



Handbook

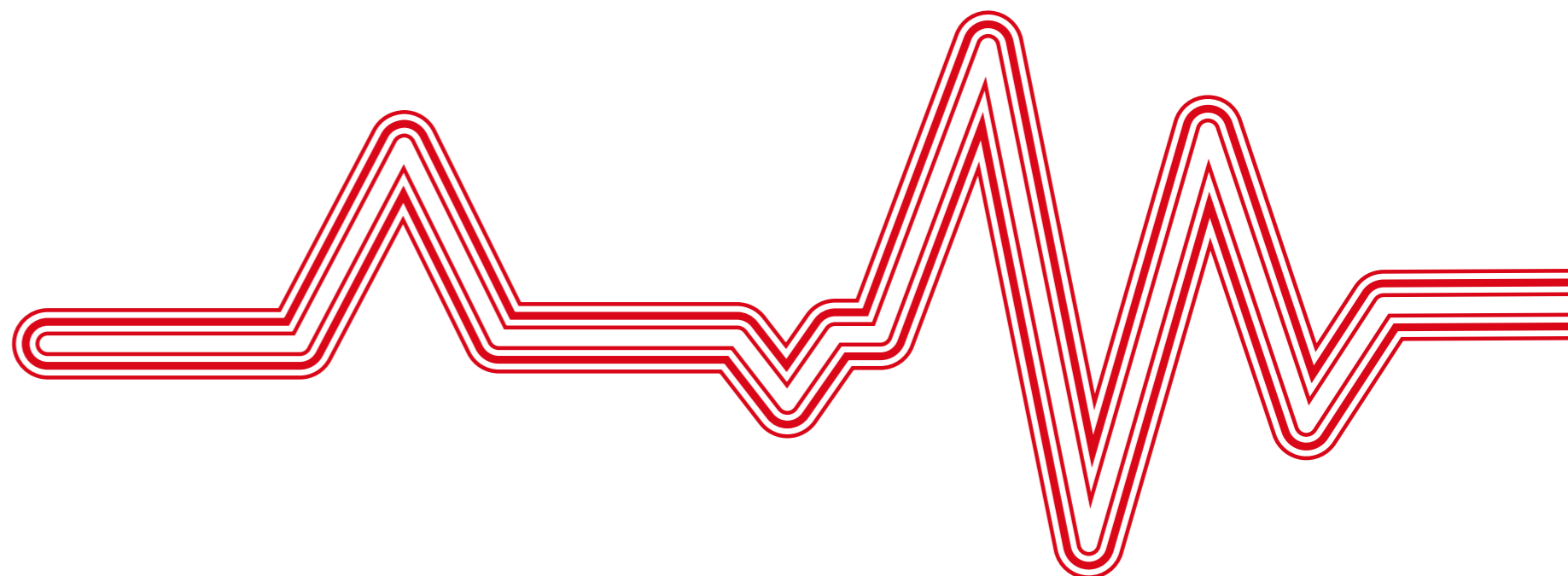
of good practices
and recommendations

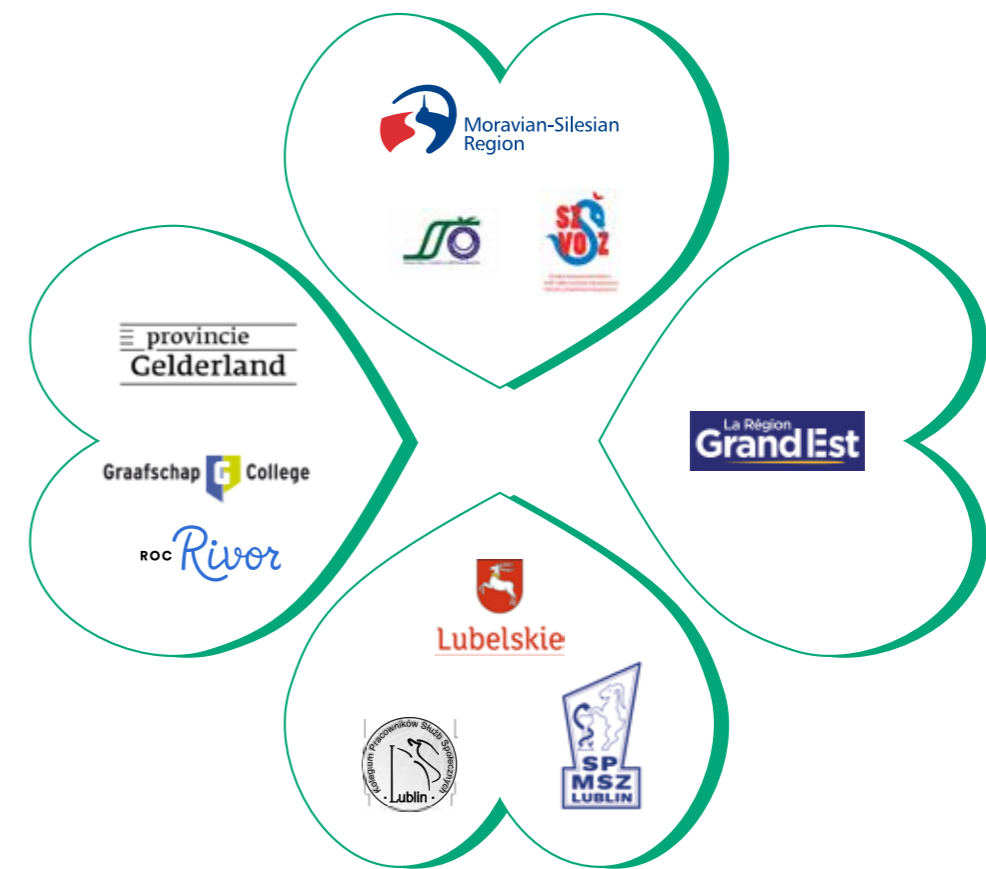




Handbook

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Project Title: Supporting attractiveness of health and social care professions in regions

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Introduction

Ageing Europeans and Overwhelmed Health & Social Care Systems: An Impending Crisis

Populations all over Europe are getting older, and in several European regions the health care system is trembling at its foundations. Greying societies mean increasing numbers of people that are in need of care, whilst at the same time even less people seem to opt for a (long-term) career in health care and social care professions. This is certainly the case in the Czech Moravian-Silesian Region, the French Great Eastern Region, the Polish Lubelskie Voivodeship and the Dutch Province of Gelderland. Preliminary discussion amongst these regions - a result of a prior project between PL, CZ and FR about VET for the European labour market

(CIVEEL, <https://erasmus-plus.ec.europa.eu/projects/search/details/6ed800eb-eb30-4fd6-be7c-31d546b8894e>), and through existing regional ties between PL and NL, PL and FR, and CZ and FR - revealed a few similarities in these developments.

The care sector as a whole seems to suffer from a bad reputation that is associated with hard work and long hours, low salaries and societal underappreciation. This seems to be especially true for VET-level professions. The Czech, Polish and French regions indicated that they struggle (or sadly, even fail) to fill their health and social care VET-tracks with students and drop-out rates are sometimes problematic. This means that the supply of new and qualified talent for the care sector is slowly drying up. Additionally, all regions expressed concern that valuable trained professionals like nurses leave the care sector. This happens for a variety of reasons, including work pressure as a result of understaffing, administrative hassle or better prospects in other career paths or locations. Because of this, problems the regions are facing now, due to ageing and a decrease of qualified staff in the care sector, are expected to grow to potentially catastrophic dimensions in the next 10 to 20 years.

Let's Learn From Each Other — SHAKER

All four regions face the complex problem of increasing demands on the provision of care whilst facing a decreasing number of caregivers. Of course, they are all working hard trying to avoid a future in which access to care is no longer a given; each region in its own unique cultural and political setting, and with different formal responsibilities and/or spheres of influence in health care, social care and the education system. Motivated by a desire for continued cooperation between the regions and driven by the hope to learn about new courses of action through delving deeply into each other's circumstances, the idea for the Erasmus+ SHAKER project was conceived.

The SHAKER project explored the problems and solutions to increase the attractiveness of the health care and social care VET-level tracks (including the reduction of drop outs) and the care sector as a whole in the four participating European regions; the Moravian-Silesian Region, Lubelskie Voivodeship, Great Eastern Region and Gelderland Province. This was done

through a three-day joint staff training visit to each region. Each visit offered an introduction into the regional situation and competences, an exploration of the problems being faced in and by the regions, and solutions that are being implemented to tackle those challenges. Special attention was paid to the use of digital tools. Participants included representatives of the regions with duties in the areas of international cooperation, the education system and/or the health care or social care system, as well as representatives of VET-schools offering health care and social care training. Involving VET-schools directly in the project (six schools as formal project members, several others as informal partners) was a strategic choice. It enabled and encouraged an exchange of experience amongst teachers and principals from the regions, and the possibility to foster new relations among the schools for potential future projects.

A Reader's Guide to the Handbook

This handbook is a tangible output of the SHAKER Erasmus+ KA2 project. The following chapters contain an overview of the project activities and outcomes as well as best practices, recommendations and digital tools that were identified by the partners.

