the partners responsible for the other units within the same module, ensuring that the questions were evenly distributed across units and that each module included a total of 15 questions.

Babel Day Centre and Zadig were responsible for reviewing and consolidating all questions across the EU-MiCare course to ensure coherence and consistency. As the final reviewers in this process, they also verified that each question aligned with good assessment practices and met the overall learning outcomes of each module.



The following principles guided the development of the assessment questions:

- Assessment questions will be multiple-choice closed questions. Avoid open-ended questions, as it will not be possible to provide feedback.
- For each question, the correct answer and the indication of where to find the corresponding topic within the module will be included.
- Each module will have up to 16 questions (at least 2-3 per unit).

**Question 8**

Not yet  
answered

Marked out of  
1.00

🚩 Flag  
question

**Culture, as defined in the context of migration, is best described as...**

- ☐ an unchanging set of beliefs and practices that dictate all aspects of mental health outcomes
- ☐ a static characteristic limited to specific ethnic groups within host communities
- ☐ a dynamic system of shared beliefs, values, symbols, and customs that evolve over time and influence individual and collective identities
- ☐ an independent factor that has minimal influence on mental health and psychosocial well-being

**b) Vignettes**

Each learning module includes one experiential activity using vignettes based on the andragogic/adult education model. The consortium partners developed one vignette with 8 questions (multiple-choice 1:4) for each learning module. This learning tool has proven to be very effective and user-friendly in the Continuous Medical Education (CME) and in training offers similar to EU-MiCare<sup>4</sup>.

This was the case for the EU-VET CARE project “Strengthening capacities for better health care to refugee and migrant children” (Erasmus+, 2018-2021). Similar to the EU-MiCare project, the target group of EU-VET CARE was a multi-professional audience of health professionals (physicians, psychologists, social workers, cultural mediators, interpreters, etc.) The andragogic model is based on an autonomous and self-directed modality of learning centered on a problem-solving approach, which represents a more efficient resource in adults’ and professionals’ learning. Indeed, evidence from the cognitive sciences suggests that knowledge and skills are best acquired in an environment where problem-solving approaches are promoted.

Case studies are used as an active learning tool. The case-based (vignette-based) model exposes the learner to scenarios like those experienced in their daily activities, presenting real problems and promoting situated learning. The model requires the learners to actively engage in the learning process by using their experience, comparing the case with their daily practice activities, and then applying the newly acquired knowledge to real-life situations. The vignette is a real-life scenario in

<sup>4</sup> Moja L, Moschetti I, Liberati A, Manfrini R, Deligant C, Satolli R, Addis A, Martini N, Dri P. Clinical Evidence and its use in a National Continuing Medical Education Program in Italy. Plos Medicine 2007 4(5): e113.doi:10.1371/journal.pmed.0040113.



multiple steps (usually 5). At each step, the learner faces experiential issues answering a multiple-choice question.

#### Question 1

Not complete

Marked out of  
1.00

Flag  
question

#### Question 1

**Which approach is needed when assessing the mental health problems of a person like Mariam?**

- ☐ A holistic approach considering psychological, social, and cultural factors in the past and the present
- ☐ A standardized assessment emphasizing medical history over contextual factors
- ☐ A brief evaluation centered on immediate coping mechanisms
- ☐ An individualized approach focused mainly on past traumas

Check

#### Information

Flag  
question

The support team gathers in the conference room for a debriefing session. Livia, a senior psychologist, begins the discussion by providing an overview of the case.

"Mariam is a 44-year-old migrant woman from North Africa who has been living in this city for over ten years", she starts, gesturing toward the case file in front of her. "She came to us in 2018 through a referral from a women's shelter operated by the national social welfare agency. Since then, she has attended weekly therapy sessions at our mental health service. Her primary challenges include repeated exposure to severe adversities in the past and the current pressure of being the sole caregiver in a single-parent household."

Giulia, a senior social worker, nods.

"Her son, Hamza, is also part of the picture. He was diagnosed with autism spectrum disorder and has been receiving regular therapy since 2019. That includes speech and occupational therapy as well as psychiatric support." Livia continues, "Yes, Hamza's care needs are extensive, and Mariam handles everything alone. She has a residence permit for dependent employment, but balancing her responsibilities as a single parent with her own mental health challenges is overwhelming. It's a complex situation, and we need to examine it through multiple lenses to ensure our interventions are effective."

Marco, a junior caseworker, raises his hand. "Livia, what aspects of her life should we prioritize in our support plan? Her caregiving role seems to dominate her daily life, but I imagine her past experiences are just as significant."

Livia interjects, "Thank you, Marco. To begin, let's consider how to approach Mariam's case. This is particularly relevant when understanding Mariam's challenges and progress."

After the course participant answers each question, the vignette story develops further and a new question is asked. In the case of both a correct or a wrong answer, the correct answer is explained and a referral to the corresponding course passage is made.

#### Information

Flag  
question

"Considering her circumstances through a holistic lens, that's an excellent observation," Livia responds. "Mariam's story highlights the intersection of her caregiving responsibilities, her mental health, and the broader socio-cultural context she operates in. Let's break it down systematically during this session."

The discussion is shifted toward Mariam's personal history.

"Mariam has endured years of ongoing violence", she explains. "This includes psychological, verbal, and physical abuse both in her family of origin and during her marriage. These experiences have left deep scars that continue to affect her daily life."

Giulia adds, "Her clinical presentation aligns with what we might expect from someone with her background. She exhibits depressive and anxiety symptoms, including sleep disturbances, and persistent depressive feelings."

Anna, a junior psychologist, interjects, "It sounds like Mariam could experience a great deal of insecurity about her future. Would you say this stems from the adverse circumstances she endured in the past or her current challenges?"

