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**WEMIN**Migrant Women  
Empowerment and Integration

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*Abstract:* The aim of this deliverable is to present the methodology and procedures that were followed so as partners in the WEMIN project could select 10 good practices for the social integration of migrant and refugee women (MRW). This document contains a description of the methodology and criteria used for selection of the GPs and a detailed description of each GP along with the recommendations for its transfer to each of the eight Partner countries. The Good Practice Guide has been prepared in English and in each Partner language (Greek, Spanish, Portuguese, German, Italian, French, and Swedish).

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## Abstract

The aim of this deliverable is to present the methodology and procedures that were followed so as partners in the WEMIN project could select 10 good practices for the social integration of migrant and refugee women (MRW). Partners agreed on the methodology and the criteria to be used in the selection of the Good Practices. 26 Good Practices were proposed by the partners initially. These were grouped into the four different categories (education from sociocultural aspects, empowerment, cultural exchange, mentoring) that were found in the WEMIN proposal. The Good Practices were described, classified and rated using the tools that had previously been proposed by all partners and developed by OT:

D1.1 – Selection methodology and criteria

D1.2 – Short description of 20 GPs

D1.3 – Scoring Matrix

Once a short description of each Good Practice was prepared, OT proceeded to select the ten highest scored GPs, using the score that each partner had already given to its GP. These GPs were then described in more detail and collated into a document (D1.4- Detailed description of Good Practices). The final step was for each Partner to provide recommendations for the transfer of each of the ten GPs to their country (D1.5- Recommendations for Transfer). This document contains a description of the methodology and criteria used for selection of the GPs and a detailed description of each GP along with the recommendations for its transfer to each of the eight Partner countries. The Good Practice Guide has been prepared in English and in each Partner language (Greek, Spanish, Portuguese, German, Italian, French, and Swedish).

## 1 Selection of Good Practices Methodology and Criteria

Selecting a methodology to identify good practices for the integration of migrant/refugee women (MRW) is crucial, since the criteria to be accepted by partners and the relevant methodology to be adopted would determine which factors were more effective in this field and therefore, which of the good practices proposed by Partners met the requirements presented in the WEMIN project. Moreover, the sustainability and transferability of the proposed Good Practices were both factors considered to be mandatory in order to ensure this deliverable met the highest of expectations. In order to avoid any misconceptions in this report the definitions of “Methodology” and “Criteria” were given. According to Merriam-Webster (nd) “*criterion is a standard on which a judgment or decision may be based*” while “*methodology refers to ways of obtaining, systematizing and analysing data (Essays, 2013)*”.

### 1.1 Rationale

Various definitions of the term “Good Practice” exist. Within the WEMIN project framework, partners agreed to use two of the most representative ones. According to Reeves (2017), a Good Practice concerns the “*demand for practical ‘useful knowledge’ that addresses real-world problems and offers high impact, low-cost interventions with recommendations for practice*”. The second definition is from the SDC Knowledge Management Toolkit (2009)<sup>1</sup> where a Good Practice “*is one that has been proven to work well and produce good results, and is therefore recommended as a model. ... The essence of identifying and sharing good practices is to learn from others and to re-use knowledge. The biggest benefit consists in well-developed processes based on accumulated experience.*”<sup>2</sup>

Both definitions contain a common set of concepts/ideas, a reference to the existence of “useful knowledge” and emphasise the importance of re-using this knowledge.

With this thesis as a starting point, we reviewed a variety of criteria applied internationally based on references from various scientific fields with a main focus on immigrant/ refugee integration issues. These references were: the EC-Directorate for Health and Food Safety<sup>3</sup>, MPI Europe<sup>4</sup>, ECRE Taskforce on Integration<sup>5</sup>, ASTDD best practice criteria<sup>6</sup>, the criteria set in Directorate General for Internal Policies<sup>7</sup>, the Study of the Directorate General for Internal Policies<sup>8</sup> and 2014 FAO template of criteria<sup>9</sup>.

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<sup>1</sup> Swiss Agency for Development and Cooperation

<sup>2</sup><http://www.fao.org/capacity-development/resources/good-practices/en/>

<sup>3</sup>[http://ec.europa.eu/health/sites/health/files/major\\_chronic\\_diseases/docs/sgpp\\_bestpracticescriteria\\_en.pdf](http://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/sgpp_bestpracticescriteria_en.pdf)

<sup>4</sup>[https://www.migrationpolicy.org/sites/default/files/publications/Mainstreaming-General-Report-FINALWEB\\_0.pdf](https://www.migrationpolicy.org/sites/default/files/publications/Mainstreaming-General-Report-FINALWEB_0.pdf)

<sup>5</sup><http://www.refworld.org/docid/4652feff2.html>

<sup>6</sup><http://www.astdd.org/best-practices-definitions-and-criteria/>

<sup>7</sup>[http://www.europarl.europa.eu/RegData/etudes/STUD/2016/578956/IPOL\\_STU\(2016\)578956\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2016/578956/IPOL_STU(2016)578956_EN.pdf)

<sup>8</sup>[http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/474393/IPOL-LIBE\\_ET%282013%29474393\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/474393/IPOL-LIBE_ET%282013%29474393_EN.pdf)

## 1.2 Methodology

According to the approved proposal for the WEMIN project and within the context of Work Package 1 (WP1), all partners had to describe good practices relating to the integration of refugees/immigrants in relation to **four different categories**: empowerment, mentoring, education in socio-cultural aspects of the host society and cultural exchange. Each Partner had to select 3 good practices, one each from three of the four categories.

Ideally the good practices were to be identified from the work of each Partner organization. If a Partner could not find Good Practices from within their organization, they could select a GP from another local or regional organization in their country (in this situation Partners had to prioritise other organizations that they worked with). If a Partner could not find a GP at local or regional level then they could try and identify one at national level and if this failed they could look for one in another country. However, not one of the countries already participating in WEMIN

Good practices could be identified by availing of different types of sources such as:

- Journal Articles
- Scientific Papers and Conference Papers
- Books
- Websites
- Youtube videos
- Case studies

### 1.2.1 Criteria

In order for a practice to qualify it had to meet the following seven (7) criteria, all of which were compulsory. These were:

1. **A clear definition of objectives and/or activities**
2. **Participation of multiple Stakeholders:** the involvement/participation/collaboration of different stakeholders and institutions
3. **Transferability:** this is one of the mandatory criteria of the WEMIN proposal. Each good practice should have the possibility to be used and applied in a new location, situation, environment or context.
4. **Impact and Effectiveness:** the good practice should address real world problems effectively and /or lead to significant, tangible benefits. It is important to show the positive impact the good practice had not for beneficiaries of the good practice but also on wider audiences at regional, national and European level.
5. **Sustainability:** the good practice should be financially and socially sustainable and its social benefits should be sustained over a longer period of time while the cost of delivery should stay low.
6. **Cohesion with other implemented policies/ continuity (link with EU projects included)**
7. **Adherence to the values** of democracy, human rights, social cohesion and tolerance (for policies and training only). Partners have agreed that it should be an

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<sup>9</sup><http://www.fao.org/capacitydevelopment/goodpractices/gphome/en/>



on/off criterion. In other words, if a suggested good practice did not adhere to these values it can be no longer regarded as a good practice in the WEMIN project.