Project activities and expected outcomes

Realized SHAKER project activities

Within the project the most important part was the realization of the short-term joint staff training events (SJE). In total 4 such events were organized. They had same meeting structure and the same participants were expected to take part in them. This pattern ensured the step-by-step progress in knowledge and experience gained in all 4 regions. After each training event the participants were responsible for delivering their feedback through filling in the Evaluation Questionnaire, which not only helped the coordinators to gather all essential information for preparation of this Handbook, but also to keep the project workflow on the sufficient level. Below a brief description of each SJE, which is presented.

SJE1 – LUBLIN (Poland), 28th June – 2nd of July 2021

The first SJE of the SHAKER project was organized in Lubelskie Voivodeship in Poland at the end of June and beginning of July 2021. The SJE1 agenda involved all 3 Polish project partner organizations – 2 schools (**College of Social Service Workers in Lublin and Post-Secondary School – Stanislaw Liebhart Medical Vocational College in Lublin**) and the **Marshal Office of the Lubelskie Voivodeship in Lublin**. Given the COVID-19 restrictions, some of the study visits were not able to take place in the institutions' premises, especially in the health sector. For this reason, the meetings with the institutions representatives were organized at one of the hosting medical schools. During their stay, the guests got acquainted with the educational offer of both schools, the specificity of their activities, the everyday challenges related to attracting students, their education, and the phenomenon of dropping out of education. In addition, they visited entities with which the above-mentioned educational institutions cooperate in preparing their students for the profession and in which internships are organized. Thus, representatives of the education, health, and social welfare sector from the project partners' regions visited the **Environmental Labour Corps in Lublin, the Lublin "Teatroterapia Lubelska" Foundation and the Social Welfare Home for Physically Disabled People**. As part of the workshop organized at the **Marshal Office** the last day of the study visit, the competences of the regional self-government in supporting education, social policy and health protection were discussed. The current situation on the labour market in the context of medical and social care professions was also presented. Moreover, the exchange concerned digital tools implemented on the local and national level within the Erasmus + projects such as: **Here4U – Soft skills Pack for Caregivers of Seniors** and **Multicultural Care in European Intensive Care Units – MICE-ICU**. The workshop was organized in cooperation with various departments of Marshal Office and local institutions: Department of Culture, Education and National Heritage, Department of Health and Social Policy, **Regional Centre of Social Policy, Voivodeship Labour Office in Lublin**.

[Project SHAKER, Erasmus +, Lublin, Poland/Projekt SHAKER, Erasmus +, Lublin, Polsko - YouTube](#)

SJE2 — METZ/NANCY (France), 14th — 18th of March 2022

The second SJE of the SHAKER project took place in the Great Eastern Region in France in March 2022. Training event was organized by officers from the International Relations Department and the Department of Health and Social Care Training (no French schools were involved). The SJE2 agenda included one day in the **Great Eastern Region's House in Metz**, one day of study visits in several institutions from the Health and Social Care sector in Nancy and also one day in the **Regional House of Sports in Nancy**, where other project related institutions presented themselves. Among the activities realized on the first day were the presentation of the national and regional competences in Health and Social Care training, the Education, supported with a presentation of the different tools and initiatives implemented in the Great Eastern Region. During the second day, the partners had the opportunity to visit institutions from the Health and Social Care sector in Nancy. That day started in the **ALAJI (Health and Social training centre)** with a presentation of their training offer to jobseekers and a visit to a technical flat, next was the **CHRU (Regional and University Hospital Centre with the biggest Health training centre in the Great Eastern Region)** where various training courses (nursing, medical electro radiology manipulators, ambulance drivers...) had been presented just before the visit of the technical platform (especially simulation rooms). In the afternoon, the participants visited the **IRTS (one of the Social Care training centres in the Great Eastern Region)** and had the opportunity to learn about its training offer for social services professionals and how the Institute promoted its actions.

During the third day of the training event, representatives of other institutions from the Health and Social Care sector presented some innovative actions developed in order to promote the attractiveness of training in this sector: nursing assistant training in the private institute **SANT'EST IFAS**, a new way to get a diploma for future nurses and nursing assistants with the validation of prior learning and hybrid experience, apprenticeship in nursing assistant training and the **Campus for Professions and Qualifications "Autonomy & Inclusion"**. At the end of the training, all the participants were asked to give their feedback and assessment of the event.

[Project SHAKER, Erasmus +, France / Projekt SHAKER, Erasmus +, Francie - YouTube](#)

SJE3 — ARNHEM (The Netherlands), 16th — 20th of May, 2022

In May 2022 the third SJE of the SHAKER project took place in Gelderland Province in the Netherlands. The SJE3 was organized by all 3 Dutch project partners and a variety of their network partners. The first day (Tuesday May 17th) was prepared by the program of Education and Labour Market from Gelderland Province, in cooperation with the program of International Affairs and the Bureau of Economic Research, 2 Employer Associations in Care and welfare, an independent employer collective in Care and Welfare and a Trade Union in

Care and Welfare. The second day (Wednesday, May 18th) was organized by VET Institute ROC Rivior in cooperation with the local hospital Ziekenhuis Rivierenland. The third and final day (Thursday May 19th) was prepared by VET Institute Graafschap College in cooperation with the Technology and Care Academy located in CIVON.

The morning programme of the first day consisted of three interactive presentations. The first introduced the partners to the Dutch political system and the organization of the health care and education systems. The second provided the latest facts and figures about the Gelderland population, its labour force, the health care sector and the shortages it faces now and in the near future; and the final one discussed in depth the role of the province in health care, labour market/economy and education, and addressed the main factors that cause people to leave the health care sector, or in other words, which issues need to be addressed. In the afternoon the group was divided into three for the workshop rotation. In 45-minute sessions, participants and presenting partners discussed their challenges, ideas and solutions on the topics of **the adoption of technology and technological skills within the work field**, improving the job/sector image at primary and secondary education level, and the benefits/challenges of shared employment. On the second day, the guests travelled by bus to Tiel to visit **ROC Rivior**. After a brief introduction of the school, the subregion Rivierenland and the workings of the BOL (i.e. school-based pathway) part of VET, the group was split into four and was rotated through four different workshops: honest conversations with students, a tour of the school and its facilities, the workings of the (digital) open learning centre and the set-up of the three-layered school-wide student counselling system. The programme continued in the **local hospital**, where many ROC Rivior students take their internship. The hospital shared, amongst other things, information about how their students-coaching-students program creates a more supportive and student-needs-centred environment, and the activities they undertake to keep staff happy, healthy, and learning. The training programme of the day was concluded with a visit to a **local café working with people with disabilities** and a distance to the labour market. The final day of the training event welcomed the delegates in **Doetinchem at Graafschap College**, where the guests were introduced to the school, the region and the **experience-based pathway** (PEGL, a form of training-on-the-job-based pathway, or BBL) through talks with students and teachers. In this way of teaching, each student follows his or her own path towards a degree, based on cases they come across in their work environment. It is a completely tailor-made way of educating and relies heavily on the student's self-empowerment. In addition, **an experience house** was visited in which Graafschap College is a partner. It is a place where locals can see what **technological options** there are **to enable** them to keep **living at home in a safe and comfortable way for as long as possible**. Finally, the **CIVON** was visited in **Uift**, where the **Technology and Care Academy (TZA)** presented its mission and activities. The visit was concluded with a brief tips-and-tops evaluation.

[Project SHAKER, Erasmus +, Netherlands / Projekt SHAKER, Erasmus +, Nizozemsko - YouTube](#)

SJE4 – OSTRAVA (The Czech Republic), 19th – 23rd of September, 2022

The final SJE4 of the SHAKER project took place in the Moravian-Silesian Region in the Czech Republic. The SJE4 was organized by all 3 Czech project partners together – 2 Czech schools and the **Regional Authority**. The first day's programme was organized by the **Moravian-Silesian Region**, specifically by involving Education, Social care and Health care departments from the Regional Authority. The second day was prepared by the Secondary Medical school in cooperation with the local hospital in Frýdek-Místek. The third and final day (Thursday September 22nd) was organized by the Secondary Social School in cooperation with the Rainbow House Facility in Ostrava. The aim of the first day was to explain the functioning of the educational, health and social care system both in the Czech Republic as a whole and in the region itself. Participants could also get acquainted with the specific activities which the region is implementing in these areas. These include, for example, the annual Nurse of the Year survey, which is an opportunity to recognize the work of healthcare professionals, or the „My Life After School“ app, which helps pupils decide what they would like to do in their future life and choose a particular secondary school accordingly. The successful transformation of **Dům NaNovo, a home for people with disabilities**, was also presented. Students of the **University of Ostrava** presented their project „I work in social services and I am proud of it“ promoting this very important profession, which is not very popular among people. The very next day, the programme took place at one of the schools involved in the project, namely **the Secondary Medical School and Higher Professional School of Health in Ostrava**. The participants were especially inspired by the project „To dám“ (I can do it!). Within this initiative, a team of pupils and teachers provides practical first aid courses to children from primary schools in the area. The project not only spreads awareness of first aid, but also shows young people that it really makes sense to choose a medical field of study. Afterwards, the guests also visited **the Magnolia Home, a home for the elderly suffering mainly from Alzheimer's disease**, where students from the Secondary Medical School are doing their internships. The day ended with a visit to another contributory organization of the region, **the Hospital in Frýdek-Místek**. The final day of the training event welcomed the participants at the **Prof. Zdeněk Matějček Secondary School**, which is also one of the Czech project schools. This secondary school offers studies to all pupils without distinction: healthy pupils, but also those with special educational needs, preparing them together for their future career. Finally, at the **Rainbow House of Silesian Diakonia, a non-profit organization that provides social services**, during the afternoon's workshops everyone discussed the position of social workers in society through the related topics such as **Age management**, Professional development of staff in the context of quality of social services and increase in status of professions in the social area through PR tools. At last, everyone understood, that it is a very hard job and not everyone can do it, but those who choose to do it must be well rewarded and society must start to see them as real heroes.