**Question 2**

Incorrect

Mark 0.00 out  
of 1.00

Flag  
question

**Question 2**

**According to the story of Mariam and considering Bronfenbrenner's Ecological Systems Theory, which components of the ecological systems have been involved in her personal story?**

- ☐ Microsystem, Mesosystem, and Macrosystem
- ☐ Microsystem and Exosystem
- ☒ Exosystem and Chronosystem ✖
- ☐ Chronosystem and Macrosystem

Wrong answer

**Module 1. Foundations of Psychosocial Care in Migration Contexts**

**Unit 1.3. Risk, Protective, and Promotive/Resilience Factors**

**1. A Socio-Ecological Framework of Understanding Migrant and Refugee Mental Health**

Figure 1.3.1. Bronfenbrenner's Ecological Systems Theory in the Context of Community Psychology which "provides an illustrative example of the various factors at the individual, family, organizational, community, and societal levels (micro-, meso-, exo-, and macro-level or system) that influence mental health and well-being over time (also described as chronosystem)."

(pp. 26-28)

This approach has several advantages:

- it emphasizes the creation of knowledge and not simply its replication
- it reproduces the natural complexity of the real world without any simplification
- it contextualizes the event instead of creating an abstract situation
- it offers a learning environment based on reality instead of pre-determined rigid learning sequences
- it offers multiple representations of reality
- it promotes reflective practices
- it allows gaining knowledge related to the clinical and professional context
- it promotes an active knowledge uptake.

For each module, Babel Day Centre, drawing on its long-standing experience in migrant and refugee care, worked in close collaboration with Zadig to develop four vignettes consisting of 5 to 8 steps. Babel Day Centre provided Zadig with a description of a situation or scenario linked to the content of each module, with the aim to capture possible real-life situations across different contexts relevant to participants working with migrants and refugees in urban or camp settings, whether in clinical or community-based environments. Of the four vignettes, one focused specifically on migrant and refugee children and youth, inviting learners to reflect on the particularities of this group as explored in the corresponding module.

As a final step, project partners were invited to suggest crucial points, knowledge areas, or competences that they thought should be at the core of each vignette. Drawing on their experience in vignettes development, Babel Day Centre and Zadig drafted the texts following the agreed structure and the dedicated template.

## Satisfaction Assessment and Participants' Profile Survey

The satisfaction of course participants is evaluated through a Satisfaction Assessment Survey, which is sent automatically by the platform after the completion of the course. The survey (Annex II) is divided into three sections: (a) Evaluation of the Curriculum, (b) Evaluation of the Platform, and (c) Final Evaluation. The questionnaire covers aspects such as participants' needs and expectations in relation to the current work context and development, objectives and expected learning outcomes, content, resources and visual design, and the course methods. Course participants are also invited to suggest topics to be included in the curriculum or to report content deemed as unnecessary.

In order to collect precious feedback also from the course participants who did not complete the course (at least not until the project end), the EU-MiCare team developed an additional survey, which was sent on two occasions (end of August 2025 and mid-October 2025) to all the course participants who had not completed the course until then (Annex III).

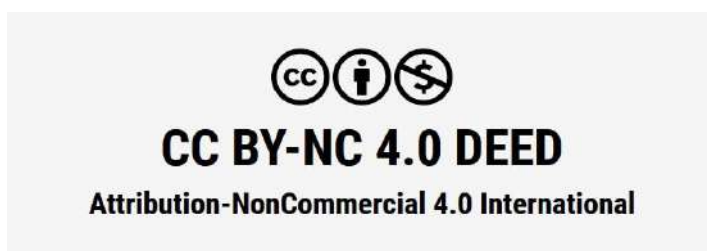
The questionnaire included questions from the survey for those who completed the course but also specific questions aimed to understand which challenges and barriers the course participants experienced and to explore the reasons why the course was not completed (e.g. "At which stage did you stop the course?"; "What was the main reason you did not continue the course?"; "Do you intend to resume the course in the future?"; "What aspects would help you to resume or complete this course in the future?" / more reminders or notifications, a shorter/summarized version, tutoring or guidance, possibility to complete modules individually without having to finish the entire course, etc.)

The training was developed following the needs and suggestions expressed by experts on the topic of mental health and migration in the framework of the focus groups in WP n° 2. However, the training modality and format did not allow for inquiring into the previous knowledge and expectations of the effective training participants before their participation in the course to adapt the contents.

For this reason, in the registration form for the platform, information on the professional category, the background, and previous knowledge of platform users was asked. This could be helpful for the development of further training offers to be even more targeted to the actual audience.

## OER and Licenses

Following the EUVET Guidelines, the project materials have been published as open educational resources (OER). The free license from Creative Commons chosen by the partners is the CC-BY-NC 4.0 International. URL: <https://creativecommons.org/licenses/by-nc/4.0/>



Following the CC-BY-NC 4.0 license, the materials developed in the project can be shared and adapted under the condition of giving appropriate credit to the EU-MiCare project and of using the material for non-commercial purposes.

This license applies to all types of created results: text-based (documents), media-based (video, audio), technology-based (e-learning course, app, etc.). For videos, the open license should be clearly visible in the credits.

An open-source license has been used for technology-based products (e.g. the training platform hosted on Moodle). The software (i.e. the source code) can be made available to potential subsequent users.

## Implementation of the Training

The EU-MiCare training course has been developed to be delivered in different settings and through different methods depending on the needs of the organization/institution and the audience. Furthermore, the training modules have been developed to fit the needs of professionals and volunteers across European member states, who act in different legal and provisional contexts and meet migrants and refugees at different stages of their journeys. For this reason, when conducted in a specific local setting, the training could be adjusted to the local or national context, for instance, if legal or regulation aspects become relevant (e.g. access to mental health care provisions for asylum seekers and refugees).

The resources created in EU-MiCare provide opportunities for both face-to-face and online participation. We suggest the training delivery in one of the following modalities:

- A seminar (either face-to-face or online)
- An asynchronous e-learning platform for e-learning format. The e-learning platform has been created to make the training available to a wider group of trainees, especially those who will not be able to attend face-to-face trainings.

Organizations or other VET institutions planning to offer the training should consider the following aspects: who will be the trainer, how to carry out the trainings, and how to use the resources.