### **1.3 Good Practice Template**

With regard to the presentation of the good practices, a specific template has been agreed by all partners to be used. The template is an essential part of the present methodology document; it was designed to provide all the necessary information / data regarding the suggested good practice in line with the criteria presented above. Partners should justify why these specific good practices were selected and provide their score in the relevant categories/criteria.

The Good practice template consists of two different parts. In the first one (see Annex 1) basic information with regard to the suggested good practice are included. More specifically, partners should fill in the relevant fields so that general information could be retrieved about how each good practice works.

In the second part of the template (see Annex 2), partners provided their point of view concerning the seven (7) different criteria upon which the good practices would be evaluated and selected at a later stage. Therefore, in the first column the different criteria were listed, while in the second partners provided their justifications while in the third column partners provided their score.

## 2 Decision Matrix Analysis

### 2.1 Rationale

According to the approved WEMIN proposal a Scoring matrix of different criteria was to be used as a decision making tool for the selection of the final 10 Good Practices of the proposed GPs that were presented in Deliverable No 1.2- “ Short Description of Good Practices”. This tool was ideal in the sense that different factors and criteria either *“factual (objective, quantitative) or judgemental (subjective, qualitative) can be set in a common dimensionless scale”* (Enz & Thompson, 2013). Moreover, decision making as a procedure provides the opportunity to identify and choose among different alternatives, those that suit specific goals, objectives and values best (Harris, 1998).

From this point of view, different criteria, representing theoretically different values, were being described and analysed while the matrix itself served *“to convert the raw performance values so that a more preferred performance obtains a higher utility value* (Fulop, 2005)”.*”*

### 2.2 Use of the tool

A scoring matrix was developed using the criteria selected in Deliverable no. 1.1 and the additional template that was given in order to put scores in every criterion.

The proposed matrix is actually a template of columns and rows (see Appendix 3). In the first column the numbers of the proposed good practices were given, since it is more convenient to present the good practices in numerical order. Each one of the next six columns provided a free space to enter the score of each practice with regard to the proposed criteria. The names of the criteria were entered in the cells of the first row of the matrix. In addition, the relevant weights were entered in the second row and below each criterion. The final column of the matrix contained the total score that were given to each good practices. The final score is the weighted average of the scores of the six criteria.

In activity 1.1 Identification and Selection of Good Practices, each partner was asked to score the proposed practices for each criterion. This score had then to be transferred into the matrix template. The final score of each practice would result from the multiplication of the score in each criterion with the relevant weight. This procedure was used in all criteria for all the proposed good practices. The 10 good practices with the highest scores were the ones to be selected and described in detail in another deliverable (Deliverable no 1.4- Detailed description of 10 good practices).

#### 2.2.1 Criteria Weights

According to Enz and Thompson (2013) *“weights are the magnitude or value we give each criterion”* reflecting *“the relative importance of this factor (MindTools, nd)”*. The weights of the criteria used for the selection of good practices were proposed by OT, and all partners contributed to the final proposal. The partners created a scoring matrix so as to ensure a balance among the weight given to each criteria. In order to achieve this, partners decided that the sum of all weights should be 10. Therefore, the average rate that each criterion could have is 1.66. This rate constitutes the baseline and criteria of high importance were rated above 1.66, while less important criteria were rated below this average.

As a result, the criteria of sustainability and transferability, which were mandatory according to the approved WEMIN proposal, have very high values. “Sustainability” was rated 1.9 while “Transferability” was rated 1.7. “Impact and Effectiveness” was also rated 1.9. In addition, the criterion of “Participation of multiple stakeholders” was also important, so it was rated 1.7. Finally, the criteria “Clear Objectives/activities” and “Cohesion with other implemented policies/continuity” were considered to be of less importance and were both rated with 1.4.

It is important to note, that each criterion could be scored with a minimum value of 1 when the good practice did not meet the requirements in this category and a maximum value of 5 when the requirements were met completely. Consequently, the maximum score that a Good Practice could have was 50.

## 2.3 Scoring Matrix Results

According to the Procedure described in D1.1, OT filled the scoring matrix template (D1.3), that was developed for the WEMIN project, with the scores that each partner assigned to the GPs that can be found in the document “Short description of 20 GPs (D1.2).

More specifically, the Score matrix contains the criteria used for selecting GPs and the relative weight attached to each criterion. It should be noted that, a total of 26 GPs were described by partners although the initial objective was to collect 20 GPs. However, the partners decided that it would have be of added benefit to WEMIN if there was no restriction for selecting GPs in terms of duplication with regard to factors such as level of application, context, type of activities etc.

The number of each Good Practice is listed in the first column of the matrix, then the next six columns relate to the criteria upon which the GPs were rated, the seventh column holds the total amount of points that each GP scores whilst the last one contains the category and/or categories that each GP falls into (Education in sociocultural aspects, mentoring, empowerment and cultural exchange).

As a first step, OT proceeded to fill the scoring matrix with the scores that partners had given their own GPs. This served as an initial filtering process and from this OT we were able to see which GPs would qualify to be in the final 10. At a first glance, one may see that some partner countries scored really high in all GPs (e.g. France, Germany) while other partner scores fluctuated more (e.g. Greece, Ireland and Sweden).