[Project SHAKER, Erasmus +, Czech Republic / Projekt SHAKER, Erasmus +, Česká republika - YouTube](#)

Expected project outcomes

Based on the described partners' needs in the project application form, all partners and other involved stakeholders expected to explore and obtain the best from the mutual cooperation and realized project activities, especially the **good practice, experience, know-how exchanges**; also supply of the **information about digital tools used in the partners regions** in order to support and complement the education, vocational training and work of the health and social care staff and future workers including the **strategies, tools and instruments implemented at the regional and local level, which helps to promote the attractiveness of the professions** in the care sector. Knowledge and experience gained and presented in the project Handbook is expected to be further transferred to other local institutions, regional administrations, and vocational schools as a part of the project's dissemination phase. The international aspect of collaboration among the partner's regions should also allow to **deepen the existing mutual cooperation** among them and help to **create a new network of health and social care institutions**.

SHAKER activities accomplished

All the planned activities, including both SJE4 and the project coordinators' meetings, were implemented despite the fact that the initial phase of the project was still affected by the Covid-19 pandemic and thus it was necessary to modify the planned project calendar of activities to take into account the restrictions in the individual regions caused mainly by the participants' travel and also the possibility of their joining organizations or institutions operating in the health and social care sectors, as these sectors were the hardest hit by the pandemic. The regular online meetings of project coordinators and the effective way of cooperation with other project partners contributed significantly to the successful implementation.

The agenda of all implemented activities always focused on the main aspects of the project, i.e. sharing good practices, exchange of experience and know-how. A wide range of local organizations and institutions were involved in the implemented activities in all regions, which by their involvement in the programme supported and offered a deep insight into the issues addressed in the region.

In addition to the above, participants were also provided with information on digital tools already implemented in each region to support the attractiveness of specific health and social care professions.

After all implemented activities, **press releases or articles were always prepared**, which were further promoted by individual project actors in their regions, either in the online environment using digital tools - **official websites of organizations and social media**, or **traditional printed communication channels were used** at the local level too. The dissemination of the project was also supported by **promotional videos made for each SJE**, which are posted on the website of the main partner, the Moravian-Silesian Region, and are actively shared by the other project partners, thus achieving international reach. During the individual study visits, thanks to the interactive programme, contacts, and networking between the participants and especially between the schools involved initiated additional steps to establish further, deeper cooperation.

Best practices and recommendations

To achieve the project goal, based on the description in the previous chapter, there were four study visits organized during the project. Always one per each region, where professionals (representatives from local authorities and schools) had the opportunity to observe, experience, and talk about which problems occurred, and which tools and solutions have been implemented by their counterparts. The purpose of this chapter is to gather and **provide information** from these study visits, to **elaborate the findings into examples of good practice and to present recommendations** as a source of inspiration.

Most frequent problems

At the beginning, during the study visits, all partner regions focused on the identification of the problems which might have explained the lack of attractiveness in the fields of health and social care. Common and specific problems were identified by the project participants during the training activities and summarised in the Project Evaluation Questionnaire. The scale used in the Questionnaire marked the problems from the least serious to the most serious ones.

The **major common problems** confirmed were the following:

- Low salaries;
- Difficulty to attract people to work in health and social care professions;
- Difficulty to maintain qualified staff;
- Low prestige of the health and social care professions;
- Early dropouts from the health and social care fields of study;
- Young people (professionals) leaving the region (“brain drain”).

The most frequently mentioned problem in all regions was **‘low salaries’**. This issue is addressed in the next section of this chapter. The other problems from the list above were (more or less) marked in all regions as more serious or serious problems. The problem with **young people leaving the region (brain drain)** was mentioned as most serious especially in the Moravian-Silesian Region (CZ), the Great Eastern Region (FR) and also in the Lubelskie Voivodeship (PL) too. The Great Eastern Region mentioned the outflow of workers in health care to Luxembourg, especially for people living in the Moselle department, close to the border. Average salaries in Luxembourg are higher than in neighbouring countries, which explains the number of cross-border workers. On average, a full-time employee as a nurse in Luxembourg earns 30% more than in France. The Moravian-Silesian Region has been facing this “brain drain” problem for several years already and it is not only the problem of the health and social care sectors, but a regional problem generally. When it comes to the

Lubelskie Voivodeship this phenomenon does not mean only people leaving the region, but also Poland as a country to find a better paying job in the EU and other countries. The main reasons are better salaries, working conditions, work benefits and career growth abroad.

In addition to the major common problems, the regions also face other challenges, particularly related to the **ageing of the health and social care workforce**. This issue is discussed later in this chapter among the specific regional issues.

Above all, the Lublin Voivodeship also identified another problem - **the presence of unskilled staff**. In this area the presence of private training centres that offer shorter (and less thorough) training for some professions from the health care sector is specific to the Polish labour market. These professionals are cheaper for employers than fully trained students. Moreover, these jobs are frequently carried out by family members.

Tools and solutions implemented by regions

All regions have already implemented their own initiatives including specific tools and solutions to address these problems.

Concerning the most frequently mentioned problem of **low salaries**, the fact is, there is no solution in the hands of regional authorities, because they have “zero authority” in this area. The issue of employee income is dealt with at the level of national governments or employers themselves. The salaries in the public sector are usually increased in accordance with inflation rates, but it is rather a political decision whether these will be increased or not. On the other hand, wages in the private sector are completely determined by the employers - provided they comply with the relevant legislation of the country. However, **regions might become partners in setting certain revenue rules**. For instance, in France in 2020 trade unions and the government agreed on salary increases for non-medical hospital staff, when French regions were consulted through their national association. Or another example, in the Moravian-Silesian Region a memorandum to establish a formal cooperation between the employers and the region was signed in April 2022 in response of the critical staff situation regarding qualified nurses.

When it comes to other possible options for **financially rewarding employees**, there are currently other instruments provided, mostly in the form of **benefits** such as: additional health insurance, pension and life insurance contributions, hiring bonuses, travelling allowance, cafeteria systems or meal vouchers, sport cards etc.

Gelderland Province has offered a different perspective on how they deal with this issue in the Netherlands, trying to stimulate people through **financial incentives to choose certain occupations: by being self-employed, and working part time**.

Moving on to the next problem, the **difficulty to attract people to work in health and social care professions**, in addition to the already mentioned benefits above, it became obvious, that the solution is to **raise awareness in society**, as much and as soon as possible, about

these jobs. The Project Evaluation Questionnaire showed that regions nowadays deal with this issue on various levels in the following ways:

- Towards young children: promotion of care professions starting at primary schools (working with role models and the role of the parents), **projects to educate children** about healthy lifestyle, hygiene, first aid, etc.
- Towards students: guidance and career counselling provided in schools.
- Towards unemployed people: guidance towards these professions through the institutions such as Labour Offices.
- Towards society as a whole: promotion of social topics, involvement of the people who are taken care of in the social and cultural life of the community.

For example, specifically the Czech partner uses as a tool **promotional campaigns, competitions and events, participation of employers in careers fairs** to reach out to people and attract them to health and social care professions.

Staying on this subject, another possible solution is **to offer as good working conditions as possible** to guarantee that workers can evolve in a fulfilling and friendly environment which remains on a human scale and allow them to reconcile their private and professional lives. These include, for example: the possibility of flexible working hours, enabling part time employment, offering extra days off, ensuring friendly supervision, teamwork support, etc. An interesting example of a contribution to keeping this human scale in social care services is provided in the Czech partner region where a **transition of social care has been implemented from big care homes to smaller facilities, which** support individual work with patients including using special treatment methods, e.g., zootherapy or music therapy.

Providing people with an **innovative, practical, and tailored accompaniment** in the profession is also a way to attract them to the health and social sector:

- Innovative due to modern tools, equipment and facilities;
- Practical and tailored through lifelong learning, workshops, internships/apprenticeship, and exchange programmes, as well as financial incentives like regional scholarships, recruitment allowances, etc.

During the training visit organized in the Great Eastern Region, many examples of solutions and tools developed to provide students with this innovative, practical, and tailored accompaniment were shown. The French partner implemented specific initiatives and a well-developed system of skills and competences validation (Campus, VAE: validation of acquired experience), as well as modern technologies and appliances for the training: specially equipped classrooms, use of innovative and technical tools such as gloves simulating Parkinson's disease, special glasses for virtual reality, technical flats, E-learning programme in the distance learning platform, national and regional platforms such as Parcoursup, the national platform for pre-enrolment in the first year of higher education. Whereas Czech





partners also focus on the importance of the Region in improving the working environment: the region as one of the possible founders of health and social care and education facilities, provides the financial support and makes investments in these sectors (repairs, building support networks), including the subsidies and providing help in terms of innovations.

