

*Strengthening capacities for better health care to refugee and migrant children*



## **The EU-VET CARE Guidance and Recommendations for VET-trainers**

This document has been developed by the consortium of the “Strengthening capacities for better health care to refugee and migrant children, EU-VET CARE” Project

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## Introduction

The European co-funded Erasmus+ project “Strengthening capacities for better health care to refugee and migrant children, EU-VET CARE” aims to provide innovative vocational training for health care professionals (physicians, psychologists, social workers and cultural mediators) in order to improve the quality of health care for migrant and refugee children including unaccompanied minors.

The consortium behind the project reflects the different conditions and integration stages migrant/refugee children face across the EU and establishes cooperation across Southern and Northern Europe. It comprises 6 organizations from 5 countries (Germany, Spain, Greece, Italy, Cyprus), representing EU members receiving different numbers/nationalities of migrants/refugees as entry or destination countries.

The modules of the training are developed by the partners of the consortium, with the participation of relevant stakeholders in order to reflect the field. The content of the training has been developed over the period of August 2020 to May 2021. As the rest of the global community the project has been impacted by the outbreak of COVID-19, forcing the project to rely on the use of digital meeting places. This has severely influenced the development of the trainings, containing both obstacles as well as newfound opportunities. This document supplies EU VET trainers with concrete guidelines and recommendations for implementing the knowledge obtained in the trainings in their organizations.

## Background

Over 1.2 million people applied for asylum in 32 EU countries in 2016, one third of which are below 18 years of age. Migrant/refugee children are vulnerable at all stages of the journey and have specific health and social needs. Their experiences in their country of origin (e.g., extreme poverty, war, traumatic events) and their migration journey (e.g., separation experiences, sexual abuse, trafficking) affect their health status. Conditions in the host country can further negatively affect their physical and mental health, for example poor living conditions, lack of access to schooling, uncertain immigration status, social exclusion, acculturation issues, and racism/xenophobia. They are thus in a position of vulnerability due to physically exhaustion and psychological trauma. This complex situation across the EU, especially in first entry countries, calls for immediate action, crucially the training of health professionals, to ensure high quality health services for migrant/refugee children.

Research has identified several gaps in the training of health care professionals, as well as barriers and difficulties they face in their daily practice. Knowledge about issues specific to the context of health care provision to the refugee population is sparse, and training differs from member state to member state. Most research on child refugee/migrant health is from destination countries in Northern Europe, while remaining scarce in entry and transit countries. The exchange of knowledge and best practices between geographical contexts will strengthen the professionals' understanding and delivery of care to migrant/refugee children.

Professionals are insufficiently trained on specialized care for migrant/refugee children: In a paediatricians' survey from 10 EU countries, 80% of respondents had not received training on migrant children's health needs, 64% were not aware of updated guidelines and almost 50% faced communication problems (Carrasco-Sanz et al., 2017). Mental health professionals and social workers that treat migrant children should also be trained on intercultural communication and competency (Horlings and Hein, 2018; Westwood, 2012). Finally, while an under-researched area (Westwood, 2012), interpreters are crucial in identifying the needs of child migrants, but their presence is often a gap in care (Jaeger et al., 2013; ISSOP, 2018). There appears to be a lack of specialized training for professionals that takes into consideration interdisciplinary fields of work, culture and systems involving the public sector and civil society. The 2013 Annual Growth Survey<sup>1</sup>

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<sup>1</sup> [http://ec.europa.eu/europe2020/pdf/ags2013\\_en.pdf](http://ec.europa.eu/europe2020/pdf/ags2013_en.pdf)

recognizes the need to improve the cost-effectiveness and sustainability of health systems while maintaining access to high-quality care. Health professionals and cultural mediators need to know and address the cultural, medical and administrative factors impeding access to healthcare. In its conclusions on health and migration, the Council of Europe emphasized the need to improve knowledge about migrant health and enhance health promotion, prevention and access to care for migrants/refugees. It urges for actions to enhance public health capacities and promote training, which it considers crucial<sup>2</sup>. **The project aims to design and implement innovative vocational training on the appropriate delivery of healthcare for migrant/refugee children.**

The **objectives** of the EU VET Care project were as follows:

- (a) Enhance professional capacity to respond to the needs and specific health/social issues that most affect migrant/refugee children
- (b) Enhance partner capabilities so as to develop and deliver training to professionals working with migrant/refugee children
- (c) Increase awareness of the relevant professional communities and organizations on the training
- (d) Raise awareness about the necessary interdisciplinary collaboration.

The basic outcome of the project is mainly the training curriculum that was developed comprising 10 educational modules and the knowledge and experience gained through its delivery (i.e. online seminar and e-learning platform), which will be further presented in this guidance and recommendations document.

### EU-VET Care Research findings

The training curriculum proposed in this guideline document derives from previous research conducted in the first year of implementation of the EU-VET CARE project (2018-2019) namely (a) extensive literature review, (b) mapping of training opportunities in the EU, and (c) qualitative research (focus groups) which looked into several issues related to health care of migrant/refugee children. This evidence formed the basic framework for developing the EU-VET CARE training modules. The main findings are presented below.