The completed Scoring matrix is given below:

DECISION MATRIX PROCESS								
	Criteria						Total	categories
	Clear Objectives/ Activities	Participation	Impact/ Effectiveness	Transferability	Sustainability	Cohesion with other implemented policies / continuity		
<b>Criteria rating</b>	1.4	1.7	1.9	1.7	1.9	1.4	10	
Good Practice ALDA no 1.1.1	5	5	4	5	5	4	46.7	mentoring
Good Practice ALDA no 1.1.2	5	4	5	5	5	3	45.5	empowerment
Good Practice ALDA no 1.1.3	5	5	5	5	5	4	48.6	education/ empowerment/ mentoring
Good Practice Ifa no 1.2.1	4	4	5	3	4	3	38.8	empowerment
Good Practice Ifa no 1.2.2	5	5	4	5	5	3	45.3	cultural exchange/ mentoring
Good Practice Ifa no 1.2.3	5	5	4	4	4	3	41.7	empowerment/ mentoring
Good Practice Ifa no 1.2.4	4	5	5	3	5	5	45.2	empowerment/ mentoring
Good Practice ARM no 1.3.1	5	4	5	4	5	4	45.2	education
Good Practice ARM no 1.3.2	3	5	4	5	5	4	43.9	cultural exchange
Good Practice ARM no 1.3.3	3	5	4	3	4	4	38.6	empowerment
Good Practice OXFAM no 1.4.1	5	4	5	3	5	5	44.9	empowerment/ mentoring
Good Practice OXFAM no 1.4.2	5	4	3	5	3	5	40.7	education
Good Practice OXFAM no 1.4.3	5	5	5	3	4	5	44.7	cultural exchange/ education'
Good Practice HOU no 1.5.1	5	4	2	5	4	5	40.7	education/ empowerment/ cultural exchange
Good Practice HOU no 1.5.2	5	4	5	5	4	5	46.4	cultural exchange
Good Practice SP no 1.6.1	5	5	5	5	3	5	46.2	education
Good Practice SP no 1.6.2	4	5	4	4	3	3	38.4	cultural exchange
Good Practice SP no 1.6.3	5	5	5	5	5	5	50	empowerment/ mentoring
Good Practice OT no 1.7.1	4	5	3	2	4	4	36.4	empowerment/ mentoring
Good Practice OT no 1.7.2	5	5	4	2	4	5	41.1	empowerment
Good Practice FU no 1.8.1	5	4	5	5	4	3	43.6	all
Good Practice FU no 1.8.2	4	3	4	4	4	2	35.5	empowerment/ cultural exchange
Good Practice FU	5	4	5	5	5	4	46.9	all

no 1.8.3								
Good Practice COL no 1.9.1	5	3	4	3	4	1	33.8	empowerment
Good Practice COL no 1.9.2	4	5	4	3	5	5	43.3	cultural exchange/ education'
Good Practice COL no 1.9.3	5	5	5	3	5	1	41	mentoring

Table 1: decision matrix

## 2.4 Analysis per category

One of the main principles of the WEMIN proposal with regard to the selection of the GPs was to ensure that there was an equal distribution of GPs from each of the four categories (Education in sociocultural aspects, mentoring, empowerment and cultural exchange). Therefore, it was important to also review which category each GP fell into and not select them primarily only by their scores.

In this sense, OT proceeded to group the GPs into the four categories. For this purpose, 4 different tables with GPs were created with the final distribution being the following:

### 2.4.1 Education in Sociocultural aspects

Category	No. of Good Practice	Score	Partner Country
Education in sociocultural aspects	<b>Good Practice ALDA no 1.1.3</b>	48.6	France
	<b>Good Practice ORM no 1.3.1</b>	45.2	Portugal
	<b>Good Practice OXFAM no 1.4.2</b>	40.7	Italy
	<b>Good Practice OXFAM no 1.4.3</b>	44.7	Italy
	<b>Good Practice HOU no 1.5.1</b>	40.7	Greece
	<b>Good Practice SP no 1.6.1</b>	46.2	Ireland
	<b>Good Practice FU no 1.8.1</b>	43.6	Sweden
	<b>Good Practice FU no 1.8.3</b>	46.9	Sweden
	<b>Good Practice AJT no 1.9.2</b>	43.3	Spain

Table 2: GPs that fall into the "education in sociocultural aspects" category

There were nine GPs in this category:

- One from France
- One from Portugal
- Two from Sweden
- Two from Italy
- One from Greece
- One from Ireland
- One from Spain

Upon revising their scores we can see that the Good Practice from France has the highest score (48.6 /50) followed by Sweden (46.9/50) and Ireland (46.2/50). France and Sweden were selected to be part of the final ten.

### 2.4.2 Empowerment

Category	No. of Good Practice	Score	Partner Country
Empowerment	<i>Good Practice ALDA no 1.1.2</i>	45.5	France
	<i>Good Practice ALDA no 1.1.3</i>	48.6	France
	<i>Good Practice Ifa no 2.1.1</i>	38.8	Germany
	<i>Good Practice Ifa no 1.2.3</i>	41.7	Germany
	<i>Good Practice Ifa no 1.2.4</i>	45.2	Germany
	<i>Good Practice ORM no 1.3.3</i>	38.6	Portugal
	<i>Good Practice OXFAM no 1.4.1</i>	44.9	Italy
	<i>Good Practice HOU no 1.5.1</i>	40.7	Greece
	<i>Good Practice SP no 1.6.3</i>	50	Ireland
	<i>Good Practice OT no 1.7.1</i>	36.4	Greece
	<i>Good Practice OT no 1.7.2</i>	41.1	Greece
	<i>Good Practice FU no 1.8.1</i>	43.6	Sweden
	<i>Good Practice FU no 1.8.2</i>	35.5	Sweden
	<i>Good Practice FU no 1.8.3</i>	46.9	Sweden
	<i>Good Practice AJT no 1.9.1</i>	33.8	Spain

**Table 3: GPs that fall into “Empowerment” category**

There were fifteen (15) GPs in this category:

- Two from France
- Three from Germany
- One from Portugal
- One from Italy
- Three from Greece
- Three from Sweden
- One from Ireland
- One from Spain

Reviewing their scores we can see that the Good Practice from Ireland has the highest score (50 /50) followed by GP no 1.1.3 from France (48.6/50) and GP no 1.8.3 from Sweden (46.9/50). Given the fact, that the GPs that are in the 2<sup>nd</sup> and the 3<sup>rd</sup> place respectively, were already selected for the 1<sup>st</sup> category, OT decided that the GP with the 4<sup>th</sup> highest score should qualify. Therefore, the second GP from France (no 1.1.2) was selected with a score of 45.5 out of 50.