In addition to the problem of attracting people to the sector, there is also the issue with **retaining qualified staff**, which is relevant for all partner regions. Despite all the activities the Great Eastern Region has done to attract people to the sector, that have been applied and mentioned in the paragraph above, the region still finds it difficult to maintain professionals in health and social care. It is due to the fact that as soon as these people are employed, it is the role of the government and employers to maintain their qualifications. It is not the role of French regions to finance workers' training, but they could help an unemployed person to be trained in this sector.

Another suggestion for making work in these areas more accessible could be **the concept of modern employment presented by Dutch partners**, where the self-employed work together with employees based on the idea: **together we share talents, work, and training**.

Most of the tools and solutions realized by the other partner regions were in connection with a **good working environment and well-being of people**, which seems to be the crucial task. Below there is a list of selected tools and strategies that are being developed in the regions to support this task:

- Providing **psychological support** to employees, helping them **to deal with stress**, difficult situations, **developing wellbeing programmes**.
- Paying attention to the **human aspect of the job** and to employees as human beings (implementing HR strategies such as **age management** and including work and private life balance).
- Offering **career opportunities** to change profession within the sector.

Tools and solutions developed to fight against **low prestige of the health and social care professions** at the present time mainly concern the promotion and communication sector.

The Moravian-Silesian Region mentioned the **realization of promotional and advertising campaigns on various levels** (national, regional, and school as well) using both - traditional media and social media, as well as the organisation of open days, health days, educational and preventive activities. Communication about health care professions is already made in the early stages of learning — especially for primary schools (including secondary schools pupils' participation in their school promotional activities). From the Czech perspective, there is also effective communication between the region and health and social care organizations to guarantee an awareness of each other's presence and high priority is given to education in the welfare and health care professions in the regional strategic documents.

The Great Eastern Region also relies on promotion and communication to improve the image of the health and social care professions through social media (Facebook, Instagram, Twitter,

influencers) aimed especially at the Youth audience also using other media such as radio and TV. There is a stress on dealing with digital tools such as videos and podcasts, websites with tools for job seekers, online courses, uniformization, interactive map, career signpost, digital job fairs and career markets too. Additionally, there are also open days, job forums and other public events organized. The region is working hard to focus on the concept of “**positive communication**” in favour of these professions.

Even if low prestige has been identified as a problem by all regions, Dutch and Polish partners regret having few to no tools or solutions to solve this image deficit and even stigmatisation.

Various tools and solutions were also implemented and identified by the participants of all four study visits **to avoid early drop-outs from the health and social care fields of study**, a problem that (more or less) plagues all partner regions. Most of those were already mentioned when talking about solutions to the other problems, but all-in-all could be summarised as follows:

- **Providing financial support** (scholarship programmes, free education) **and benefits for students** (providing the possibility to get a driving license to students, transport discounts);
- **Dealing with quality career counselling** (organized by trained counsellors, using web applications such as “*My life after school*” application, which has been developed in the Czech partner region, that helps career counsellors and pupils at the primary schools to ease their decision-making process, when considering a future career by providing all the necessary information related to the occupations; **providing individual support for pupils** (monitoring, coaching, and psychological support including early detection of potential problems);
- **Innovative and practical equipment and courses** (well-equipped facilities, e-learning programmes, school curriculum adaptive to labour market needs, cooperation between school and employers and early internships at various health and social care facilities as mandatory parts of the education, which develop the knowledge of professional daily activities);
- **Promotion and communication** (events such as school open days);
- **Exchange programmes** (student exchange stays, cross border partnership, internships abroad to get international experience, schools’ involvement in EU projects through Erasmus+ accreditation, international mobilities allowing apprenticeship in case of other schools than the ones involved in this project).

To point out some particular initiatives, for example the Great Eastern Region offers collaboration between the Health Ministry and the region in the form of a study allowance contract, the purpose of this study allowance is that the Ministry pays for the whole or part of the studies in return for the students’ commitment to practice within an establishment in the region for a fixed period: i.e. twice the duration of the receipt of the allowance as soon as they obtain their diploma. Or when a student makes a wrong study choice, the student is

offered another study option, or study breaks are possible in case of personal problems or health issues, as well as easy retraining.

For the Czech partners, it is important to provide a wide portfolio of educational programmes (full-time programmes, vocational courses, educational conferences for the professional and public). They also focus on combining the education of healthy and disabled youth, which needs the adaptation to the requirements of students and deeper interaction among teacher/ student/ professional in the workplace.

The Dutch partners have been implementing and emphasising the individualisation of each student’s learning path including sophisticated supportive career guidance in schools.

Concerning the last common problem identified by all partners, which was **young people (professionals) leaving the region (brain drain)**, all regions considered this problem as serious but at the same time regretted their inability to implement tools or solutions to avoid it. For this reason, for example, the Moravian-Silesian Region already implemented this topic in its regional strategic documents as a commitment that they want to deal with it as a priority.

Concerning **regional specific problems**, all regions except the Lubelskie Voivodeship mentioned **ageing of employees in the health and social care sector**, but did not successfully implement any solution with the exception of the Moravian-Silesian region, which provided a solution in form of a human resources strategy named Age management.

Only the Lubelskie Voivodeship identified the **presence of unskilled staff** as a problem with no solution on a regional scale.

It is true for all regions without distinction that the **efficiency of all mentioned tools and solutions deeply relies on good and smooth cooperation between all the actors involved**: local and regional administrations, related labour market institutions, public and private employers and educational institutions providing the necessary interaction between teachers, students and professionals.

Recommendations from partner regions

Based on what the participants could have witnessed during the study visits and on their own experience, certain recommendations arising from partners’ discussions to address issues related to increasing the attractiveness of health and social care professions were identified.

Together, the partners attempted to formulate these recommendations from a variety of solution perspectives: governmental, regional, employer, educational institutions and schools, and other stakeholders.

Firstly, it was confirmed that improving **salaries** relies on governments’ willingness. That is why **all partner regions recommend actions engaging lobbying towards national governments**, to **ask for** direct financial support and an increase in the base rate of salaries, as well as policymaking based on regional labour market needs.

In terms of the **difficulties in attracting people to work in health and social care**, all partners agreed that **role models** as examples of personal stories and working with the individual's personal motivation, **should be strongly encouraged in educational institutions, along with the incorporation of modern technology into primary education focused on 21st century skills** - with an emphasis on those that are key to these professions. Particularly in the field of education, we are talking about a continuous process, as it is extremely important **to build the image of professionals working in health and social care from the earliest stages of education**, as well as to support real workers in the field at different stages of their careers, all with an emphasis on their urgent need for an ageing European community.

Recommendations made in relation to the **difficulty to maintain qualified staff** are directed primarily at employers and regions themselves. To tackle these issues, all involved partners think that employers should provide a good work-life balance and social innovation. Top-down cooperation should be encouraged between employers and employees as well as discussions about their professional and personal needs (life-long learning, investment in sustainable employability etc.). Alternatively, employers could allow part-time employment (if applicable), which could also tap into current untapped labour market potential. We as partners also think that regions should formally engage with major employers or employers' associations in the health and social care sector to identify opportunities to match regional specificities and needs to retain workers in the sector. The Dutch partner made interesting proposals to address this problem and suggested introducing some programmes for retired professionals to become buddies for people still working in health and social care. These "buddies" would help them to deal with stress, or difficult working situations providing their personal experience and knowledge. Another idea was to create a "thank you wall" from patients in health and social care to show staff how good a job they are doing and that they are making a real difference and impact on the lives of those who need it.

Regarding the **low prestige of the health and social care professions**, it was agreed, that all stakeholders should contribute to the improvement by continuing the already proven methods of prestige building, with an emphasis on **building a positive image on youth-oriented social media networks**, to which all social work professions (not only direct care, but all possible professions in the care sector) should be exposed.

For the Dutch partners, this is a problem that is difficult to solve for schools and perhaps even for regions, and therefore needs to be lobbied for in policy at EU or national level. It is therefore recommended that national governments step into this to help to raise the profile of these professions by improving its image (engaging health and social care trade unions in action), promoting the health and social care professions to all ages (e.g., supporting the organisation of an official celebration day for health and social care workers) and providing various financial incentives (in addition to salary increases, e.g., official collaboration with model ambassadors).

According to project partners, recommendations on **how to prevent dropouts in health and social care fields of study** include the most important number of actors. Educational institutions and schools should provide modern teaching methods, equipment, technology, and devices. They should also focus on a sophisticated system of counselling, providing a coach to support and assist students who face certain educational or personal difficulties. In addition, there is





also a need to build awareness of career choices in health and social care from the early start of education. Additionally, student exchanges in practical training (at international level) can make an important contribution to this task. All partners believe that employers should provide internships and experience labs in collaboration with students to allow them “to experience work in the field”. The Dutch partners emphasise the need to actively involve employers in education and curricula and to create even more interaction between student, school, and employer, in order to retain talent through a more individualised work pathway and to more ‘align’ students’ placement in practice. This can help students to remain enthusiastic about work. It also contributes to a better match between what schools offer and what the sectors and the labour market need. From the perspective of students and employees, project partners propose the idea of learning in the workplace, which should be encouraged and all actors (region, schools, and employers) should work together, especially to implement EU projects that ensure the improvement of professional competences and the acquisition of high-level knowledge skills.