#### Literature review results

A **literature review** was the 1<sup>st</sup> research activity that guided the EU-VET CARE training curriculum. The most important findings are presented below. Frequently reported barriers by health care providers of migrant/refugee children are presented as follows:

1. Frequent relocations of migrant/refugee children: Relocation of migrant/refugee children to other asylum seekers centers has been linked with major problems to health care delivery mainly due to the limited continuity of information. This is largely attributed to missing of scheduled appointments as well as the lack of appropriately designed medical history which result in low compliance with life-saving treatments.
2. Unknown medical history: The phenomenon for migrants/refugees to reach a country without any medical records from their country of origin is very common. This is considered as a significant barrier for health professionals who are usually based on oral information from children's families. This barrier is much higher when it comes to unaccompanied minors.
3. Poor handoffs of medical records: Considering that the use as well as access of electronic patient databases is very limited to the vast majority of health professionals, a large number of children's medical records are lost.

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<sup>2</sup> [http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lisa/114994.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/114994.pdf)

4. Poor health literacy: The communication between health professionals and patients is usually characterized by inadequate and poor understanding of the prescribed treatments including diagnostic interventions, preventive interventions e.g. screening, psychological support and medicines, follow-ups, accessing to care or navigating in the health care system, accompanied by the health professionals' medical errors attributed to language barriers, related with unidentified allergies, chronic diseases, etc.
5. Cultural differences: Culture-related background comes on the top of the rank as regards the determinants regarding health care delivery to migrants/refugees, challenging medical communication. The inadequate knowledge base of health professionals regarding culture-dependent symptomatology or physical complaints results in a lack of correspondence between the perceived health needs of pediatricians and children.
6. Limited access to (or limited availability of) professional interpreters and cultural mediators.

Regarding the issues that health professionals and especially pediatricians who provide health care to migrant/refugee children, have to be adequately trained on are the following, according to the American Academy of Pediatrics (Council on Community Pediatrics, 2013):

- Immunization
- Developmental surveillance and screening at regular intervals
- Psychoeducational evaluation
- Recognition of migrant/refugee children's health barriers as well as the traditional medication and therapeutic practices applied in the country of origin
- Emotional, behavioural, mental and physical problems most frequently faced by migrant/refugee children
- Prerequisites for sufficient medical history
- Provision of culturally competent care: knowledge, attitude, and skills development in culturally and linguistically effective practices as well as cross-cultural communication
- Recognition of migrant/refugee children's academic performance to advocate for the child and encourage and help parents to obtain appropriate evaluation and intervention from the school system.
- Screening and diagnostic protocols for evaluating foreign-born children for infectious diseases and other medical conditions when providing care for newly arrived immigrant children. Additional screenings, including lead, vision, and hearing screenings, should be considered whether required for school entry or not.

#### Review of existing training opportunities results

The EU-VET CARE consortium also conducted a **review of existing training programs on the delivery of health and social care to migrant children including unaccompanied minors** in Europe, for physicians, nurses, psychologists, social workers, cultural mediators, and aid workers, in order to recognize the needs and gaps in the specific field. An extensive desktop research including grey literature sources and information from academic departments/ institutions, government sources, non-governmental organizations, European projects, service providers and consultants took place in order to locate educational programs on the delivery of health and social care for migrant/refugee children including unaccompanied minors in Europe during the last 5 years (2013-2018).

The online search identified **186** training programs in 28 European countries, with Italy and Greece being the most organized countries with regard to professionals' education and training for this population, and

Germany holding the third place. In addition, health care professionals, other professional groups (such as cultural mediators or aid workers dealing with migrants and migrant children) and social care professionals seem to be the most educated/trained workers while there is a significant gap concerning lawyers', psychologists' and interpreters' training.

Several training programs and tools concerning the delivery of health care to refugee/migrant children exist in all European countries, yet their number is insufficient in many cases. Addressing racism, discrimination and xenophobia, as well as, human trafficking, sexual orientation - gender identity and health care needs of children with disabilities constitute issues for which no (or few) training programs exist. The review also showed a special focus in training educators/teachers while unfortunately little emphasis is given on training psychologists which is a major disadvantage in all countries, since minors and especially unaccompanied children may have multiple risk factors for potential mental health problems. A summary of the main findings of the existing training opportunities that were identified in Europe is shown below:

**Several training opportunities for professionals working with migrant/ refugee children and unaccompanied minors, are available which mainly focus on the following issues:**

- a) **Trauma and post-traumatic stress disorders:** More specifically, professionals are trained about how to deal with traumatized children, as well as, how to protect them from conditions leading to this situation, while they are also educated with regard to communicating with children whose parents suffer from post-traumatic stress disorders.
- b) **Intercultural mediation & Conflict resolution:** Two more issues targeted by the reviewed training opportunities are the mediation and the conflict resolution, helping professionals, not only in order to be able to find solutions in such cases but also, in order to help migrant children and unaccompanied minors overcome the fear of conflict and get out of the victim role.
- c) **Mental Health:** There is also a significant number of training opportunities targeting health care and social care professionals, whose main aim is to educate them with regard to migrants' mental health and the way to deal with mental illnesses that emerge during or after their arrival to Europe.
- d) **Psychological support:** In addition, there are some training programs focusing on the psychological support of migrants (in general), as well as, of migrant/ refugee children, unaccompanied minors and women, while some professionals are also being trained on helping (psychologically) migrant children who have faced any sort of traumatic experiences, such as war, torture, migration, and sexual violence, etc.