## Who can be a VET trainer?

The training should be delivered by professionals experienced in the provision of mental health care to migrants and refugees. Each specific trainer/instructor should be experienced in the specific training topic and should be able to support the delivery and assessment of the modules. This is helpful for the trainers as it will be easier for them to draw on their own experiences. Moreover, it will make it easier for the trainer to engage with the target group, as they will have common backgrounds. If the organization does not have internal access to trained professionals to carry out the training, it can call upon external partners with expertise in the specific topic. It is also possible to carry out the training with trainers who are experienced in the specific issue but lack experience in the field. In these cases, it can be helpful to state this at the beginning of the training. The experience from the



project is that this can also be a way of including the audience, as the trainer can call upon the knowledge of the group using statements like “you are the experts here”.

## Audience and Number of Participants

The training has been developed as a multidisciplinary training so as to create a synergy between the different professions working with migrants and refugees. However, VET organizations and other stakeholders might be interested in targeting the training for a certain audience. This could either be professionals or lay persons working in the sector as volunteers. In this second case, we recommend using the materials from the “Training Curriculum for Volunteers” stream, which have been tailored for participants without or little previous knowledge in mental health topics.

We recommend that the trainers engage the audience as much as possible. The vignettes were created for this purpose, to make the training more practical and relatable for the trainees. Trainers can also adapt the vignettes to the audience’s own context and invite the audience to share their experience.

Some topics might encourage more discussion than others, while some modules/units are more technical. If trainers wish to facilitate a training with emphasis on the exchange of experiences and opinions, it might be necessary to leave more time for discussion. If the topic is of a more technical nature and is not suitable for open discussions, more people can attend the training.

Depending on the aim of the training and the preferred modality, the VET organization/institution offering the training should also make some considerations regarding number of participants. However, we recommend limiting the number of participants to 25.

## Scheduling and Modality

When scheduling a synchronous training (face-to-face or online), the audience or target group might have different needs. Some professional groups might prefer to have the training conducted in the mornings, while other groups might prefer the weekends or afternoons. The training can be adapted to be carried out over the course of a few days or over longer periods of time (e.g. once a week over several weeks). The availability of both trainers and trainees should guide the scheduling decision. Also a mix of seminars and self-learning could be implemented.

Concerning the modality of delivery, the materials can be used for online training (both as synchronous seminar and as asynchronous learning on the platform) as well as for face-to-face seminars.

- Face-to-face training works better with most audiences, as it allows for discussion and interaction. The reflective activities dispersed across all four modules can be used in this instance to engage learners in small groups of 2–5 participants (e.g. through online breakout rooms or small group discussions in face-to-face sessions). Trainers/instructors can select at their own discretion which activities to use to best suit their group and learning goals.
- The e-learning platform can be used as a self-learning tool to reduce the time allocated to the physical training, allowing more people to attend. The online platform is also beneficial in situations where the organization wishes to achieve certifications for all participants, as

this is generated automatically by the platform. It also encourages participants to engage with the material outside of the training, giving them more time to reflect.

Other professionals (beyond the profiles described earlier) and volunteers who finished the EU-MiCare training during the pilot phase appreciated especially the possibility of learning on the e-learning platform, doing it at their own pace, and following their own needs. This was also the case for professionals working in remote locations, where face-to-face trainings are limited or unavailable.

Ultimately, the VET provider should decide to tailor the training to the necessities of its own specific target group.

## Certification and Accreditation

Upon completion of the training and the evaluation questions on the platform, all participants are automatically provided with a certificate of completion. VET institutions/organizations can also choose to produce their own certification in case they wish to achieve certification without using the platform or upon completion of single parts of the training.

For participants to acquire CME credits, the training must be approved by the local national agency for VET institutions. The number of credits which can be acquired depends on the length of the course (and estimated average time for the training completion). For the whole EU-MiCare training, we estimated a completion time of 49 hours (13.5 hours for Module 1; 12.5 hours for Module 2; 13.5 hours for Module 3; 9.5 hours for Module 4 ).

A common framework for accreditation at EU-level is missing and procedures may differ on local/national level and across professional organizations. However, the criteria published by the [European Accreditation Council for Continuing Medical Education](#) (EACCME) may be helpful.

To have the training accredited in their own local context, organizations should contact the local national agency in the country where the target group resides. The certification can be done either for the physical training or for the dedicated e-learning platform, which will deliver the training.

## Lessons Learned

The EU-MiCare training and the e-learning platform were piloted between mid-June 2025 and the end of August 2025 (2,5 months). During the pilot phase, 389 participants enrolled on the platform, 267 started at least one course, and 86 completed at least one course. The content of this section draws upon the results of the satisfaction assessment questionnaire for participants who completed the course, and the additional survey for the participants who did not complete the course. In addition, comments and recommendations from the EU-MiCare team and from other professionals are included.

### Participants' Profile

Among the training participants who enrolled in the course during the pilot phase (N=389), all professional profiles targeted in the training were represented (Psychologist/Psychotherapist; Social Worker/Counselor; Cultural Mediator/Interpreter; Health Professional; Caregiver/Volunteer; Other). The professional categories with the most enrolled training participants were social workers or counselors (32%), and psychologists or psychotherapists (around 20%). This indicates that the course has been viewed as an interesting resource by both professionals in the field of mental health who sought to acquire knowledge about the specific target group of migrants and refugees, as well as by professionals from the social sector. For this latter group, it was the focus on mental health that was probably of most interest.

Professional Activity	Percent (%)
Psychologist/Psychotherapist	20.31
Social Worker/Counselor	32.14
Cultural Mediator/Interpreter	12.60
Health Professional	13.18
Caregiver/Volunteer	5.40
Other	15.94

*Table 2: Overview of participants' professional activity*

Around 16% of the enrolled participants gave "Other" as their professional background, indicating that the course was also interesting for professional groups less directly involved in the mental health provision for migrants and refugees (students, teachers).