Each partner region suggested ways to reverse the trend of young people (professionals) leaving the region (brain drain) and a need for additional information on the problem from their own perspective. From the Polish perspective, major changes would be needed at the national level in terms of financial and non-financial working conditions. Dutch partners mentioned putting in place a (more) regional effort to keep the regions attractive to live, work and spend free time in; showing the advantages of living in their regions, like affordable housing in relation to the Amsterdam/Rotterdam areas; putting in place paid practical places for 3rd or 4th years students; those who will graduate soon, and providing them with money and a contract if they want to keep working in the company. Regions could perhaps grant them a part-time contract and day release study at university while they also work as a professional. Therefore, it would lose less students to the university but keep them working in the local health and social care system and also give them the chance to develop themselves while working. Concerning the outflow of people from the Czech partner region the recommendations in general are about attracting more international employers, who would create the appropriate working places for young people, offering them balanced working hours that are compatible with family care (especially for young children). Continue in tech-innovations and creating an attractive working environment. Supporting start-ups for self-employed people through counselling, guidance and financial support or incentives. Actively communicating job opportunities for young people so that this information is accessible and reaches the target group. Creating a friendly transportation network, which would help people to smoothly commute within the region and support the alternative means of transport and continue to remove the environmental burden caused by the region’s industrial past.

Last but not least, regarding specific regional issues, the recommendations also addressed **the ageing of the health and social care workforce**. We as partners believe that employers should offer more flexible jobs to reduce the pressure on the workplace caused by staff shortages and pay more attention to staffing issues and the special needs of middle-aged employees. The Dutch partners also added that perhaps retired people should continue to be involved as volunteers to provide mentoring services to new employees and to help them make a smooth transition to a new job. It would also help to provide them with an experienced mentor for professional consultation and lifelong learning on the job.

Digital tools

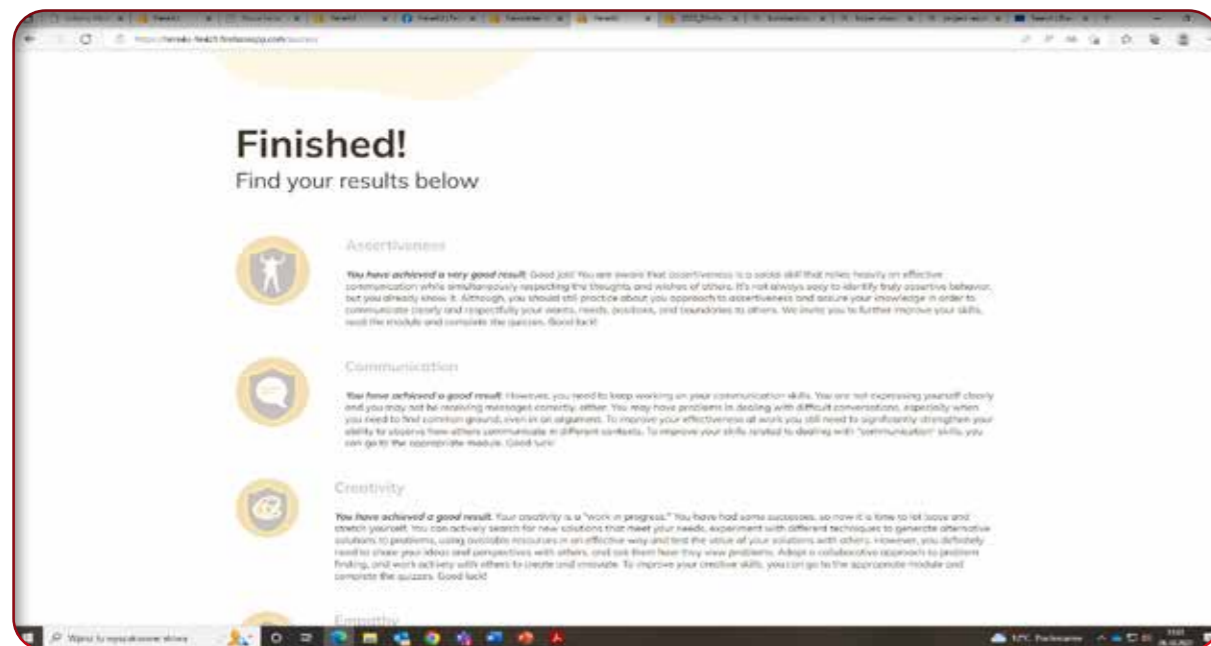
This chapter of the handbook provides an overview of the available digital tools that partner regions have implemented to support the enhancement of the attractiveness of health and social care professions.

1. Here4U platform

<https://here4u-9e425.firebaseio.com/login>

The platform was created with an **Erasmus + project “Here4U – Soft Skills Pack for Caregivers of Seniors”** completed in September 2021. The project's aim was to increase the level of caregivers soft skills, improve the competences linked to their professional practices, empower caregivers and the level of seniors' services highlighting the emotional and psychological aspect, foster relations between caregiver and senior, as well as improve the seniors' wellbeing.

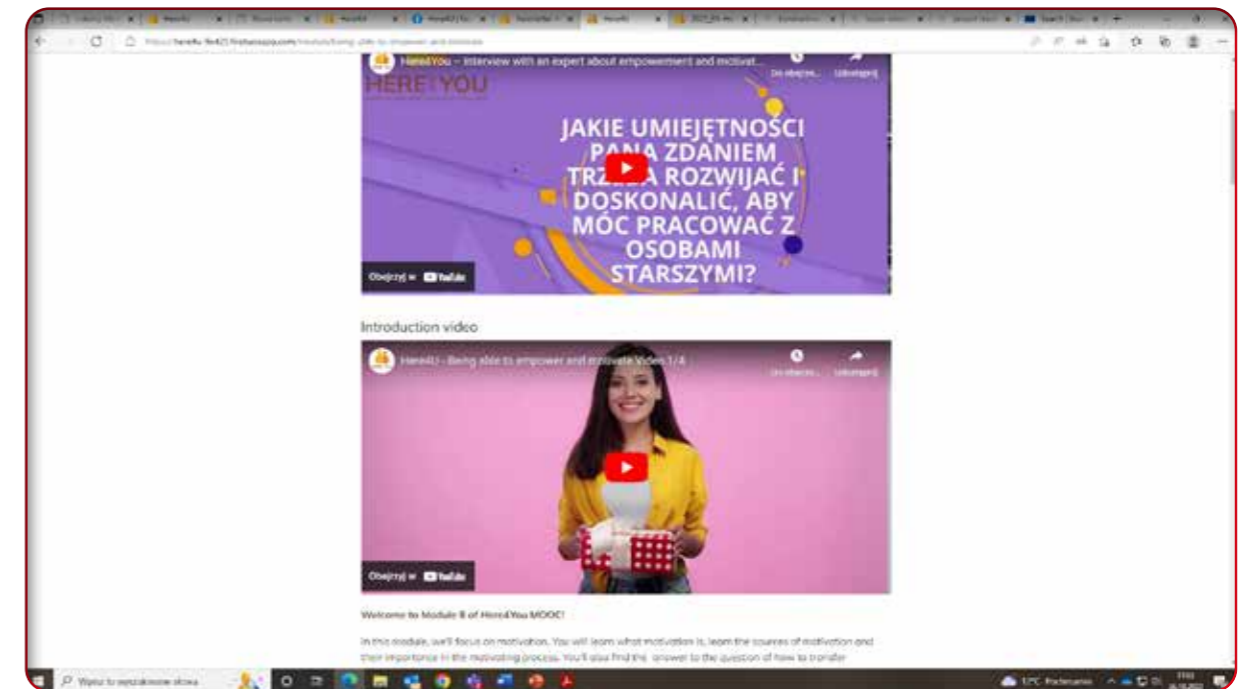
Within the project **a diagnostic tool for assessment of soft skills was developed**. It is a multidimensional ICT tool that allows to identify areas of improvement and enables caregivers to assess their professional skills in terms of ten key competences: 1. Communication, 2. Problem solving, 3. Keen observation, 4. Empathy, 5. Patience, 6. Stress management, 7. Creativity, 8. Being able to empower and motivate, 9. Assertiveness, 10. Thick skin. After completion of the questionnaire, every user gets an automatic report which includes the results of the assessment.



There is also an e-learning platform fostering soft skills improvement. It complies with the guidelines of the Progressive Internet Application (ISO 9241-2010: 2010 standard) and can be accessed from any device (including mobile devices). It can also be installed as

a mobile application. The platform has the progress features that allow to identify user's weaknesses and determine which parts of the course need to be revised and enables the user to customize the profile and landing page. Within the platform there is an online course supporting caregivers of seniors. It consists of 10 modules (the same that were assessed thanks to the diagnostic tool). Each module consists of 4 parts and a “box of ideas”.

The content is very interactive, presented in the form of documents with supporting videos and quizzes. Interviews with experts in caregiving on the topics included in the course, videos and cartoons are available on our YouTube channel in each partner's language (Polish, English, Greek, Italian and Spanish).