### 2.4.3 Cultural Exchange

Category	No. of Good Practice	Score	Partner Country
cultural exchange	<i>Good Practice Ifa no 2.1.2</i>	45.3	Germany
	<i>Good Practice ORM no 1.3.2</i>	43.9	Portugal
	<i>Good Practice OXFAM no 1.4.3</i>	44.7	Italy
	<i>Good Practice HOU no 1.5.1</i>	40.7	Greece
	<i>Good Practice HOU no 1.5.2</i>	46.4	Greece
	<i>Good Practice SP no 1.6.2</i>	38.4	Ireland
	<i>Good Practice FU no 1.8.1</i>	43.6	Sweden
	<i>Good Practice FU no 1.8.2</i>	35.5	Sweden
	<i>Good Practice FU no 1.8.3</i>	46.9	Sweden
	<i>Good Practice AJT no 1.9.2</i>	43.3	Spain

Table 4: GPs that fall into “Cultural Exchange” category

There were ten (10) GPs in this category:

- One from Germany
- One from Portugal
- One from Italy
- Two from Greece
- Three from Sweden
- One from Ireland
- One from Spain

We can see that Good Practice no 1.8.3 provided by the Swedish Partner has the highest score (46.9 /50) followed by GP no 1.2.2 from Germany (45.3/50) and GP no 1.5.2 from Greece (46.4/50). A Good Practice was already selected from Sweden, therefore, the GPs that are in the 2nd and the 3rd place respectively, were selected to form part of the final ten.

#### 2.4.4 Mentoring

Category	No. of Good Practice	Score	Partner Country
<b>Mentoring</b>	<i>Good Practice ALDA no 1.1.1</i>	46.7	France
	<i>Good Practice ALDA no 1.1.3</i>	48.6	France
	<i>Good Practice Ifa no 1.2.2</i>	45.3	Germany
	<i>Good Practice Ifa no 1.2.3</i>	41.7	Germany
	<i>Good Practice Ifa no 1.2.4</i>	45.2	Germany
	<i>Good Practice OXFAM no 1.4.1</i>	44.9	Italy
	<i>Good Practice SP no 1.6.3</i>	50	Ireland
	<i>Good Practice OT no 1.7.1</i>	36.4	Greece
	<i>Good Practice FU no 1.8.1</i>	43.6	Sweden
	<i>Good Practice FU no 1.8.3</i>	46.9	Sweden
	<i>Good Practice AJT no 1.9.3</i>	41	Spain

Table 5: GPs that fall into “Mentoring” category

There were eleven GPs in this category:

- Two from France
- Three from Germany
- One from Portugal
- One from Italy
- Three from Greece
- Two from Sweden
- One from Ireland
- One from Spain

The Good Practice from Ireland has the highest score (50 /50) followed by the GP no 1.1.3 from France (48.6/50) and the GP no 1.8.3 from Sweden (46.9/50). As these three countries were already selected in different categories, OT decided to select the GPs that were fourth and fifth on the list. However, the next in rank GPs were the third GP from France (no 1.1.1) having scored 46.7 out of 50 and the GP no 1.2.2 from Germany (45.3/50). Once again, the latter one had already been selected in another category therefore the following GP that also was from Germany (no 1.2.4) was selected.



## 2.5 The Role of the Committee

Eight GPs were selected using the scoring matrix, two per category. In order to select the final two GPs the partnership assigned representatives from some of the partner organizations to form a small Committee where issues related to the selection of the GPs would be discussed and decisions could be made on the final selection of GPs. The committee consisted of ALDA, HOU, OT, IFA and OXFAM.

As two Good Practices remained to be selected, the Committee decided on a methodology in order to select them. The criteria that the Committee put under consideration were the following:

- Content of the GPs with regard to the category that they fell into and to the activities they propose
- Score of the GPs

In addition to this, the Committee decided that emphasis should be given to partner countries that had had no GPs selected in the first round of selection.

Consequently, the scoring matrix analysis showed that three partner countries had no GPs selected in the first round (Italy, Spain, and Portugal). This would be cause for concern for WEMIN since the project itself promotes pluralism and equity and the exclusion of Partner countries from IO1 would mean that countries that have a long and important experience in the field of MRW integration, demonstrating at the same time really good and interesting practices, would not have the opportunity to promote their experience and knowhow to others.

In this sense, the Committee made the following decisions with regard to the final GPs:

Replace GP no 1.1.1 provided by ALDA (France) – with a GP from Italy. Both GPs were in the same category.

GP no. 1.3.1 provided by Association a Muraria (Portugal) – of the three GPs proposed by ARM this GP scored the highest (45.2/ 50). In terms of equity and presentation of experience of all partner countries the Committee selected GP no 1.1.3 in the category “Education in sociocultural aspects”. The argument for selecting this GP was:

- The group that the GP targets (children are rarely taken as a target group per se).
- Gives the opportunity to women to act as multipliers in their own families

- It is highly transferable as a GP

GP no 1.9.2 provided by Collectic (Spain) - Of the GPs submitted by Collectic this one scored the highest. The category that this GP corresponds to is “Cultural Exchange”. The argument for selecting this GP for the final ten, was:

- Simplicity, clear and understandable content, transferability
- The opportunity for improving the mother-son/daughter relationship
- Improvement of understanding of the school environment for migrant mothers
- The opportunity to be the foundation for developing the requirements needed for better / effective cultural exchange
- Improvement of linguistic and computer skills for both groups (parents and children)

### 3 Descriptions of selected Good Practices and Recommendations for Transfer

#### 3.1 Education from Sociocultural Aspect

##### 3.1.1a Plurielles-France

Plurielles, France	
Owner	Plurielles
Partnership	<p><b>Lieu d'Accueil Parents Enfants</b></p> <p><b>Espace K</b></p> <p><b>Migration Santé Alsace</b></p> <p><b>CPAM – Caisse Primaire d'Assurance Maladie</b> (healthcare cover)</p> <p><b>CIDFF – Centre d'Information sur les Droits des Femmes et des Familles</b> (information centre on women and families' rights)</p> <p><b>Planning Familial</b></p> <p><b>Fossé des Treize</b> (sociocultural centre)</p> <p><b>La Boussole</b> (providing healthcare for people who do not have health coverage)</p> <p><b>Villaje</b></p> <p><b>Maison des Ados</b></p> <p><b>Viaduc 67</b> (legal experts)</p> <p><b>ADECA – Association de dépistage du cancer colorectal d'Alsace</b> (prevention and early detection of colorectal cancer)</p> <p><b>Carijou</b> (professional integration workshops)</p> <p><b>Face'il à vivre</b> (zero waste association promoting energy savings at home)</p> <p><b>La Corderie</b> (solidarity service exchanges)</p> <p><b>Zero Waste Strasbourg</b></p> <p><b>Portes Ouvertes</b> (neighbourhood structure with social mediation functions)</p> <p><b>AHQG – Association des Habitants du Quartier Gare</b> (neighbourhood association)</p>