Concerning the years of experience, more than 25% of the enrolled participants had been working in their profession or in their field for more than 10 years. Around 20% of the enrolled participants were active in their profession since 1–3 years. These results indicate that the training is an opportunity for acquiring new knowledge or specializing for professionals at all stages of their career.



Years of Experience	Percent (%)
<1 year	14.65
1-3 years	20.57
3-5 years	14.40
5-7 years	10.28
7-10 years	14.91
>10 years	25.19

Table 3: Overview of participants' years of professional experience

The EU-MiCare team considers the training as an appropriate tool for the preparation/onboarding of professionals starting work in the field of migration and/or mental health. This is especially the case for those who do not have previous education or training on these topics and often start working in the field without proper training (in Germany, “Quereinsteiger:innen”).

## Suggestions for Training Improvement

The overall evaluation of the training by participants who completed at least one course was very positive: more than 90% of them valued it either “excellent” (41,3%) or “very good” (50%). However, participants also made suggestions on how to improve the training, such as:

- Provide translation of all curriculum components, including the Glossary and the Repository (currently available only in English)
- Provide the opportunity to review the assessment questions upon completion of the vignette/test
- Develop additional PowerPoint presentations in presentation format, highlighting the key points
- Create complementary videos to support the theoretical material and sustain learners' motivation
- Enhance the platform forum to foster greater interactivity and open discussion

Participants who started the course but did not complete it gave lack of time as the main reason why they stopped learning. Most of them preferred the online asynchronous format (as it is). When asked about what could help them in completing the course, they selected following options:

- More reminders/notifications
- More flexibility in completing the course, with the possibility of taking only single modules (and not all four as a whole)
- Additional shorter or summarized versions of the modules

Moreover, it was pointed out that the bibliography on which the training is based as well as the materials in the repository, are currently available only in English, and it would be interesting to have them in other languages as well.

For the further use and implementation of the EU-MiCare training by other VET providers, the EU-MiCare Team suggests the following points:

◇ ***Improve learning flexibility***

Some course participants underlined the “rigid” structure of the course. In fact, to advance in the training and complete the course, the modules had to be taken in their entirety (reading, vignette, assessment test) and in the given order (module 1 to 4). It was not possible for the learners to skip content or to navigate freely across modules. This is because the EU-MiCare team conceptualized the training as a whole course, starting with a general part and then going into more detailed aspects. Furthermore, the rigid learning sequence was necessary to lead participants to take the whole course and so receive the official certificate of completion. However, professionals who might have been interested in single aspects of the offered courses were not able to access directly to them on the platform but had to go through the previous parts of the course. This might have discouraged some interested participants.

After the official end of the project in September 2025, the EU-MiCare team decided to upload the content of the courses also on the project website (while keeping the platform active). This should give the opportunity to access specific materials or modules only, and review the material before deciding to take the whole course on the platform. Also, other VET providers will have an easier access to the material through the project website and do not need to register on the e-learning platform.

◇ ***Plan resources for managing the Forum “Community of Knowledge”***

The Forum on the e-learning platform, called “Community of Knowledge”, was underutilized. This was unfortunate, as it could have created the possibility of knowledge exchange, sharing of materials, and networking among professionals from different countries and backgrounds. Experience from similar online communities shows that, for such an offer to work, it cannot be left to the platform users only to “keep it active”. Instead, similarly to the social media, there needs to be someone from the team feeding the forum, inviting the users to engage, and moderating discussions if necessary. Due to the lack of allocated budget for this specific task, it was not possible to perform this task professionally in the framework of the project.

◇ ***Close collaboration in drafting content is time and energy-consuming***

When creating the training content, the EU-MiCare partners worked in close synergy. All modules were elaborated by more than one partner and then supervised by Babel Day Centre, the partner

leading the corresponding work package. This collaborative effort allowed to create content of higher quality and to have coherent, stylistically homogenous content throughout the different modules.

However, this way of creating the materials was also more time and energy-consuming than having each partner work autonomously on one module. These aspects should be considered by VET trainers interested in further developing the training material.

◇ ***Create different versions of Module 1***

Module 1 “Foundations of Psychosocial Care in Migration Contexts” is currently available in only one version, integrated across all curricula. The content could be adapted to better suit different professional categories, reducing material that might be perceived as redundant for those already acquainted with the subject matter.

◇ ***Improve multimedia materials (e.g. adding subtitles and improving graphic design)***

Although all four training modules included a number of multimedia materials in English (both original content developed as part of the EU-MiCare curriculum as well as adapted materials from external platforms, e.g. TEDx videos on YouTube), translation into all consortium languages and scaling up was not possible due to the lack of allocated budget. Investing in this area can make learning more engaging and inclusive. Graphic design, more specifically, can enhance the readability of reports and learning materials, while subtitles for external multimedia resources can support comprehension and accessibility for wider audiences.

◇ ***Include expert contributions to complement the material on the platform***

The national events at the official project end in September 2025 proved an excellent opportunity to bring dialogue and exchange into practice within the consortium countries. Building on this, inviting external experts to contribute to the training and creating a dedicated space within the course and e-learning platform to host such contributions (through webinars, guest lectures, or live Q&A sessions) could provide an ongoing learning resource. This would complement the more static content format of the curriculum, keeping the platform active and dynamic while offering learners access to up-to-date expertise and practical insights from the ground. Such expert contributions could also work hand-in-hand with the “Community of Knowledge” feature, feeding into it and further supporting knowledge sharing and networking among professionals.

◇ ***Implement a coordinated approach to dissemination tasks***

Dissemination of the EU-MiCare training was successful in reaching the project’s target goals. However, distributing dissemination responsibilities across three different partners within the consortium added complexity and may have reduced its impact. For future implementation, a more

coordinated approach could improve effectiveness. This could include leveraging professional networks and sector-specific mailing lists to reach targeted audiences, such as working groups in consortium countries, humanitarian and human rights agencies, professional medical and mental health associations, and local NGOs. Additionally, social media campaigns could be used strategically (including short videos, testimonials or highlights from the training) to increase visibility and engagement.