The thematic units (issues) presented above constitute the main issues on which a sufficient number of training opportunities focus. However, in some countries there has been an effort on educating professionals about:

- ✓ **Sex violence,**
- ✓ **Children abuse,**
- ✓ **Family violence,**
- ✓ **Treatment of chronic diseases in children,** as well as,
- ✓ **Substance abuse.**

Although, there are several gaps and needs in the field of training professionals with regard to the health and social care of this vulnerable population. In the list below, there are some issues on which **no or a small number of training opportunities have focused so far:**

- **Racism**
- **Discrimination and xenophobia**
- **Human trafficking**
- **Children with physical and mental disabilities**

- **Sexual orientation & Gender identity**
- **Age determination of migrant/ refugee children and unaccompanied minors.**

### Focus Groups Results

Through the **qualitative research and more specifically the focus groups conducted with the relevant stakeholders (physicians, psychologists, social workers and cultural mediators /translators)**, the consortium explored perceptions, needs, and barriers of health professionals related to health care of migrant/refugee children. The consortium also discussed with the target group proposals, ideas, and suggestions related to the training in regard to content as well as teaching methods and techniques.

The **main findings** are summarized in the tables below:

Barriers related to professionals' daily practice with migrant/refugee children (based on focus groups data)
<b>Systemic barriers</b>
<b>Insufficient Resources</b>
Hospital staff (administrative personnel & healthcare workers)
Cultural mediators/translators
Mental health services
Spaces in regional shelters & hospitals
Patient medical history
<b>Bureaucracy</b>
Health insurance limitations
Lack of collaboration
<b>Unaccompanied minor problems</b>
Homelessness
Service delays
Escapes
Age Assessment
Lack of protection
<b>Culture and Communication</b>
<b>Culture</b>
Domestic violence
Religion
Gender
Togetherness
Mental Health
Migration Priorities
<b>Communication</b>
Language
Non-verbal communication
<b>Prejudice</b>
Racism
Diminished trust
<b>Professional lack of competences</b>



Minimal expertise
Generic training
Trainers not experienced
Political, social and epidemiological situation in counties of origin
Empathy
Different cultural backgrounds
Available services
Child-related protocols
Burnout/self-care

<b>Professionals' perceptions on vocational training concerning migrant/refugee children care (based on focus groups data)</b>
Training necessity
Lack of training; scarce and generic
Lack of standardized compulsory training: training is dependent upon each organization's philosophy, budget and time constraints

<b>Content of training (based on focus groups data)</b>
<b>Legal framework</b>
<b>Child-specific protocols</b>
<b>Interdisciplinary collaboration</b>
<b>"Bi-proxy approach" during interpreting</b>
<b>Intercultural education</b>
<b>Communication skills for interacting with children, empathy, active listening</b>
<b>Child psychology;</b> trauma, mental health issues, management of the transitional state of children (infant- childhood, childhood-puberty, puberty-adulthood, being on the move/living in camps/institutionalization), development and implementation of initiatives aiming at psychosocial reinforcement
<b>Integration initiatives (Training for migrants/refugees)</b>
<b>Initiatives tackling alcohol &amp; drug use</b>
<b>Burn-out/stress management</b>
<b>Cultural mediators/translators' special education</b> e.g. learn medical & psychiatric terminology: if they are only to become translators or also attend the training as all other professionals: be able to collaborate with them efficiently and become a cultural mediator

### Target group of the training

The **target group** of the training is **professionals involved in the provision of health care to migrant/refugee children including unaccompanied minors**. The training is specifically designed to address the needs of **physicians, psychologists, social workers and cultural mediators**. In addition, the focus group interviews showed that there is a need to also target volunteers, who are active in care provision towards migrant/refugee children as well as school staff -nurses, and educators. Relevant professional communities, public sector and civil society organizations are also secondary target groups of the developed training. Not

all modules will be relevant for these secondary target groups, as they have been developed specifically for the before mentioned professions. However, they may benefit from the training as well, particularly the interdisciplinary part.

## Purpose and use of the guidance and recommendation document

**The aim of this document is to deliver specific guidelines to Vocational Education and Training (VET) professionals and other interested parties, explaining how to implement the gained knowledge in their own organizations both on the interdisciplinary and specialized parts of the training.** It includes a short description of each module in order for potential trainers to be familiarized with the content. Moreover, it includes recommendations on how to carry out the specific or similar trainings and how to utilize the different resources.

VET trainers who wish to design relevant training can draw inspiration from this document and the experiences gained by the partners during the project period. However, it is likely that VET trainers will find that some modifications are necessary in order to customize the training to the specific needs of their own organization and the current national context. In the end of the document the lessons learned from the consortium's implementation of the training can be found. These include both experiences from trainers and direct feedback originating from the evaluation carried out upon completion of the training and can be useful when VET trainers plan their own training. The document's ultimate goal is to contribute to the capacity building of VET centers, as well as other type of training organizations, and hence to better equip and train professionals involved in health care provision for migrant/refugee children.

## The EU-VET Care Training Modules

### Interdisciplinary part

The interdisciplinary part of the training is meant to be useful and relevant across professions, including themes that pertain to the field of health care provision to migrant and refugee children in general. These themes are relevant across professional fields, as they touch on issues of significance for working with minors as well as interprofessional collaboration and stress management. The modules are designed to be carried out with all participants present, allowing discussion between the professions and enhancing abilities of collaboration and communication among them.