	<p><b>SOS Femmes Solidarité</b> (accompagnement and support for women victims of domestic violence)</p> <p><b>Stimultania</b> (exhibition centre in the train station neighbourhood, cultural structure, games for newcomers / recent immigrants / general public)</p> <p><b>Ste-Aurélie School</b></p> <p><b><u>For “EDC Professionnels” (professional/vocational workshops) in particular:</u></b></p> <p><b>Pôle Emploi</b></p> <p><b>Fédération des Acteurs de la Solidarité (FAS)</b></p> <p><b>Rédécom</b> (workshops on well-being, self-introduction, self image for work interviews)</p> <p><b>Mobylex</b> (mobility: public transportation, driver’s license, car)</p> <p><b>AMSED – Association Migrations Solidarité et Echanges pour le Développement</b></p> <p><b>Libre-Objet</b> (labour market integration workshops)</p> <p><b>Café Contact Emploi</b></p> <p><b>Shiva</b> (labour market integration company)</p> <p><b>Sistra</b> (labour market integration)</p> <p>These partnerships are sometimes informal and their aim is to identify the objectives of the interventions, the semantic fields and the objectives for the target group</p>
<b>Supporting Stakeholders (if any)</b>	Speakers from the partners or Plurielles’ trainers (2 are in charge of the <b>“EDC” (Ateliers d’Echanges de Connaissances – Knowledge-exchange workshops)</b> at the moment)
<b>Target groups</b> <b>Beneficiaries /users</b> <b>(description and numbers)</b>	<p>Immigrant women from a disadvantaged neighbourhood in Strasbourg and their families, from 47 nationalities and various ages (5% were 15-24 year olds, 65% 25-44 y.o, 16% 45-54 y.o, 10% 55-64 y.o, 3% more than 65 y.o)</p> <p>33% of them were in a relationship, 20% single, 28% married, 11% divorced and 6% widows.</p> <p>In 2017, the EDC workshops were delivered to 10 to 15 women each, and Plurielles accompanied 150 women each year.</p>

<b>Level of Application (local, regional, national)</b>	Local (area near train station in Strasbourg)
<b><i>Detailed Description</i></b>	
<b>Objectives &amp; rationale</b>	<p>The objective of the association is to welcome immigrant women living in a disadvantaged neighbourhood of Strasbourg into the host society, and to support them in gaining autonomy and the acquisition of full citizenship. The association aims to support the creation of social bonds and networking between the women it accompanies, and to allow them to discover the richness of cultural mixing (participants of Plurielles' activities come from 47 countries).</p> <p>The association offers linguistic expertise and support to immigrant women in their social and professional inclusion in the host society. They will then be able to take part in daily life of the society and contribute to their family's insertion as well. The activities organized aim to <b>allow participants to become autonomous, informed and involved citizens in their host society.</b></p> <p>In particular, the <b><u>"EDC – Ateliers d'Echanges de Connaissances"</u></b> (knowledge-exchange workshops) aim to allow participants to acquire a good knowledge of French society and of their duties and rights in the host society, to accompany them in the understanding of the French administrative system (for judicial and administrative matters as well as personal and familial matters, such as understanding the educational system of the host society), and to help them achieve autonomy in these matters for themselves and their families.</p>
<b>Description of activities</b>	<p><b>The association runs various activities, including the EDC workshops, organized in two different formats:</b></p> <ul style="list-style-type: none"> <li>• One focuses on the <b>sociocultural aspects of integration</b> and has a beginner and more advanced level depending on the participants' level of French (one session each per week). The sociocultural EDCs address three topics in particular: health, parenting and legal rights. <ul style="list-style-type: none"> <li>○ <u>Health EDCs</u>: they include meetings</li> </ul> </li> </ul>

with health professionals and speakers from Plurielles' partners (Planning Familial, CPAM...). Support groups have also been taking place monthly since September 2016, where participants can debate on healthcare topics. The objective of these EDCs is to accompany migrant women in their healthcare pathway and their access to healthcare structures for themselves and their families. The analysis of needs carried out by Plurielles revealed a lack of knowledge about the French healthcare system, a lack of vocabulary relating to human anatomy and knowledge of behaviours to stay healthy, cultural disincentives such as stereotypes on mental healthcare and finally, a universal distress and unhappiness due to their situation of exile from their home country. The main objective is, therefore, to allow these women to acquire linguistic skills in healthcare matters, to foster knowledge and autonomy in this topic and the adoption of responsible behaviours.

- Parenting EDCs: their objective is to value parenthood and support immigrant parents in their educative role. Monthly support groups have been organized, in addition to the weekly EDC groups, to allow mothers to debate on parenting topics (fostering peer-to-peer learning). Weekly EDC groups have focused on the understanding of the French educational system, a definition of parents' roles in the host society, gender equality themes and the place of the child in the host society and fostering parents' autonomy in relation to education.
- Women's rights EDCs: thematic meetings with legal professionals and

speakers from Plurielles' partners have been organized. These workshops also included visits of structures relating to the participants' rights to foster the group's autonomy in their administrative and legal procedures.

In 2016, 50 sociocultural EDC workshops were organized: 35 relating to health, 10 to parenting and 5 to women's rights.

- The socio-professional EDCs focus on the **professional aspect of women's integration**. They have various formats: socio-linguistic workshops addressing vocabulary relating to work, peer-to-peer learning workshops and individual mentoring towards employment.

These two categories (sociocultural EDCs and professional EDCs) will be merged in the near future with a view to developing a more comprehensive and holistic approach.

These workshops promote the regular practice of the French language, therefore fostering autonomy and understanding of the host society.

#### Resources needed

The activities are simple in their undertaking and only require a room and speakers from chosen partners to take place. The room should have the capacity to welcome a full group of WEMIN's participants. For big groups, 2 speakers or trainers might be required. An interpreter can also be present to make sure that the participants understand all the vocabulary of the topic discussed during the workshop, depending on the diversity of the participants' group (is one language spoken by all, such as Arabic or Russian, or are all the participants from different linguistic backgrounds?).

The speakers might come from partner organizations or local structures (Planning Familial in France, for example), and they must be familiar with the specific working conditions in this context (they should have a background in working with migrant population and especially vulnerable target groups such as migrant and refugee women).