◇ ***Suggestions for further development of the training material***

Looking forward, it would be valuable to continue the EU-MiCare initiative by both refining the existing content and developing new modules/units addressing more specialized topics, such as the mental health and psychosocial well-being of migrant and refugee unaccompanied minors, families, or children. Ensuring the sustainability of the project could involve updating materials in line with emerging theories and best practices, as well as adding further learning units such as those indicated. Partnerships with national bodies in the consortium countries (and beyond) could enable scaling up the training and integrating into national health systems or standard protocols where similar training opportunities might be limited. Finally, wider dissemination through networks of organizations and professional bodies could maximize the reach and impact of the training, allowing it to support ongoing capacity building across multiple contexts.



**Funded by the European Union.**

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/) (CC-BY-NC 4.0).

## EU-MiCare TRAINING ADAPTATION TOOLKIT

### Annex I: Participants' Profile Questionnaire

\* Required

First Name\*

Last Name\*

Email Address\*

Age

Experience in Migrant and Refugee Care\*

- ☐ Yes, I work assisting migrants and refugees.
- ☐ No
- ☐ In my field I also assist migrant and refugees, but not only.

Years of Professional Experience\*

- ☐ Less than a yr
- ☐ 1-3 yrs
- ☐ 3-5 yrs
- ☐ 5-7 yrs
- ☐ 7-10 yrs
- ☐ More than a decade

Country\*

- ☐ Cyprus
- ☐ Germany
- ☐ Greece
- ☐ Italy
- ☐ Spain
- ☐ Other

If you selected "Other" to the previous question, please specify:

*Text input*

Professional Activity (or Curriculum?)\*

- ☐ Cultural Mediator or Interpreter
- ☐ Physician
- ☐ Psychologist
- ☐ Psychotherapist
- ☐ Social Worker
- ☐ Volunteer

☐ Other

If you selected “Other” to the previous question, please specify:

*Text input*

Institution/Organization\*

- ☐ Hospital / Healthcare Facility
- ☐ University / Research Institution / Vocational Training Institution
- ☐ Public Administration
- ☐ Non-Profit Organization (NGO)
- ☐ Patient Advocacy Association
- ☐ Consultant or Independent Professional
- ☐ Other

If you selected “Other” to the previous question, please specify:

*Text input*

Preferred Language for the Course\*

- ☐ English
- ☐ German
- ☐ Greek
- ☐ Italian
- ☐ Spanish

## Annex II: Satisfaction Assessment Survey

\* Required

### Evaluation of the Curriculum

1. Has this e-learning course met your needs and expectations in relation to your current work context and development?\*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly disagree

2a. How do you rate the objectives and the expected learning outcomes of this e-learning course?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

2b. How do you rate the overall visual design of the modules of this e-learning course?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

2c. How do you rate the contents of this e-learning course?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

2d. How do you rate the resources of this e-learning course?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

3a. How would you rate the module 1 Foundations of Psychosocial Care in Migration Contexts ?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

3b. How would you rate the module 2 Improving Skills in Recognizing and Assessing Migrants' Mental Health Needs?\*



- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

3c. How would you rate the module 3 Improving Skills in managing Migrants' Mental Health Needs?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

3d. How would you rate the module 4 Self-Care and Staff Care?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellentodule

4. How do you rate the methods of evaluation for this course?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

5. Is there anything you would like to add to this curriculum? (Text area)

6. Is there anything you found unnecessary in this curriculum? (Text area)

### **Evaluation of the Platform**

7. How would you rate the e-learning platform of the EU-MiCare Project in terms of:

7a. Attractiveness (colors, images etc.)?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

7b. User-friendliness?\*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

8. Which in your opinion was the most valuable aspect of this e-learning platform?\*

*Text area*

9. Which in your opinion was the least valuable aspect of this e-learning platform?\*

*Text area*

10. Other comments

*Text area*

### **Final Evaluation**

11. Overall, how would you rate this e-learning training?\*

☐ Poor

☐ Fair

☐ Good

☐ Very Good

☐ Excellent

12. Would you recommend this program to your colleagues?\*

☐ Yes

☐ No

13. Is there anything else you would like to share about your learning experience.

*Text area*

### Annex III: Additional survey for participants who did not complete the course



## EU-MiCare Training

Satisfaction Survey / Zufriedenheitsumfrage/ Έρευνα Ικανοποίησης / Questionario di soddisfazione / Cuestionario de satisfacción

\* Erforderlich

### 1. Country of residence / Wohnsitzland / Χώρα διαμονής / Paese di residenza / País de residencia \*

- ☐ Germany / Deutschland / Γερμανία / Germania / Alemania
- ☐ Cyprus / Zypern / Κύπρος / Cipro / Chipre
- ☐ Greece / Griechenland / Ελλάδα / Grecia / Grecia
- ☐ Italy / Italien / Ιταλία / Italia / Italia
- ☐ Spain / Spanien / Ισπανία / Spagna / España
- ☐ Sonstiges

### 2. Job Title - Position / Berufsbezeichnung - Position / Τίτλος εργασίας - Θέση εργασίας / Professione / Profesión - Posición \*