### Module 1: Legal Framework & Protocol for working with children

#### *Module Overview*

All children regardless of their race, gender, and national origin have rights. Migrant and refugee children require specific protection and support as they are in 'a state of particular vulnerability, because of their age, their distance from home and often their separation from parents or caregivers. They have the same needs for care as other children, in addition to their specific needs and rights as migrants or refugees. A subgroup of migrant and refugee children is the unaccompanied minors that are estimated by the UNICEF (2017) to be 54% of all migrant and refugee children arriving in Europe.

In order to protect the migrant/refugee children, and the specific group of unaccompanied minors, international and EU standards (e.g. conventions and directives) that are relevant to the protection of them are developed. Understanding and respecting the laws and protocols for these vulnerable groups by all health professionals is essential to protect them, make them feel safer, and integrate them. When children know their rights and feel safe, they are facing a smaller risk of exploitation at the hands of smugglers and traffickers.

### *Module content*

In this module trainees will learn about: (1) children's rights in Europe and worldwide, as well as (2) laws and protocols concerning refugee children and (3) unaccompanied minors. They will be presented with case studies and legal practices that are relevant when working with migrant and refugee children.

### *Learning outcomes*

Upon completion of this module participants should be able to: (1) be aware of the children's rights under international and European laws and their importance; (2) find out the rights of children in healthcare at European and worldwide level; (3) understand the importance of the EU laws and protocols for migrant and refugee children; (4) recognize laws and protocols for migrant and refugee children under country specific policies; (5) figure out the specific laws and protocols for unaccompanied minors; and (6) inform other health professionals and colleagues of the rights migrant/refugee children have under European and national laws and their significance.

## **Module 2: Interdisciplinary Collaboration**

### *Module Overview*

The module aims to provide the knowledge, competencies and skills to health professionals to improve comprehensive care for migrant and refugee children through the analysis of different theoretical and practical models of coordinated care and examples of practices of comprehensive care to childhood.

Firstly, the module will focus on the concept of comprehensive care, an approach to improve the quality of care for migrant and refugee children. To do this, different theoretical and practical models will be presented with the aim of achieving a better patient experience and an improvement in interprofessional collaboration within an organization, as well as collaboration between different organizations.

Secondly, the module will introduce examples of good practices in comprehensive care for children, describing and guiding the evaluation of the maturity of health systems to achieve comprehensive care. In addition, the results of the EU SCIROCCO project for the implementation of good practices in comprehensive care in different health organizations will be presented. Finally, this unit will provide the necessary tools to health professionals to adopt a good practice in their everyday practice.

### *Module content*

In this module, trainees will (1) learn about the concept of integrated care to promote quality improvement amongst migrants and refugee children. They will (2) learn about the different theoretical models and practices for better coordinated care and greater patient experience as well as cost efficiency and improved health outcomes. They will also (3) know good practices of integrated care for children and guide for assessment of maturity healthcare systems for the implementation of integrated care. Finally, they will (4) have the tools for the healthcare practitioners to assess their maturity level to adopt a good practice into their system.

### *Learning outcomes*

Upon completion of this module, trainees should be able to: (1) Define different collaborative care models; (2) Describe the benefits of each collaborative model; (3) Define an evaluation strategy. Finally, they will plan the adoption of an integrated care practice.

## **Module 3: Cultural Competence**

### *Module Overview*

The module aims to provide the knowledge, competences and skills to the health and social care professionals to maximize the sensitivity of the healthcare system and the professionals in the delivery of

care to culturally diverse groups, in particular meeting the specific health literacy needs of migrant children and their families. In this regard, the module will focus on three main factors patient-, professional-, and organization-.

Firstly, the module will cover competent patient-centred care models. This will support the empowerment of the migrant minors and their caregivers as part of the daily work. Under this principle, professionals will lean on how to incorporate minors and their caregivers' needs and expectations into the intervention while they are adopting the intervention to their level of health literacy. Secondly, the module will focus on how to maximize the culturally sensitive response of the health and social care professionals in medical settings. For this purpose, practical exercises and case studies will support the recognition of cultural diversity and the development of personal skills to culturally adopt professional practices. Finally, trainees will obtain system-related knowledge on how to facilitate healthcare access and delivery of culturally competent care for migrant and refugee children. In this regard, tailored strategies for healthcare management will be analysed in order to develop practical skills for the transference of practices to different medical settings.

#### *Module content*

In this module, trainees will (1) learn the patient-centred care model to gain better knowledge of different approaches for the empowerment of the migrant minors within healthcare settings. They will also, (2) learn how to address low health literacy among migrants' minors and caregivers. Secondly, the module will (3) focus on the cultural competence of professionals, providing information and competences about how to maximize the culturally sensitive response to the needs of migrant minors and their caregivers. Finally, trainees will (4) focus on the needs for reducing health inequalities and meeting the health needs of migrant minors and caregivers by becoming a culturally competent health care organization.

#### *Learning outcomes*

In the first part of this module, trainees should be able to: (1) Understand the principles of patient-centred care applied for migrant minors; (2) Define and apply patient centred care; (3) Define what is health literacy and why is it important; (4) Assess and empower migrant minor's health literacy.

In the second part of the module, trainees should have (5) Better understanding of the concept of cultural competence; (6) Gain greater consciousness of one's personal reactions to migrant minors and caregivers in practice; (7) Critically evaluate their own beliefs and values about cultural differences. Finally, (8) they will have to put in practice skills to practice cultural competence.