2. Web application „My life after school“

<https://www.mujzivotposkole.cz/>

This is an online tool, which provides primary and secondary schools pupils in the Moravian-Silesian Region in the Czech Republic with basic information about jobs/professions and living costs. Here pupils can find job descriptions, earnings, employment rate and suitable education in the Moravian-Silesian region. During the second part of the application, they will see prices of living, food, transport and other costs of living e.g. holidays, events. Through this app, pupils can observe the relationship between income and costs of living and they can test their ability to manage money.

The target group is not only pupils but also teachers and careers counsellors who can use the source of current information from the labour market. The web application is a tool for improving attractiveness of teaching and the possible outcome of careers counselling. The application is free to use.



3. Social media

Various campaigns in social media made by influencers on Instagram or other sites. The main objective is to reach a younger audience and promote among them content concerning jobs in health and social care.

4. Online course “Multicultural Care in European Intensive Care Units – MICE-ICU”

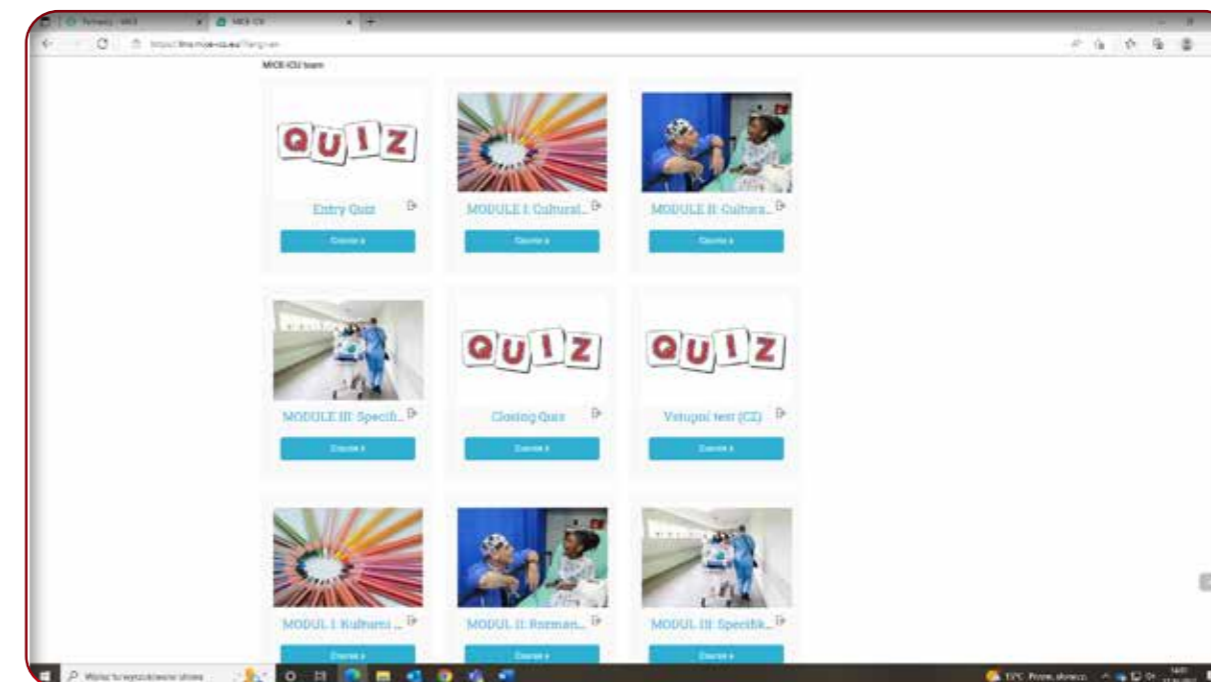
MICE-ICU

This course is a creation of the international team within the European project of the same title, developed under the Erasmus + program. This course is divided into three main modules:

- I: Cultural awareness and sensitivity
- II: Variety of aspects in multicultural nursing care
- III: Specifics of multicultural nursing care on ICU

Each module covers different topics prepared with an evidence-based approach. At the beginning and at the end of the course there is a short quiz, which we very much recommend in order to check knowledge in this area. Also, each topic is summarized with a short quiz or case analysis to reflect the material more practically. At the end the user is asked to fill in a short evaluation form. Once the course is completed and the evaluation form is filled in, the user will receive a certificate.

The course is available in Polish, English, Slovenian and Czech.



5. Aan jou hebben we wat (“YOU’RE a great help”)

www.aanjouhebbenwewat.nl

An initiative of RegioPlus in cooperation with the 13 regional employer organizations. The goal is to work together with education to ensure that more and more young talents see how beautiful and varied employment in health and social care is. Through a teaching package it offers insight into this extensive sector and the variety of professions and training.

There are 2 versions, one for enrolment in Secondary Vocational Education such as for: care providers in elderly care and assistants in care for the disabled and another for enrolment in Higher Professional and University Education : nursing staff, youth workers, medical doctors and psychologists.

STEL JE VRAAG IN DE COMMUNITY **NEEM CONTACT OP MET DE MAKERS**

Info voor decaan, mentor, docent en leerkracht

Uw leerlingen hebben zonder uitzondering iets moois in zich. Lief, humor, nieuwsgierigheid... Het zijn juist die eigenschappen waar de sector om zit te springen. Om jongeren en leerlingen uit de bovenbouw van het primair onderwijs een beeld te geven van deze sector, hen kennis te laten maken met de dynamiek en vooral te laten zien hoe zij de toekomst kunnen veranderen kunt u het gratis leerspakket 'Aan JOU hebben we wat' bestellen.

Er zijn twee leerspakketten beschikbaar voor het voortgezet onderwijs:

- **Vmao**: dit leerspakket is geschikt om in te zetten ten behoeve van de profielkeuze (eerste jaar V2)
- **Havo/vwo**: dit pakket is gekoppeld aan de profielsectie (tweede jaar 3)

Deze leerspakketten bestaan uit via de Dutch Heronder, 11 online en 11 offline modules met daarin o.a. de fysieke handtekening, werkbladen en flyers.

Daarnaast zijn er voor dezelfde doelgroep nog twee digitale verdiepende modules beschikbaar, naast u het leerspakket heeft besteld:

- **Zorg 2.0**: dit pakket gaat in op zorg en techniek
- **Gehandicaptenzorg**



Het leerspakket voor het Primair onderwijs is digitaal beschikbaar. Klik hier om het informatieblad te downloaden.



KIES MBO NL **YOU CHOOZ .NL**

Meer informatie over opleidingen

- Profielsectie
- HBO
- VWO
- Overzicht onderwijsinstellingen

The basic kit consists of several parts: a short introduction video, quiz 'What would you do?', 3 videos about care recipients and their care providers, 8 learning stories, 3 different Worksheets.

There is also an education kit "YOU'RE a great help" for primary education with 8 animation videos in which the children are shown a story of a child who comes in to contact with the health and social care sector. The care machine determines which lesson will be followed. Assignments such as "answering multiple choice questions, discussion questions, statements". Each lesson concludes with two processing assignments.

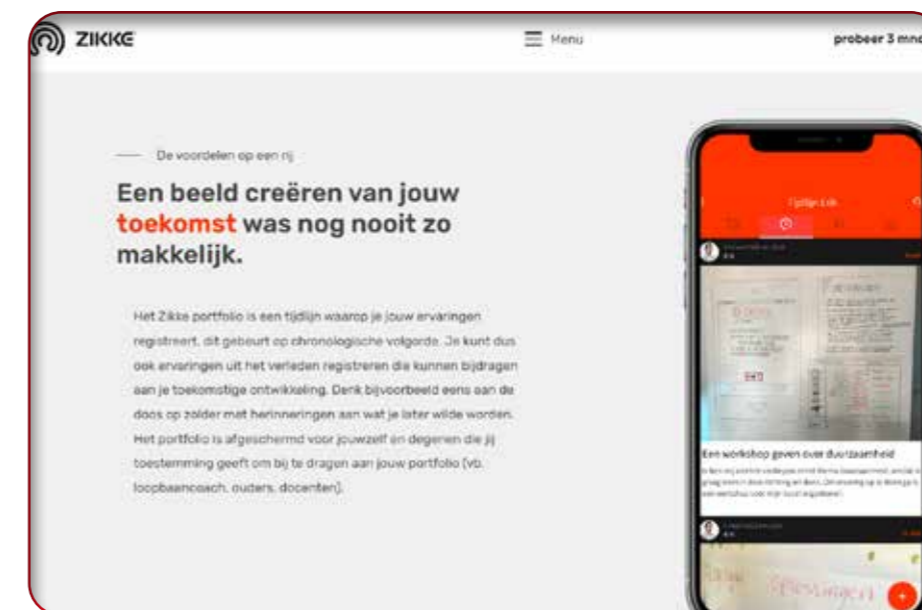
6. Zikke

www.zikke.nl

Zikke lets primary school pupils experience and register their motivation and talents. Zikke creates a wide range of activities within 9 areas, including health and social care.

The activities are remarkably diverse, such as: museum visits, company visits, participation in technology days and sports activities. There is also an app which helps the children to assess and secure the findings.