- ☐ Psychologist - Psychotherapist / Psycholog:in - Psychotherapeutin / Ψυχολόγος - Ψυχοθεραπευτής/-τρια / Psicologo/a / Psicólogo/a - psicoterapeuta
- ☐ Physician / Ärzt:in / Γιατρός / Medico chirurgo / Médico
- ☐ Social worker / Sozialarbeiter:in / Κοινωνικός/-ή Λειτουργός/-ή / Assistente sociale / Trabajador/a social
- ☐ Counsellor / Berater:in / Σύμβουλος / Counsellor / Asesor/a
- ☐ Nurse / Pflegekraft / Νοσηλεύτής/-τρια / Infermiere/a / Enfermero/a
- ☐ Interpreter - Cultural Mediator / Dolmetscher:in - Kulturmittler:in / Διερμηνέας - Πολιτιστικός/-ή Διαμεσολαβητής / Interprete-Mediatore/Mediatrice culturale / Mediador/a cultural - intérprete
- ☐ Volunteer / Ehrenamtlicher / Εθελοντής/-τρια / Volontario/a / Voluntario/a
- ☐ Caregivers of unaccompanied minor / Betreuer:in von unbegleiteten Minderjährigen / Φροντιστής ασυνόδευτων ανηλίκων / Caregiver di minori non accompagnati / Tutor/a - cuidador/a de menor no acompañado/a
- ☐ Representant of migrant organisation - migrant community / Vorsitzender bzw. Vertreter:in von Migrantenvereinen bzw. migrantischen Communities / Εκπρόσωπος οργανισμού μεταναστών - κοινότητα μεταναστών / Rappresentante di un'associazione o di una comunità di migranti / Representate de una asociación o una comunidad migrante
- ☐ Policy maker / Politische Entscheidungsträger / υπεύθυνος χάραξης πολιτικής / Decisore / Autoridad política
- ☐ Working in public administration / Tätig in der Verwaltung / Εργασία στη δημόσια διοίκηση / Impiegato/o in una amministrazione pubblica / Empleado/a en la administración pública
- ☐ Working in a educational institution / Tätig in einer Bildungsinstitution / Εργασία σε εκπαιδευτικό ίδρυμα / Insegnante, formatore / Trabajador/a en una institución de formación/educación.
- ☐ Sonstiges

### 3. Which curriculum from the EU-MiCare training did you start? / Welches Curriculum haben Sie begonnen? / Ποιο Πρόγραμμα έχετε ξεκινήσει / Quale curriculum hai iniziato? / ¿Qué curriculum has comenzado? \*

- ☐ Curriculum 1 - Psicologo/a - Psicoterapeuta / Currículum 1 - Psicólogo/a - Psicoterapeuta
- ☐ Curriculum 2 - Social workers/Counsellors / Lernplan 2 - Sozialarbeiter:innen/Berater:innen / Πρόγραμμα 2 - Κοινωνικοί λειτουργοί/Σύμβουλοι / Curriculum 2 - Assistente sociale - Counsellor / Currículum 2 - Trabajador/a social - Asesor/a
- ☐ Curriculum 3 - Cultural Mediators/Interpreters / Lernplan 3 - Kulturmittler:innen/Dolmetscher:innen / Πρόγραμμα 3 - Πολιτισμικοί μεσολαβητές/διερμηνείς / Curriculum 3 - Mediatore/mediatrice culturale - Interprete / Currículum 3 - Mediador/ cultural - Intérprete
- ☐ Curriculum 4 - Caregivers/Volunteers / Lernplan 4 - Betreuungspersonen / Ehrenamtliche / Πρόγραμμα 4 - Φροντιστές/Εθελοντές / Curriculum 4 - Caregiver - Volontario/a / Currículum 4 - Cuidador/a - Voluntario/a
- ☐ Curriculum 5 - Health professionals / Lernplan 5 - Gesundheitsfachkräfte / Πρόγραμμα 5 - Επαγγελματίες υγείας / Curriculum 5 - Operatore/operatrice sanitario/a / Currículum 5 - Personal sanitario
- ☐ I don't remember / Ich erinnere mich nicht / Δεν θυμάμαι / Non so/non ricordo / No sé/No recuerdo
- ☐ Sonstiges

4. At which stage did you stop the course? / In welcher Phase haben Sie den Kurs abgebrochen? / Σε ποιο στάδιο διακόψατε το μάθημα / In che momento ti sei fermato/a?/ ¿En qué momento pausaste/interrumpiste el curso? \*

- ☐ Right after registration / Direkt nach der Registrierung / Αμέσως μετά την εγγραφή / Subito dopo la registrazione / Después de registrarme
- ☐ During the first module / Während des ersten Moduls / Κατά τη διάρκεια του πρώτου μαθήματος / Durante il Modulo 1 / Durante el primer módulo
- ☐ After completing Module 1 / Nach Abschluss von Modul 1 / Μετά την ολοκλήρωση του Μαθήματος 1 / Dopo aver concluso il Modulo 1 / Después de haber terminado el Módulo 1
- ☐ After completing Module 2 / Nach Abschluss von Modul 2 / Μετά την ολοκλήρωση του Μαθήματος 2 / Dopo aver concluso il Modulo 2 / Después de haber terminado el Módulo 2
- ☐ After completing Module 3 / Nach Abschluss von Modul 3 / Μετά την ολοκλήρωση του Μαθήματος 3 / Dopo aver concluso il Modulo 3 / Después de haber terminado el módulo 3
- ☐ After completing Module 4 / Nach Abschluss von Modul 4 / Μετά την ολοκλήρωση του Μαθήματος 4 / Dopo aver concluso il Modulo 4 / Después de haber terminado el Módulo 4
- ☐ I don't remember / Ich erinnere mich nicht / Δεν θυμάμαι / Non so/non ricordo / No sé/No recuerdo

5. What was the main reason you did not continue the course? / Was war der Hauptgrund, warum Sie den Kurs nicht fortgesetzt haben? / Ποιος ήταν ο κύριος λόγος για τον οποίο δεν συνεχίσατε το μάθημα / Qual è il motivo principale per cui non hai continuato il corso? / ¿Cuál es el motivo principal por el cual no has continuado con el curso? \*