Finally, trainees should be able to (1) Make a cultural competency part of the institution agenda (2) Self-assess the cultural competence of the organisation (3) Identify and report disparities (4) Develop culturally competent health programs and interventions (5) Involve the community.

### **Module 4: Communication issues**

#### *Module Overview*

The module takes into account the main communication issues related to the care of migrants/refugees, in particular children and unaccompanied minors. In the first part, it shows to health professionals such as physicians, psychologists, social workers, and cultural mediators who are working with migrants/refugee children how specific communicative skills and tools can help to recognize the different needs of migrants and protect them while building an empowerment context. The first unit is focused on the counselling approach that offers a conceptual scheme that easily meets the communication needs of an operator acting in a multicultural context and with children: in particular about self-awareness, empathy and active listening techniques, non-verbal and para-verbal language.

As it is showed in the second unit, a communicative approach not attentive to multicultural differences could jeopardize not just the communication but the caring relationship (and treatment) itself. A flawed communicative approach relies on unconscious (implicit) bias among health care and aid professionals that can contribute to health disparities and affects the communicative process, such as stereotypes and prejudice, and stigmatization.

According to the suggested approach, it is important to understand how to involve in health and lifestyle promotion migrant/refugee children and unaccompanied minors. As the last unit shows, this objective implies the recognition of different possible models of childhood and parenthood and the prevailing methods to communicate with children, according to the individual child developmental stages and previous experiences.

#### *Module Content*

In this module, trainees will (1) learn specific communicative skills and tools that can help to recognize the different needs of migrants and protect them while building an empowerment context. They will start by (2) learning about self-awareness, empathy and active listening techniques, non-verbal and para-verbal language as a conceptual scheme that meets the multicultural context of work with children. They will then (3) learn about unconscious (implicit) bias among health care and aid professionals that can contribute to health disparities and affects the communicative process. Finally, they will (4) learn about distinct models of childhood and parenthood and the prevailing methods to communicate with children.

#### *Learning outcomes*

Upon completion of the module, trainees should be able to: (1) build basic communicative tools to engage migrant children; (2) put into practice the main knowledge about the counselling approach; (3) identify different conceptions of body, care, childhood and parenthood that can shape the communication and the relationship with the healthcare provider; and (4) identify the different way their implicit bias could affect an effective healthcare.

### **Module 5: Burnout-, stress-prevention and management**

#### *Module Overview*

This module is addressed to all professionals and helpers as well as cultural interpreters from the health and social services sector who work intensively with refugee and migrant children as well as with unaccompanied minors. Health and social care professionals are confronted with a variety of stress factors in their daily routine and thereby belong to the high-risk burnout and vicarious trauma groups. Work-related intensive relationships with patients/clients and the tension between proximity and distance are among such stress factors. Since the refugee crisis in many European countries, professionals such as physicians, psychologists, social workers, cultural mediators, cultural interpreters, and also volunteers have been facing new challenges and burdens. Among their patients/clients are also refugee and migrant children as well as unaccompanied minors. Everyday professional communication and interactions with this group are further complicated by cultural differences, language barriers, and specific regulations. Besides, children who come to the EU-countries as refugees have often traumatic disorders due to the severely stressful experiences of war, persecution, and torture that requires treatment. In this context, professionals often reach the limits of their professional work. Additional stress is caused by the intensive report of traumatic experiences in the country of origin or on the run and can lead to secondary traumatization (especially by cultural mediators/interpreters), which in turn can impair the quality and results of patient care. To prevent such consequences of the challenges mentioned above, both professionals themselves and the social and health institutions working with the target group of refugee/migrant children and unaccompanied minors need to develop awareness and take preventive measures in a timely and appropriate manner.

### *Module Content*

In this module, trainees will (1) learn about how stress and burnout develop and how they are connected, as well as be given an overview of individual and organizational stress factors and triggers and how they could cause long term stress and burn-out. They will (2) learn about different signals and symptoms of stress and burnout. They will also (3) learn about the phenomenon 'vicarious trauma', its emergence, risk and consequences, as well as about the occurrence of vicarious trauma in child and youth welfare services. Finally, they will (4) be given practical tools and methods for preventing such trauma and learn how to implement them in daily professional work and own institutions.

### *Learning Outcomes*

Upon completion of the module, trainees should be able to: (1) Recognize professional challenges that might trigger stress and burn-out when dealing with refugee and migrant children; (2) Recognize symptoms and signals of vicarious trauma; (3) Implement preventive methods of stress and burnout in their daily work; and (4) Enhance their self-care competence.

### **Specialized part**

The specialized part of the training has been developed to directly target each professional group, taking into consideration the needs expressed through the above-mentioned research findings. If a face-to-face or an online seminar is organized for the specialized modules part of the training, it is suggested to divide the participants into groups, so they can participate in the module relevant to their field.

## **Module 1: How to work with interpreters/cultural mediators in the context of treatment and counselling**

### *Module overview*

When caring for migrant/refugee children and unaccompanied minors, health care professionals work with interpreters, cultural mediators/cultural interpreters to provide the best care possible. There are many benefits to this partnership when communicating across cultures. However, there can also be challenges to overcome, when the alliance between professionals and minors are mediated through a third party. This module is addressed to physicians, social workers and psychologists working with interpreters and cultural mediators/cultural interpreters to provide care for refugee, migrant children and also for unaccompanied minors.