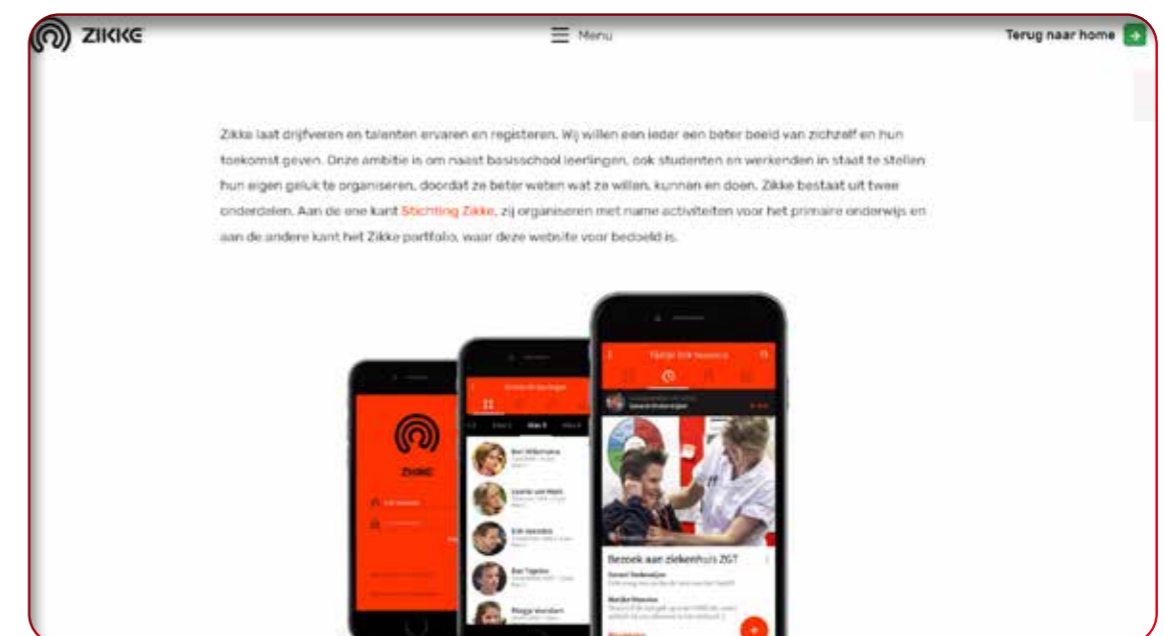
Zikke and the WGV have developed a teaching letter in preparation for the working visit to a care institution. The education kit 'You're a great help' is part of the preparation.



De voordelen op een rij

Een beeld creëren van jouw toekomst was nog nooit zo makkelijk.

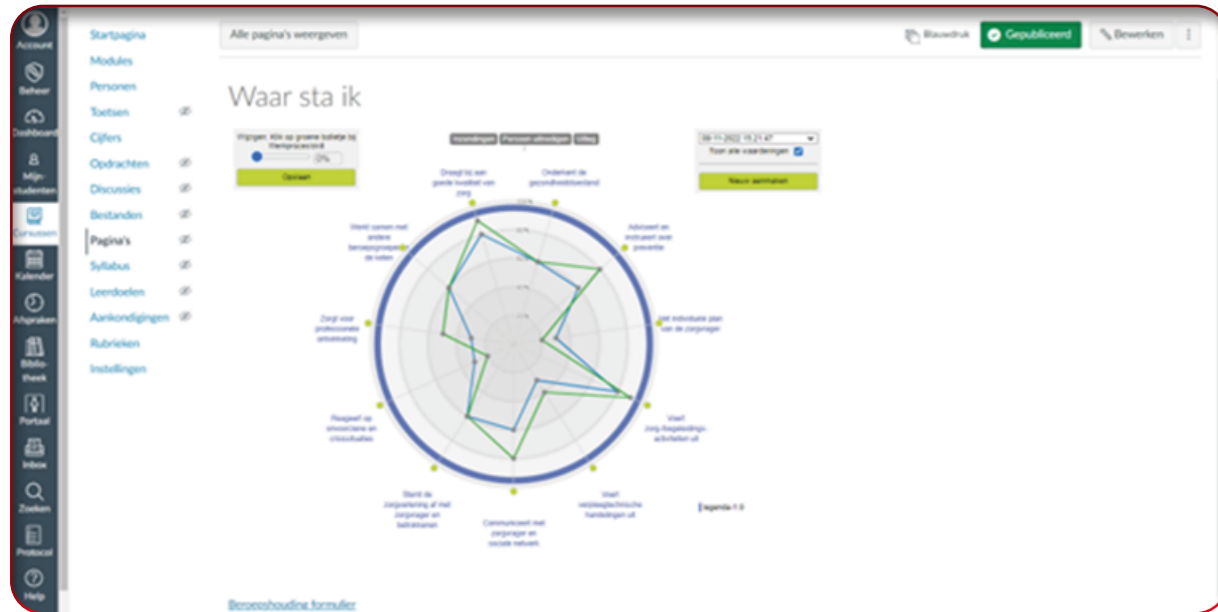
Het Zikke portfolio is een tijdschrift waarop je jouw ervaringen registreert, dit gebeurt op chronologische volgorde. Je kunt dus ook ervaringen uit het verleden registreren die kunnen bijdragen aan je toekomstige ontwikkeling. Denk bijvoorbeeld eens aan de doos op zolder met herinneringen aan wat je later wilde worden. Het portfolio is afgeschermd voor jezelf en degenen die jij toestemming geeft om bij te dragen aan jouw portfolio (vb. loopbaancoach, ouders, docenten).



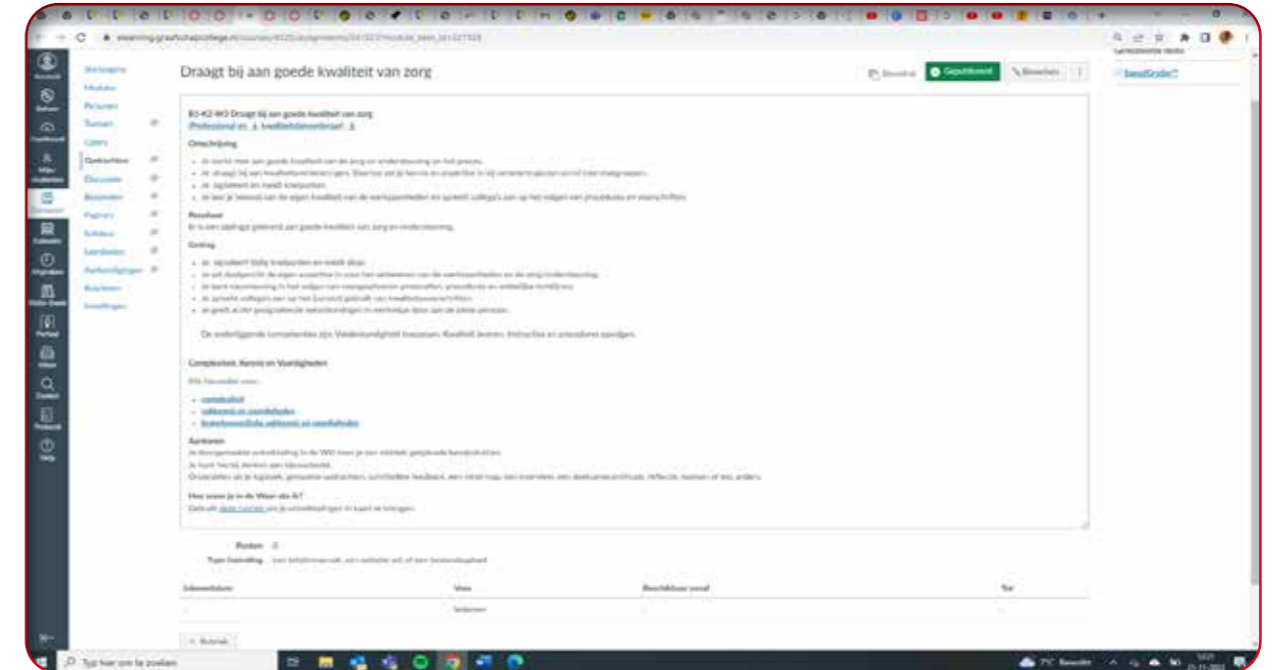
Zikke laat drijfveren en talenten ervaren en registreren. Wij willen een ieder een beter beeld van zichzelf en hun toekomst geven. Onze ambitie is om naast basisschool leerlingen, ook studenten en werkkenden in staat te stellen hun eigen geluk te organiseren, doordat ze beter weten wat ze willen, kunnen en doen. Zikke bestaat uit twee onderdelen. Aan de ene kant **Stichting Zikke**, zij organiseren met name activiteiten voor het primair onderwijs en aan de andere kant het **Zikke portfolio**, waar deze website voor bedoeld is.

7. 'Where do I stand' tool

A digital tool (ELO) serving to monitor and evaluate the progress of the students. It allows you to find out what goals should be achieved during the learning process, what was already done and what steps need to be taken. The access to the system is given to students, teachers and trainers at the place the students are working.



Information about the individual student's progress can be added and commented on in all the parts. The results are presented as graphs and descriptive evaluation. And it is used as a start of the conversations about the progress from the student and therefore learning goals for the next week(s). It is very beneficial for the students to have more control over their study path and pace of study. In this tool all the work processes from the education qualifications are included. The students can score themselves, but also the teacher and work supervisor can score the student. The scoring is based on how the student has performed in their job or how they have worked on the learning questions. The student always fills in the form first.