<p><b>Results achieved</b></p>	<p>The association uses quantitative and qualitative assessments to measure the results achieved by the EDC workshops.</p> <p>The quantitative assessment measures attendance with attendance lists. It shows that the attendance of the participants is regular and that women enrolled in a programme tend to follow this programme from the beginning to the end (September – May). Individual questionnaires to measure satisfaction of the participants are also distributed. The women are asked questions by the association’s trainers to make sure that they have acquired knowledge and skills during the activities.</p> <p>Qualitative assessment in the form of an individual monthly follow-up allows the organization monitor each woman’s progress towards being autonomous in her level of French and knowledge of the French administrative system. It evaluates the level of attendance of the woman in the activities, her goals (why she needs/wants to learn French, whether she wants to work or not, and why), the difficulties encountered until now, the progress made, the autonomy acquired (can she make a medical appointment, use an agenda, take her children to school, fill in paperwork, go to the city centre by herself, use a computer, etc.). It also keeps a record of other activities the woman may attend in other organizations and self-learning (time spent in a library, doing research on the Internet).</p> <p>Three global evaluations are made for each woman (at the beginning of the mentoring, mid-term and at the end).</p>
<p><b>Parameters to be considered (social, economic, technical, political)</b></p>	<p>Social and political parameters relating to the target group need to be taken into consideration when drafting the content of the EDCs: women participating in these workshops are not always comfortable with all the possible topics. For example, topics relating to sexuality or political opinions might embarrass or displease women who come from countries with a strong religious background and limited freedom of speech. Topics usually considered as “intimate” should therefore be avoided or approached with great care and empathy for the participants’ feelings.</p>



	From a financial and technical point of view, the women participating in these workshops often have familial obligations (mothers and housewives with children) or restrictions and need flexible workshop hours to be able to attend them.
<b>Potential for transfer</b>	The subjects addressed concern every woman in every EU country: parenting, health, women's rights, and can be adapted to the country's context and values. The EDCs method is therefore highly transferable in partnering countries.
<b>Related documents or/and links (to be attached, if any)</b>	<a href="http://www.plurielles.org/index.php/activites/vie-sociale">http://www.plurielles.org/index.php/activites/vie-sociale</a>
<b>Related Policies</b>	The association benefits from a Contrat de Ville, meaning its activities are in line with local policies for disadvantaged districts.
<b>Contact data (website, contact person)</b>	<a href="mailto:contact@plurielles.org">contact@plurielles.org</a>

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## *Recommendations for Transfer*

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### *Ireland*

#### ***Usefulness of the GP in Ireland***

The fact that this targets migrant women specifically and recognises that they have specific needs is very important. There are very few projects for migrant women in Ireland specifically and the emphasis on health, parenting, education and women's rights are very important.

#### ***Aspects of the GP that can be transferred***

All of the activities described in the GP can be transferred.

#### ***Stakeholders that will permit the replication of the GP***

No specific permission would be required to implement this program in Ireland.

#### ***Stakeholders that will be responsible for the replication of the GP***

This project could be implemented by an NGO. There are some organizations that currently provide information on migrant's rights to migrant population. These services could be tailored specifically to meet migrant women's needs.

***Level of Application of the GP***

As the migrant population in Ireland is concentrated in certain parts of the country it would be better to offer this service at regional level possibly in some of the bigger cities or towns.

***Preconditions that may ensure a successful transfer***

It would be important to have an outreach worker or links with local organizations that can refer women to the service. It would be useful to have links with organizations that could send speakers and trainers to provide information on health, education, rights etc.

***Possible barriers that may occur during the transfer***

One barrier could be language. If the project is being offered at regional level then it is likely that women from many different countries would attend and contracting an interpreter for each language would be expensive. Childcare could also be an issue.

***Possible solutions in order to overcome the abovementioned barriers***

Offer Basic English classes to people or, as proposed in the GP, design some of the workshops using a very basic level of English to make them more accessible. Offering childcare can be very complicated in Ireland so we rely on women making alternative arrangements.

### 3.1.2 >GRUPP39< Sweden

GRUPP >39<, Sweden (Group >39<)	
<b>Owner</b>	Group 39 is a Community Social Enterprise
<b>Partnership</b>	Folkuniversitetet, The Public Employment Service, The Municipality
<b>Supporting Stakeholders (if any)</b>	<p>Ronneby municipality is involved in financial aspects.</p> <p>The Labour Office assigns unemployed people for internships at Grupp 39 to gain work experience.</p> <p>Folkuniversitetet. Two people are employed, equivalent to one full-time employee. The salaries are paid by Folkuniversitetet.</p> <p>Volunteers promote Grupp 39 and are involved in the different events that Grupp 39 organizes. One person, a retired teacher, volunteers every day by taking part in language training and helping the participants.</p>
<b>Target groups Beneficiaries /users (description and numbers)</b>	<p>The main beneficiaries are unemployed women with a migrant background who participate in Grupp 39. They can be born in another country or born in Sweden.</p> <p>However, other people involved in workshops and events organized by Grupp 39 benefit as well – by learning handicraft skills and becoming acquainted with</p>

	<p>foreign cultures. Ronneby municipality considers cultural events, workshops and study circles to be of benefit for community life and as a contribution to societal integration.</p> <p>The Labour Office also benefits from this project as it can send unemployed women to attend Grupp 39 or have their work placement in the project. (“Attending” would mean: spend a couple of hours per week there, which complements other activities. “Work placement” means being there full-time or half-time.)</p> <p>Approximately 8-10 women participate in the activities every day. With 20 working days per month, this results in 160 beneficiary days per month.</p> <p>30 people are registered as (paying) members (May 2018). They are citizens who want to support and promote the project. They can join the workshops and study circles for free where they, for example, benefit from the women’s skills in handicrafts.</p>
<b>Level of Application (local, regional, national)</b>	Local
<b>Detailed Description</b>	
<b>Objectives &amp; rationale</b>	<p>The general objective of Grupp 39 is to help immigrant women to develop their self-confidence and to create a sense of community in the municipality.</p> <ul style="list-style-type: none"> <li>- Giving women the possibility to develop their knowledge of different subjects such as handicrafts and cooking, and at the same time providing them with knowledge about Sweden</li> <li>- Giving women better knowledge of other countries and cultures, health and entrepreneurship</li> <li>- Learning Swedish in a different way</li> <li>- Getting migrant women closer to the labour market</li> <li>- Building bridges between cultures</li> <li>- Improving the integration of migrant women</li> </ul>