The aim of the module is to provide a theoretical and practical framework for professionals to engage with interpreters and cultural mediators/cultural interpreters. Some themes will be relevant to all three professions, and some are particular to each institutional context. However, reflecting on the different types of interpretation and situations can help professionals to ensure an effective cooperation during the treatment or counselling in a triad with interpreters and cultural mediators.

### *Module content*

In this module, trainees will learn about (1) Interpretation and Cultural Mediation in intercultural care. They are introduced to different forms of interpretation and the use of professional interpreters. They will be introduced to the theoretical framework of engaging in (2) triads of communication and how this affects different professional contexts (3). Finally, trainees are provided with a practical framework for planning and executing effective communication within provider/patient/interpreter triads.

### *Learning Outcomes*

Upon completion of the module trainees should be able to: (1) Create an effective interpreting framework in the triad (2); be aware of certain roles and expectations in the triad; (3) successfully apply rules to ensure smooth communication; (4) identify conflict situations and intervene in time.

## Module 2: Services of interpreters/cultural mediators/cultural interpreters (Specialised module for Cultural mediators)

### *Module Overview*

This module is aimed at all providers of interpreting services in the health and social sector and who work intensively with refugee and migrant children as well as with unaccompanied minors. Interpreting for these groups requires an understanding of the specific professional context and purpose of the interpretation. Moreover, it requires a great deal of sensitivity and understanding of child development, in order to mediate messages in a clear but compassionate way.

To be able to deliver and ensure an appropriate level of interpreting services requires a certain qualification and preparation. Unfortunately, it is not the case that every European country has training providers who offers this kind of qualification or training. In fact, there is no standardized definition of culture-sensitive interpreters. The following definitions are usually used: cultural mediator, cultural interpreter, community interpreter. The crucial task of these facilitators is to help "translate between the cultures".

This module is for all professionals who work as a cultural mediator/cultural interpreter. It covers the specific field of action in which a cultural mediator/cultural interpreter can be asked to translate for refugee and migrant children and/or unaccompanied minors, with examples and recommendations for each different context. Moreover, it gives practical examples and suggestions, as well as an overview of the requirements that need to be fulfilled when translating in the triad-interaction.

### *Module Content*

In this module, trainees will (1) learn the basics and theoretical background of the work as an interpreter/cultural mediator/cultural interpreter. They will (2) learn how to deal with common conflict situations and misunderstandings and provide practical solutions for them, as well as how to avoid common failures during the treatment/counseling session. They will (3) further learn about the professional ethical principles and moral obligations of interpreting. Finally, they will (3) be given an overview of the general competences in a profile that a professional interpreter/cultural mediator should have in order to give him/her a reference to compare own skills and fields of improvement.

### *Learning Outcomes*

Upon completion of this module, trainees should be able to: (1) Know the field of action, the possible applications, and the setting; (2) Be aware of the special role of the interpreter in the triad-Interaction; (3) Know the ethical principles of interpreting and reflect on their actions; (4) Cope with tasks and possible conflicts during the interpreting session; and (5) Improve their interpreting skills and techniques.

## Module 3: Managing Mental Health (Specialised module for Psychologists)

### *Model Overview*

The module is especially targeted towards mental health professionals such as psychologists and psychiatrists working with unaccompanied minors and children on the move. Due to their training these professionals will have in depth knowledge about mental health issues such as systems of diagnosis and treatment. Nevertheless, there are certain factors that need to be taken into consideration when working specifically

with displaced children and unaccompanied minors in an everchanging context. This module does not wish to repeat already familiar knowledge or exhaust categories but rather to complement the knowledge psychologists and other mental health professionals already have and apply it in the context of refugee minors.

#### *Module content*

In this module trainees will learn about (1) the risk factors and protective factors influencing unaccompanied minor's mental health; (2) as well as different ways of screening for mental health issues and (3) establish mental health interventions

#### *Learning Outcomes*

Upon completion of the module the trainee should be able to (1) Identify risks and challenges in mental health care for refugees and migrant minors; (2) Recognize resilience factors and coping mechanisms in unaccompanied refugees and migrants; (3) Understand the impact of trauma of the brain and how that relates to unaccompanied minors; (4) Understand the development of displaced children; (5) Perform risk assessments for unaccompanied minors; (6) Point towards levels of interventions and treatments of psychiatric distress in unaccompanied minors basic.

### **Module 4: Recognizing and managing trauma & PTSD (Specialised module for social workers)**

#### *Module Overview*

The Module will cover trauma issues related to pre-migration, migration and post-migration life conditions. It will be composed by an overview of the context, main risk factors and triggers, symptoms and characteristics of trauma and PTSD in minor migrants, especially unaccompanied minors, the role of social workers, listening and communication, the main difficulties and barriers, to train social workers to be sensitive and to pay attention during the first approach on the arrival as well as the following period.

#### *Module Content*

In this module, trainees will (1) learn the definitions and main characteristics of trauma and PTSD, including the DSM V criteria for the diagnosis of PTSD and the specific aspects of trauma and PTSD in children. They will also (2) learn the magnitude of the phenomenon of trauma and PTSD in minor migrants, including the main risk factor and triggers, with special regard to pre migration life, journey and life in the country of arrival. They will additionally (3) learn the consequences of trauma on migrant children and adolescents, including how to recognize sign and symptoms of trauma and PTSD, how to assess long term risks and how to prevent them. Finally, they will (4) be made aware of the role of social workers working in connection with minor migrants traumatized, they will learn how to adequately communicate, especially with unaccompanied minors, considering language barriers and cultural background differences.