This tool is not to judge the student but a tool to start the conversation about education pathways. Together with the Healthcare organizations a new pathway for the lateral entry in the training-on-the-job pathway has been created. The reason is that these students already have lots of competences, knowledge and skills. We wanted the education they need to match their practice on the job. We let go of the curriculum and created a personalized pathway, where the client or its situation will be the starting point of the learning process.

Students learn by creating learning questions that are connected to the client or the client's situation. And by learning where and how they can find the answer to these questions. What does it ask from the work supervisor and the teacher?

8. Parcoursup - the national admissions platform for the first year of higher education

<https://www.parcoursup.fr/>

On this platform, secondary school students, apprentices or students changing course can access the first year of higher education in 2023 by pre-enrolling, submitting their course preferences and responding to the admission offers from institutions providing higher education courses (Bachelor's degrees, Section de Technicien Supérieur (STS - Advanced Technical Section), Institut Universitaire de Technologie (IUT - University Technology Institutes) Classes Préparatoires aux Grandes Ecoles (CPGE - Classes preparing for admission to the Grandes Ecoles), engineering schools, etc.).

On the Parcoursup site, future students will find the available courses, the steps of the procedure and the answers to their questions.



In order to promote the nursing profession, the Great Eastern Region made a proposal to the Ministry of Education ; In fact, the Great Eastern Region and its partners worked with a « kit of information » dedicated to pupils who wanted to know more about this particular profession. This kit is composed of podcasts, interviews, comics, videos and for many of these tools, students speak to future students!



9. Digital descriptions of 45 Health & Social care professions created by the Great Eastern Region

<https://www.grandest.fr/daccrocher-emploi/les-metiers-du-sanitaire-et-social/>

This interactive document is composed of 45 jobs and study sheets. It is dedicated to all people who would like to discover or have more information about these professions. It is interactive because all the information contained in the documents comes by automatic extraction from a regional database (geographical, contacts,...).

People can choose a profession, but they can also have several proposals thanks to their school level for instance.

Conclusion

The aim of the SHAKER project was to look for possible solutions by sharing good practices among four specific European regions (in France, Poland, the Netherlands and the Czech Republic) facing the same impending crisis to ensure sufficient workers in health and social care professions, caused mainly by the lack of attractiveness of these professions, and to draw inspiration from possible tools and strategies that these regions have already implemented in an attempt to tackle this problem.

Through the project, experts from regional authorities and the education sector gained deeper insight into this issue not only at the level of local governments, but also at the level of the current education system, including the opportunity to visit specific providers of these services and compare common practices in relation to their own experiences. The peer-to-peer discussions in the workshops with other project participants also allowed them to consolidate their knowledge and deepen their professional experience, which in turn enabled them to formulate their own recommendations that could contribute to future opportunities to increase the attractiveness of these professions in health and social care in their own region.

With regard to the findings that emerged from the feedback of the project participants, it must be stated frankly that in order to ensure a better future in this area, it is necessary that **all stakeholders at all levels respond systematically, jointly and in a coordinated manner, immediately if possible, and develop the necessary activity within their respective competences so that the proposed activities are logically linked and mutually supportive.** Solitary actions by specific actors, whether founders, employers, or schools, are necessary and meritorious, but without mutual support they do not lead to the desired goal of attracting and retaining skilled workers in these professions. **The problem is complex and cannot be solved by a single instrument such as financial incentives.** It is only one piece of the whole puzzle. The truth is that **systematic support needs to be offered throughout the system.** Given the factors for which people choose to work in this sector, namely empathy, a positive relationship with people, the opportunity to help and care for others, altruism, and others, **it is particularly important to build a positive image of these professions** and to identify suitable candidates as early as pre-school education. To offer sufficient opportunities to work with these candidates, not only in preparing them for these professions through easy access to the entire education system and tailored career guidance, but also by supporting their personal and professional development later in the work process itself, including regular psycho-hygiene and an emphasis on well-being, particularly the reconciliation of work and family life.

Above and beyond this, it should also be stressed that despite the impending transformation to digitalisation and technological adaptation, which the sector will not escape, and which will undoubtedly bring many benefits and facilitations, **a human approach remains a key irreplaceable attribute for the performance of these professions.** For this reason, the recommendations formulated especially concern, among others, **individualised human resources work**, with an emphasis on the aspect of the increasing age of these employees including consideration of their specific living conditions. This is all due to the fact, that

a “one-size-fits-all” approach does not work for these professions when dealing with staff shortages.

Reconciling all of these requirements so that they lead to a common goal remains a major challenge for European society as a whole and will **require stakeholders in all regions to come to the table as partners to discuss the necessary common actions**, taking into account their own regional specificities.

Annexes

Online library

This online library is here to provide the list of all organizations visited or presented within the project activities in all 4 regions.

Lubelskie Voivodeship, Poland

Marshal Office of the Lubelskie Voivodeship in Lublin:

[Urząd Marszałkowski Województwa Lubelskiego w Lublinie – Informacje o wojewódzkich władzach samorządowych i Lubelszczyźnie](#)

VET SCHOOLS:

Kolegium Pracowników Służb Społecznych w Lublinie:

[Strona główna | Kolegium Pracowników Służb Społecznych \(kpss.lublin.pl\)](#)

Szkoła Policealna - Medyczne Studium Zawodowe im. Stanisława Liebarta w Lublinie:

[Witamy w Szkole Policealnej - Medycznym Studium Zawodowym im. Stanisława Liebarta w Lublinie \(msz.lublin.pl\)](#)

The Lublin „Teatroterapia Lubelska“ Foundation: [teatroterapia.lublin.pl](#)

The Social Welfare Home for Physically Disabled People:

[Dom Pomocy Społecznej dla Osób Niepełnosprawnych Fizycznie w Lublinie](#)

Medical University in Lublin, Institute of Dentistry at the Medical University of Lublin:

[Uniwersyteckie Centrum Stomatologii \(ucs.lublin.pl\)](#)

Sterilization Center of the Regional Specialist Hospital: [Centralna Sterylizatornia \(szpital.lublin.pl\)](#)

Regional Center of Social Policy in Lublin: [Regionalny Ośrodek Polityki Społecznej \(lubelskie.pl\)](#)

Regional Labour Office in Lublin: [Strona główna | WORTAL \(praca.gov.pl\)](#) [Labour Market Observatory of Lubelskie | CEDEFOP \(europa.eu\)](#)

Great Eastern Region, France

Great Eastern Region's House in Metz: <https://www.grandest.fr/>

Regional House of Sports in Nancy: <https://www.grandest.fr/decouvrir-richesses/offre-sportive/maison-regionale-sports-tomblaine/>

ALAJI (Health and Social training center): [Alaji | Organisme de formation | Grand-Est](#)

CHRU (Regional and University Hospital Center with the biggest Health training center in the Great Eastern Region): <https://www.chru-nancy.fr/>

IRTS (one of the Social Care training centers in the Great Eastern Region): [IRTS de Lorraine | Devenez travailleur social \(irts-lorraine.fr\)](#)

Private institute SANT'EST IFAS: [sant'est Ifas \(santestifas.fr\)](#)

Campus for Professions and Qualifications „Autonomy & Inclusion“: <https://www.youtube.com/watch?v=gUo2kLbo1eo>

UNIFORMATION: <https://www.uniformation.fr/>

Fondation House of Diaconat – Mulhouse: <https://www.diaconat-formation.fr/>

Province of Gelderland, The Netherlands

House of Province of Gelderland: [Gelderland](#)

VET school ROC Rivor: [Mbo opleidingen - ROC Rivor](#)

Ziekenhuis Rivierenland: [Ziekenhuis Rivierenland](#)

Buiten Sporig: [Café Buiten Sporig](#)

VET Institute Graafschap College: [Welkom bij het Graafschap College](#)

An experience house: [Experience House](#)

Technology and Care Academy located in CIVON, Uift: [Civon Innovatiecentrum | CIVON Innovatiecentrum](#)

Moravian-Silesian Region, The Czech Republic

Regional Offices of Moravian-Silesian Region: www.msk.cz

Secondary Medical School and Higher Professional School of Health in Ostrava:
[Střední a Vyšší odborná škola zdravotnická Ostrava | ZDRAV-OVA.cz](http://Stredni.a.Vyssi.odborna.skola.zdravotnicka.Ostrava.ZDRAV-OVA.cz)

Prof. Zdeněk Matějček Secondary School:
Skolspec.cz - [Střední škola prof. Zdeňka Matějčka](http://Stredni.skola.prof.Zdenka.Matejcka)

Hospital in Frýdek-Místek:
[Nemocnice ve Frýdku-Místku, příspěvková organizace \(nemfm.cz\)](http://Nemocnice.ve.Frydku-Mistku.prispevkova.organizace.nemfm.cz)

Rainbow House Facility:
[DUHOVÝ DŮM Ostrava, odlehčovací služba | Slezská diakonie \(slezskadiakonie.cz\)](http://DUHOVY.DUM.Ostrava.odlehcovaci.sluzba.Slezska.diakonie.slezskadiakonie.cz)

Dům NaNovo: [Domov NaNovo - Hlavní strana \(dnanovo.cz\)](http://Domov.NaNovo.Hlavni.strana.dnanovo.cz)

Magnolia Home: [Domov Magnolie \(ostrava.cz\)](http://Domov.Magnolie.ostrava.cz)