- ☐ Lack of time / Zeitmangel / Έλλειψη χρόνου / Mancanza di tempo / Falta de tiempo
- ☐ Content too complex / Inhalt zu komplex / Περίπλοκο περιεχόμενο / Eccessiva complessità del corso / El contenido es muy complejo
- ☐ Content not relevant to my work/interests / Inhalt nicht relevant für meine Arbeit/Interessen / Μη σχετικό περιεχόμενο με την εργασία/ενδιαφέροντα μου / Contenuto non pertinente al mio lavoro/interessi / El contenido no es relevante para mi trabajo o mis intereses
- ☐ Technical difficulties with the platform / Technische Schwierigkeiten mit der Plattform / Τεχνικά προβλήματα με την πλατφόρμα / Difficoltà tecniche con la piattaforma / Dificultades técnicas con la plataforma
- ☐ Language difficulties / Sprachschwierigkeiten / Γλωσσικές δυσκολίες / Difficoltà con la lingua di erogazione / Dificultad con el idioma
- ☐ The course requires too much time / Der Kurs erfordert zu viel Zeit / Το μάθημα απαιτεί πολύ χρόνο / Il corso richiede troppo tempo / El curso requiere demasiado tiempo
- ☐ I was unable to complete it during the piloting phase due to being on holiday / Ich konnte den Kurs während der Pilotphase wegen Urlaubs nicht abschließen / Δεν μπόρεσα να το ολοκληρώσω κατά τη διάρκεια της πιλοτικής φάσης, επειδή ήμουν σε διακοπές / Non ho completato il corso durante la fase pilota perché ero in vacanza / No he completado el curso en la fase piloto por estar de vacaciones
- ☐ Preference for another format (in-person, hybrid, online synchronous/live learning) / Bevorzugung eines anderen Formats (Präsenz, Hybrid, Online synchrone/live Lernen) / Προτίμηση για άλλη μορφή μάθησης (δια ζώσης, υβριδική, διαδίκτυακή σύγχρονη/ζωντανή μάθηση) / Preferisco alter modalità di erogazione del corso (in presenza, sincrone online) / Prefiero otro formato (en persona, híbrido, online en vivo)
- ☐ Sonstiges

6. What Format did you prefer? / Welches Format haben Sie bevorzugt? / Ποια μορφή μάθησης προτιμάτε / Che modalità di erogazione preferisci?/ ¿Qué modalidad prefieres? \*

- ☐ In-person / Präsenz / Δια ζώσης / In presenza / Presencial
- ☐ Hybrid / Hybrid / Υβριδική / Ibrido / Híbrido
- ☐ Online synchronous/live learning / Online synchrone/live Lernen / Σύγχρονη/ζωντανή διαδίκτυακή μάθηση / Sincrono online / Online live
- ☐ The online asynchronous format, as it already is / Das Online-Format asynchron, so wie es bereits ist / Η ασύγχρονη διαδίκτυακή μορφή, όπως είναι ήδη / Asincrono online, come questo / Online asíncrono, el formato actual
- ☐ Sonstiges

7. Do you intend to resume the course in the future? (Reminder: it is possible to complete the course in the next 24 months) / Beabsichtigen Sie, den Kurs in Zukunft fortzusetzen? (Erinnerung: Es ist möglich, den Kurs in den nächsten 24 Monaten abzuschließen) / Σκοπεύετε να συνεχίσετε το μάθημα στο μέλλον; (Υπενθύμιση: είναι δυνατό να ολοκληρώσετε το μάθημα εντός των επόμενων 24 μηνών) / Hai intenzione di riprendere il corso in futuro? (Ricorda che è possibile completare il corso entro i prossimi 24 mesi) / ¿Tienes previsto retomar el curso en el futuro? (Recordatorio: es posible completar el curso aún en los próximos 24 meses). \*

- ☐ Yes / Ja / Ναι / Sì / Sí
- ☐ No / Nein / Όχι / No / No
- ☐ I'm not sure / Ich bin mir nicht sicher / Δεν είμαι σίγουρος/-η / Non sono sicuro/a / No estoy seguro/a

8. What aspects would help you to resume or complete this course in the future? / Welche Aspekte würden Ihnen helfen, diesen Kurs in Zukunft wieder aufzunehmen oder abzuschließen? / Ποιοι παράγοντες θα σας βοηθούσαν να συνεχίσετε ή να ολοκληρώσετε αυτό το μάθημα στο μέλλον / Che cosa potrebbe aiutarvi a riprendere o completare questo corso in futuro? / ¿Qué aspectos te ayudarían a retomar o completar el curso en el futuro? \*

- ☐ More reminders or notifications / Mehr Erinnerungen oder Benachrichtigungen / Περισσότερες υπενθυμίσεις ή ειδοποιήσεις / Promemoria o notifiche / Más recordatorios o notificaciones
- ☐ More flexibility in completion time / Mehr Flexibilität bei der Abschlusszeit / Μεγαλύτερη ευελιξία στον χρόνο ολοκλήρωσης / Più flessibilità nei tempi di completamento / Más flexibilidad en el tiempo para completarlo
- ☐ A shorter or summarized version / Eine kürzere oder zusammengefasste Version / Μια συντομότερη ή συνοπτική έκδοση / Una versione del corso più corta o sintetica / Una versión más corta o resumida
- ☐ Easier access to technical support / Einfacherer Zugang zu technischem Support / Ευκολότερη πρόσβαση στην τεχνική υποστήριξη / Un accesso più facile al supporto tecnico / Un acceso más fácil al soporte técnico
- ☐ Tutoring or guidance / Tutoring oder Begleitung / Διδασκαλία ή καθοδήγηση / Un attività di tutoraggio o guida / Una tutoría o acompañamiento
- ☐ Possibility to complete modules individually without having to finish the entire course / Möglichkeit, Module einzeln abzuschließen, ohne den gesamten Kurs beenden zu müssen / Δυνατότητα ολοκλήρωσης ενότητων μεμονωμένα χωρίς την ανάγκη ολοκλήρωσης ολόκληρου του προγράμματος / La possibilità di completare i moduli singolarmente senza dover concludere l'intero corso / La posibilidad de completar cada módulo de forma independiente
- ☐ Present the content using tutorial videos or graphic materials / Die Inhalte mithilfe von Tutorial-Videos oder grafischen Materialien präsentieren / Παρουσίαση του περιεχομένου με τη χρήση εκπαιδευτικών βίντεο ή γραφικού υλικού / Presentare i contenuti mediante video tutorial o materiali grafici / Presentación del contenido a través de videos o material gráfico
- ☐ Content changes / Inhaltsveränderungen / Αλλαγή περιεχομένου / Modifiche dei contenuti / Modificaciones en el contenido
- ☐ Sonstiges