#### *Learning Outcome*

Upon completion of the module, trainees should be able to: (1) know and describe trauma and PTSD, with characteristics in children; (2) think and take in account triggers and risk factors for stress and trauma, especially in minor migrants/unaccompanied minor migrants; (3) early recognize signs and symptoms of trauma/PTSD; (4) adequately listen and understand needs and different culture approach to pain and grief and well communicate with minor migrants, especially unaccompanied minor migrants; and (5) manage first phases after hypothesis of trauma/PTSD in minor migrants.



## Module 5: How to address the Health Needs of Migrant/Refugee Children (Specialised module for Physicians)

### *Module overview*

Clinicians working with migrant/refugee children have a dual role in providing care for these children and advocating for adequate care which should be made mandatory. The aim of this module is to cover the health issues of importance for migrant/refugee children and highlight treatment pathways for physicians, so as to improve the quality of health care for this vulnerable population group. The module offers guidance, practical information, and resources for health care professionals to address some common matters related to migrant/refugee child health.

### *Module Content*

In this module participants will learn about (1) the factors influencing the health of migrant/refugee children (2) Cultural issues affecting the health of migrant/refugee children (3) Diseases and conditions more prevalent among migrant/refugee children. They will also get trained about the (4) Initial medical screening needed for migrant/refugee children, given specific guidelines and international protocols for working with children, (5) Age assessment of migrant/refugee children having also the opportunity to learn specific implications for practice and legal implications. Last but not least, through this module participants will learn about (6) Supportive structures and protective factors for the health and health promotion of migrant and refugee children (7) Health promotion issues for migrant/refugee children

### *Learning Outcomes*

Upon completion of this Module participants should be able to (1) know the factors that influence the health of migrant/refugee children (2) be familiarized with the cultural issues that affect the health of migrant/refugee children (3) identify which diseases are more common among migrant/refugee children (4) understand what points not to miss when they conduct the initial screening of migrant/refugee children (5) know about the concerns and legal implications in regard to the age assessment of migrant/refugee children (6) describe the protective factors to the health of migrant/refugee children (7) implement important health promotion strategies for migrant/refugee children.

## Resources

### Parts & materials of the Training Modules

Each of the above-mentioned training modules has been developed to include the following parts:

- ✓ a Power Point presentation including the main content of the module
- ✓ a complementing Word document which serves as the module's manual providing all the background information of each specific theme.
- ✓ a vignette which is developed for each module. Each vignette includes a case study relevant to the theme of the module, and corresponding questions. The purpose of the vignettes is to contextualize the knowledge and skills from the training, making it more practical and applicable to a professional context. Moreover, the vignettes have the potential to spark discussion between trainees, enabling them to bring forward own experiences from the field.
- ✓ assessment quizzes and questions: to evaluate general knowledge on the module.

## Implementation of the training – Methods of Delivery

The training course presented above has been developed to be delivered in many different settings and through different methods of delivery depending on the needs of the organization and the audience.

Furthermore, all of the training modules have been developed in order to fit the needs of a homogenous population across European member states. The resources provided are meant to provide opportunities for both in person and online participation. Although it has been produced to fit the needs of a diverse population there will be areas where the training will have to be adjusted to the local context.

More specifically the training has been developed to take place in the following two ways:

- ➔ A seminar (either face-to-face or online)
- ➔ An e-learning platform where all the training materials have been adapted (in an e-learning format)

The e-learning platform has been created in order to make the training available to a wider group of trainees, especially those who will not be able to attend face-to-face trainings. Through the e-learning platform trainees have access to all the training material for each module (please see previous section). The platform also includes questionnaires where trainees can test their knowledge. Access is gained through a registration process on the webpage. When all modules of the training and the evaluation questions have been completed the participant is issued a certificate.

The consortium worked over 3-years to create training content useful across the EU while the EU-VET CARE training material is freely available for all interested parties including VET providers. The material can be used as a basis for new training programs or individual tutorials. Parts or the whole program can be freely used although acknowledgment of authorship of the EU-VET CARE project and its consortium partners is mandatory and compulsory. Please review our findings and lessons learnt from this project which can be useful for any future trainings. In order for organizations to plan their trainings some considerations must be made, especially concerning the following issues: who will be the trainer, how to carry out the trainings and how to use the resources. It should be noted that due to the COVID-19 pandemic, the training has been delivered during the project period as an online seminar (even though it was planned to be a face-to-face event) running over four days of four hours each. From this online event the consortium has gathered experiences that can be valuable to future trainers. This section provides some guidelines into the important aspects that need to be considered before the trainings can be carried out.

### Who can be a VET trainer?

The faculty (trainers/instructors) to deliver the training should be professionals experienced in the provision of health care to migrant/refugee children including unaccompanied minors. Each specific trainer/instructor should be experienced in the specific topic they will be teaching 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 trainings, it can call upon external partners with expertise in the specific topic. It is also possible to carry out the trainings with trainers who are experienced in the specific issue but do not have experience from field work. In these cases, it can be helpful to state this in the beginning of the module. The experience from the project is that this can also be a way of including the audience, as the trainers has the opportunity to call upon the knowledge of the group using statements like “you are the experts here”. Alternatively certain subjects that require a high level of technical skills such as medical treatment should not be performed, if the organisation cannot find appropriate trainers.