	- Teaching Swedish women about other cultures and methods in handicrafts
<b>Description of activities</b>	<p>Grupp 39 organizes lectures, exhibitions, cultural events, study circles and workshops where women work with colours, shapes, patterns, smells and tastes from various cultures from all over the world.</p> <p>Thus Grupp 39 has become a meeting place where people, especially immigrants, can learn about the Swedish society and Swedish language.</p> <p>Individuals that participate actively can be both migrant women and other citizens who are involved in workshops, study circles, and evening classes.</p> <p>Grupp 39 also has volunteers contributing to its various activities.</p>
<b>Resources needed</b>	<p>The initiative can operate on a low budget.</p> <ul style="list-style-type: none"> <li>• One or two trainers/volunteers interested in handicrafts</li> <li>• One or two trainers/volunteers interested in language learning</li> <li>• A room with light, chairs, tables</li> <li>• Material for handicrafts, recycling is possible</li> <li>• Material for learning the language, can easily be found on the Internet; national or European projects co-funded by the European Commission</li> <li>• Instructional videos, which can easily be found on the Internet</li> <li>• One or two sewing machines as a start</li> <li>• Paper and pens to write down notes, ideas</li> </ul>
<b>Results achieved</b>	<p>The group spreads knowledge, culture and courage among immigrant women. They also present and sell handicrafts from different cultures, and thus they develop a network of cooperation and knowledge.</p> <p>Another benefit is that Grupp 39 increases the women's self-confidence, courage and ability to get closer to the</p>

	<p>labour market. They also help to create a sense of community in the municipality of Ronneby.</p> <p>Group 39 was established ten years ago and is still working well.</p> <p>The cooperation with the Labour Office, immigrant associations, and the municipality is a way to keep it running.</p> <p>This is a way for this group of women to be included in society – reducing costs for society in the end, this is a huge benefit for the community.</p> <p>The women sent by the Labour Office for work placement, can work as multipliers of the project by motivating other women to join and participate.</p> <p>Even for young women this has been a first step to integrate into Swedish society and has encouraged them to go to formal education.</p> <p>Feedback from participants is very positive and many attend meetings for a long time. Examples of impact include: increased self- confidence, learning about the Swedish culture, less isolation, submission of applications for formal education.</p>
<b>Parameters to be considered (social, economic, technical, political)</b>	<p>As it was set up as a collaboration between three institutional stakeholders, Grupp 39 receives funding from Ronneby municipality, the Labour Office and a private association (Folkuniversitetet, for the study circles). The most important part of the income is from the Labour Office. The Labour Office pays some money so that unemployed women can attend the activities as a work placement. Folkuniversitetet contributes the salaries of the two employees.</p> <p>Part of the income is generated through sales of handicraft products. This is accounted for through Grupp 39 in its capacity as an association.</p> <p>Another, although small, source of income is memberships' fees paid by citizens who register as members of the Group 39 association (about 10 Euro/year. In return they can join events and study circles for free.</p>

	<p>Study circles get support from the state under the form of subsidies.</p> <p>Volunteers promote Grupp 39 and are involved in the different events that Grupp 39 organizes. One person, a retired teacher, volunteers every day by taking part in language training and helping the participants.</p> <p>Volunteers' working days per year can be estimated as about 265 (one person present every day, and 5 people during the planning meetings five times per year).</p>
<b>Potential for transfer</b>	<p>The project can easily be transferred and it is open to all languages, no language skills in host languages needed. Language learning material are easily found on the Internet. And also, instructional videos for handicrafts can be found on the Internet.</p> <p>Cooperation with the Swedish Labour Office, immigrant associations, and the municipality is a way to keep it running in Sweden. It can easily be adapted to include other organizations.</p>
<b>Related documents or/and links (to be attached, if any)</b>	<p><a href="http://enisamednolucanin.wixsite.com/grupp39">http://enisamednolucanin.wixsite.com/grupp39</a></p>
<b>Related Policies</b>	<p>Decision making in Grupp 39 follows democratic principles concerning what kind of handicraft should be developed and when it comes to deciding about what kinds of events, workshops and exhibitions should be organized.</p> <p>Similarly for the lectures decisions are made based on discussion in the group on what information they need or what they want to learn.</p> <p>Decisions regarding work placements of unemployed women are taken by the Labour Office.</p>
<b>Contact data (website, contact person)</b>	<p>Enisa Mednolucanin Enisa  <a href="mailto:enisa.mednolucanin@folkuniversitetet.se">enisa.mednolucanin@folkuniversitetet.se</a>  <a href="http://enisamednolucanin.wixsite.com/grupp39">http://enisamednolucanin.wixsite.com/grupp39</a></p>

	<a href="https://www.facebook.com/Grupp-39-491834904170551/">https://www.facebook.com/Grupp-39-491834904170551/</a>
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## *Recommendations for Transfer*

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### ***Usefulness of the GP in Ireland***

Accessing the labour market can be challenging for migrants in general and women specifically so it is important to have a project that targets unemployed migrant women specifically.

### ***Aspects of the GP that can be transferred***

All the project can be transferred.

### ***Stakeholders that will permit the replication of the GP***

No specific permission is needed to replicate this project in Ireland. However, it would be important to have an agreement made with the Department of Employment and Social Protection so that they could refer unemployed migrant women into the project and could continue to receive financial support.

### ***Stakeholders that will be responsible for the replication of the GP***

A migrant association, an NGO or a local community group could implement the project.

### ***Level of Application of the GP***

As the migrant population in Ireland is concentrated in certain parts of the country it would be better to offer this service at regional level possibly in some of the bigger cities or towns.

### ***Preconditions that may ensure a successful transfer***

One precondition would be to ensure that referrals from the local unemployment office were made. Funding would be important in order to run the project.



### ***Possible barriers that may occur during the transfer***

One main barrier could be that the Department of Employment and Social Protection does not recognise this as a work placement and does not refer women into the project.

### ***Possible solutions in order to overcome the abovementioned barriers***

The project could be run with women who are unemployed but not receiving social welfare payments. However, in this case alternative funding would have to be found. Evaluate the possibility of a reimbursement/ per diem for participation at the handicraft workshops.