9. Are there any changes in the course content that would influence your motivation to take or continue the course in the future? If so, which ones / Gibt es Änderungen am Kursinhalt, die Ihre Motivation beeinflussen würden, den Kurs in Zukunft zu belegen oder fortzusetzen? Wenn ja, welche? / Υπάρχουν αλλαγές στο περιεχόμενο του μαθήματος που θα επηρεάσουν την πρόθεσή σας να παρακολουθήσετε ή να συνεχίσετε το μάθημα στο μέλλον; Εάν ναι, ποιες / Ci sono modifiche dei contenuti del corso che potrebbero influenzare la tua motivazione a iniziare o proseguire il corso in futuro? Se sì, quali? / ¿Hay modificaciones del contenido que podrían influir en tu motivación para tomar o continuar con el curso en el futuro? En caso afirmativo, ¿cuáles? \*

10. How would you rate the e-learning platform of the EU-MiCare Project in terms of attractiveness (colors, images etc.)? / Wie würden Sie die E-Learning-Plattform des EU-MiCare-Projekts hinsichtlich der Attraktivität (Farben, Bilder etc.) bewerten? / Πώς θα αξιολογούσατε την πλατφόρμα ηλεκτρονικής μάθησης του προγράμματος EU-MiCare όσον αφορά την ελκυστικότητα της (χρώματα, εικόνες κ.λπ.)? / Come valuti la piattaforma di e-learning del Progetto EU-MiCare in termini di attrattività (colori, immagini, ecc.)? / ¿Cómo evaluarías la plataforma de aprendizaje en línea del Proyecto EU-MiCare en términos de atractivo (colores, imágenes, etc.)? \*

- ☐ Poor / Schlecht / Κακή / Insuficiente / Insuficiente
- ☐ Fair / Ausreichend / Επαρκής / Suficiente / Suficiente
- ☐ Good / Gut / Καλή / Buona / Bien
- ☐ Very Good / Sehr gut / Πολύ καλή / Ottima / Muy bien
- ☐ Excellent / Ausgezeichnet / Εξαιρετική / Eccellente / Excelente

11. How would you rate the e-learning platform of the EU-MiCare Project in terms of user-friendliness? / Wie würden Sie die E-Learning-Plattform des EU-MiCare-Projekts hinsichtlich der Benutzerfreundlichkeit bewerten? / Πώς θα αξιολογούσατε την πλατφόρμα ηλεκτρονικής μάθησης του προγράμματος EU-MiCare όσον αφορά τη φιλικότητα προς τον χρήστη / Come valuti la piattaforma di formazione a distanza del Progetto EU-MiCare in termini di facilità d'uso? / ¿Cómo evaluaría la plataforma de aprendizaje en línea del Proyecto EU-MiCare en términos de facilidad de uso? \*

- ☐ Poor / Schlecht / Κακή / Insuficiente / Insuficiente
- ☐ Fair / Ausreichend / Επαρκής / Suficiente / Suficiente
- ☐ Good / Gut / Καλή / Buona / Bien
- ☐ Very Good / Sehr gut / Πολύ καλή / Ottima / Muy bien
- ☐ Excellent / Ausgezeichnet / Εξαιρετική / Eccellente / Excelente

12. **Overall, how would you rate this e-learning training?** / *Wie würden Sie diese E-Learning-Schulung insgesamt bewerten?*  
/ **Συνολικά, πώς θα αξιολογούσατε αυτή την ηλεκτρονική εκπαίδευση** / *Complessivamente, come giudichi questo corso a distanza* / **En general, ¿cómo evaluaría esta formación online?** \*

- ☐ **Poor** / *Schlecht* / **Κακή** / *Insufficiente* / **Insuficiente**
- ☐ **Fair** / *Ausreichend* / **Επαρκής** / *Sufficiente* / **Suficiente**
- ☐ **Good** / *Gut* / **Καλή** / *Buona* / **Bien**
- ☐ **Very Good** / *Sehr gut* / **Πολύ καλή** / *Ottima* / **Muy bien**
- ☐ **Excellent** / *Ausgezeichnet* / **Εξαιρετική** / *Eccellent* / **Excelente**

13. **Would you recommend this course to your colleagues?** / *Würden Sie diesen Kurs Ihren Kolleg:innen empfehlen?* / **Θα συνιστούσατε αυτό το μάθημα στους συναδέλφους σας** / *Consigliaresti questo corso ai colleghi/e?* / **¿Recomendarías esta formación a otros/as colegas?** \*

- ☐ **Yes** / *Ja* / **Ναι** / *Sì* / **Sí**
- ☐ **No** / *Nein* / **Όχι** / *No* / **No**
- ☐ **I'm not sure** / *Ich bin mir nicht sicher* / **Δεν είμαι σίγουρος/-η** / *Non sono sicuro/a* / **No estoy seguro/a**

14. **Would you like to share anything else about your initial experiences with EU-MiCare training?** / *Möchten Sie noch etwas über Ihre ersten Erfahrungen mit dem EU-MiCare Training mitteilen?* / **Θα θέλατε να μοιραστείτε κάτι άλλο σχετικά με τις πρώτες σας εμπειρίες από την εκπαίδευση EU MiCare** / *Desideri condividere altre osservazioni circa la tua esperienza con la formazione a distanza del Progetto EU MiCare?* / **¿Te gustaría compartir alguna otra opinión en relación a tu experiencia inicial con la formación EU-MiCare?** \*

Dieser Inhalt wurde von Microsoft weder erstellt noch gebilligt. Die von Ihnen übermittelten Daten werden an den Formulareigentümer gesendet.