### Audience and number of Participants

The first consideration that is necessary in order to plan the training is who and how many participants should be included. The trainings have been developed as a multidisciplinary training, so as to create a synergy between the different professions working with migrant and refugee children. However, VET organisations 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. This requires some preparation, as the training in its present form was adapted especially to the needs of health care professionals. As for the interdisciplinary part it was developed across disciplines so they may not need the same adaptation. However, in the specialized part trainers will find that not all of the modules will be relevant. In this case, they can be omitted.

When choosing the number of participants considerations should be made into which aims the VET organisation has. Some topics might encourage more discussion than others, as some modules are more technical (e.g., M1 Legal Framework). 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. This requires more time (see next section for scheduling considerations) but it is also advisable to have less participants, as more people will be able to share their opinion. If the topic is of a more technical nature and is not suitable for open discussions more people can attend the training. However, the experience is that no more than 25 participants should be included at once.

### Scheduling

When scheduling the training many different considerations have to be taken into account. When carrying out the training the audience or target group will have different needs. Some professional groups will prefer to have the training conducted in the mornings, while other groups might prefer the weekends or afternoons. This was also expressed in the evaluation of the EU-VET CARE event. The trainings can be carried out over the course of a few days or over longer periods of time. These considerations should be made on the basis of the availability of both trainers and trainees. The experience of the consortium is that it should not be carried out in less than three days as the content is too extensive. However, if it is not possible to allocate the necessary hours in training, trainers can use different means of reducing the time that trainees have to spend in the actual training by omitting certain parts and instead refer to the e-learning platform. This can either be done as an encouragement, if the trainers don't find it necessary or as homework if the object of the training is to obtain a certification (see more about this in the section about Certification and Accreditation). You can also omit certain topics of the specialized part if it is not relevant to the audience.

### Technical resources

Considerations should also be made into the technical resources available for the target group. For example, if an organisation wishes to carry out the training online or partly in person and using the e-learning platform they should make sure, that all participants have access to a laptop or other technologic devices that can be used to access the platform. The experience is that in person training works better with most audiences, as it allows for more discussion. However, as mentioned earlier the e-learning platform can be used to reduce the time allocated to the physical training, allowing more people to attend the trainings. The e-platform is also beneficial in situations where the organisation 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 even more time to reflect. However, it should be made available to all participants in the training, to ensure the equal participation of all trainees.

### Involvement of the audience

As a multidisciplinary training and in line with the research conducted during the project's research period, the trainers should strive to as much as possible engage the audience in the presentation of the modules. The vignettes have been produced for this purpose, so as make the trainings more practical and relatable for the trainees. However, trainers can adapt the vignettes to the audiences' own context and by that create even more engagement and invite the experience of the audience. As an experience from the trainings carried out by the consortium both the vignettes and the evaluation questions helped to make the trainings more interactive, as it was a change for the participants to both answer the questions but also offer their explanations and additional points. As mentioned earlier, an experience from using non-expert trainers were

that trainees could be introduced as the experts and by that making the trainings more interational. Moreover, the use of cases in the trainings have the objective of engaging the audience with the material. The feedback from the evaluation was that this added value and that more practical cases and involvement was desirable (see next section about lessons learned).

### Certification and Accreditation

When deciding on whether or not to offer certification and accreditation VET organisations have multiple opportunities. In order for participants to acquire CME points the training must be approved by the local national agency for VET institutions. Organisations can choose to attempt to have the training accredited in their own local context by contacting the local national agency in the country where the target group resides. This can be done either for the physical training or for the platform. At present time the platform has been approved on a European level only for physicians.

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

### Lessons learned

From the online training event held during the project period the consortium has gained certain experiences and lessons valuable to be shared for future trainings. Moreover, an evaluation of the training was conducted, and its results can be useful when planning for a future training. The following lessons learned are a summary of comments and recommendations received from trainers and trainees.

- The consortium's experience is that an **in-person (face-to-face) training would be preferable**, but due to the current COVID-19 pandemic this was not possible within the timeframe of the project. This would have left more room for discussion and interaction.
- The subject area of this training allows for the **exchange of experiences, in depth discussions and exchange of opinions** especially from trainees who work with migrant/refugee children or unaccompanied minors. These kinds of experiential activities are encouraged for this training. For example, when providing the training in-person or online the vignette and the evaluation questions are best added in between units or at the end of each unit as this creates more interaction with the participants. This method received positive feedback in the evaluation we obtained from participants from the training conducted during the project.
- In order to allow for more discussion time, it might be useful to **reduce the time spent on lecturing** and instead **refer to the platform or provide homework**.
- Case studies and examples were beneficial to the training. The already provided modules include cases studies, but more can be added either by trainers providing local examples or asking participants to share their examples and experiences from their everyday practice.
- Some modules need to be 'taught' by **taking into consideration the national or local context** or using examples from the local and national context. This was particularly true based on the comments received for module 1 for example concerning the legal framework.
- **The use of any audio-visual material is highly recommended** according to the comments we received as these make the tutorials interesting and interactive placing them in a real-life context.