***For Transfer Recommendations of Partner Countries see Appendix 5***

#### **3.1.3 Time to Grow- Portugal**

<b>Time to Grow (Study support), Portugal</b>	
<b>Owner</b>	<b>Associação Renovar a Mouraria</b>
<b>Partnership</b>	<b>Non formal partners</b>
<b>Supporting Stakeholders (if any)</b>	<ul style="list-style-type: none"> <li>• Jumbo (national supermarket net)</li> <li>• Fundação PT (private foundation)</li> <li>• Volunteers</li> <li>• Associação Mais Cidadania (SVE internships)</li> <li>• Faculty of Sciences of the University of Lisbon</li> <li>• Portuguese Confederation of Volunteers</li> <li>• Museum of Money-Banco de Portugal</li> <li>• Educational Services of Public and Private Cultural Equipment</li> <li>• Lisbon City Council-School Manuals Bank</li> <li>• Families, teachers and school (informal relationship)</li> </ul>

<p><b>Target groups</b></p> <p><b>Beneficiaries /users</b></p> <p><b>(description and numbers)</b></p>	<p>Target group: Children and young people (from 6 to 18 years old), attending school (from 1<sup>st</sup> to 12<sup>o</sup> grade), living in the Mouraria neighbourhood and its surroundings.</p> <p>Beneficiaries: 30 children and young people mostly from Nepal, Bangladesh, Portugal, Brazil; 30 volunteers</p>
<p><b>Level of Application (local, regional, national)</b></p>	<p>Local, but the methodology can be used at regional and national levels with the coordination of several local units</p>
<p><b><i>Detailed Description</i></b></p>	
<p><b>Objectives &amp; rationale</b></p>	<p>This project aims to promote the integration of children and young people that are in a situation of vulnerability and/or social exclusion, in the local community in general, and school system in particular.</p> <p>The idea is to use a study group support system to create a wider range of interventions. Support with studies is of great significance because most of these children have difficulties at school due to language limitations.</p> <p>Each child or young person can, on the one hand, develop an individual work plan, where he or she is motivated to find a balance between traditional study support activities (homework, studying for tests) and activities that allow for a broader development of the children and the reinforcement of their social and emotional competencies. On the other hand, each child can be seen as a tutor (volunteer) who works with and makes the link between his/her family and school. This one to one relationship is a critical success factor of this methodology because it allows the creation of a relationship of trust between children and/or young people.</p> <p>At the same time, a collective cultural, artistic activity or a global citizenship education activity is held every week.</p> <p>The main idea is to promote the values of citizenship, active participation and cultural diversity along with the improvement of school results and personal competencies, such as self-esteem, and a development of self-worth, as a means to full social integration.</p>
<p><b>Description of activities</b></p>	<p>The activities are split into two different groups:</p> <p>1 - Daily study support groups: focus on school contents and curriculums. Here children and young people do their homework, study for exams, clarify some doubts, and, sometimes explore new school content, depending on</p>

personal interests. Each student has his/her own tutor and they work together on their individual work plans, as well as finding the study methods and pedagogical approaches that suit them best. The study support groups take place from Monday to Thursday, from 16h to 19h, during the whole school year. The project supports 30 children and young people, mentored by 30 specialized volunteers. One volunteer for each student.

## 2-Socio-cultural inclusion activities:

2.1 – Fridays: every Friday, during school period, extra-curricular, non-formal, informal educational activities are held with the collaboration of volunteers and non-profit organizations. Those activities cover all the interests of all age groups, ranging from photography, fine arts, gastronomy, environmental sustainability, theatre, etc. Sometimes they are developed along with families such as nutrition and healthy food or family budget management.

2.2 – Batucaria Orchestra: provision of education through art, inspired by Afro-Brazilian traditions. The Orchestra aims to seek the influence of other cultures, given the cultural diversity present in the neighbourhood, and to promote cultural diversity. It has weekly rehearsals and several public performances throughout the year.

2.3 – “Casa de Férias” (vacation house): socio-cultural activities which are held during the school break (Christmas, Easter and summer). The majority of these activities are outside of the neighbourhood because this is the only opportunity for these children and youngsters to go out and get to know different realities. This can be undertaken through collaboration with museums and other cultural, educational and recreational centres.

## Resources needed

The project operates on a very low budget and does not require a lot of infrastructure, equipment or specially trained staff.

As long as there is an organization that can provide a space and some staff time to organize the initial matrix and create a volunteering bank, it can be delivered. It can also take place on school premises.

Working materials for crafts are also needed, but these are easy to acquire through donations as well. In addition to this, reading books and school books can also be sourced through

donations.

At the same time it is easy to fund this project because the budget is low and the subject is very appealing for media and the public in general.

So, the resources needed are:

- A room with light;
- Some stairs and tables;
- Pencil, pen, paper, glue, etc.;
- Reading books, school books;
- Volunteers;
- Good working relations with cultural, educational and recreational centres;
- Good working relations with NGOs and non-profit organizations working with children;
- Good will, patience, resilience, motivation and love for children and young people;
- A part –time coordinator.

#### Results achieved

Implementing the project on a low budget does not have a negative impact on the results of the intervention but does limit the ability to evaluate the results.

However, 5 years of experience using this methodology allows us to identify some very positive results:

1 - Improvement of school performance: the rate of school failure amongst students of the study group support is almost 0%. The majority of the children and young people, when coming to our support service have around 6 negative grades and are able to reverse this at the end of the school year with success (no more than 2 negative grades); another indicator is the return to school the following year. Returning participants often bring new students from their class. There are students that have been attending the service since the first year of the programme's existence.

2 - Consolidation of links within families and between participants. We have been able to link with the families and count with their participation in the meetings promoted during the school year, in our common activities and even in other activities held by our organization addressing migrants, such as Portuguese classes. When the children and young

	<p>people come for the first time they usually come alone, and during the course of the school year we manage, in the majority of the cases to get to know the parents and have regular contact with them. Also in Batucaria orchestra we sometimes have parents participating in the live performances, and helping with the costumes and transport of instruments.</p> <p>3 - Knowledge of cultural diversity: this speaks for itself. They make friends outside their community group, they become more familiar with customs from the host country and with the customs of the other children and young people attending the activities. Everybody's culture is valued</p> <p>4 - Development of artistic skills: the students have learned several arts and craft techniques, and have developed a special relationship with music and musical instruments, as well. These are tools for reinforcing their self-confidence and self-esteem. They learn new things and how to entertain themselves without resorting to electronic devices.</p>
<b>Parameters to be considered (social, economic, technical, political)</b>	<p>This project is not very dependent on social, financial, technical and political criteria.</p> <p>Social – as long as social intervention is seen as a need and a right for the vulnerable members of society, by the current society, it always will be seen as an added value to the community and to the country.</p> <p>Economic – a big budget is not needed in order to implement the project, so it can exist in moments of financial crisis, when the social intervention can be even more urgent and important, due to the increase in the number of people needing social support.</p> <p>Technical – like, in the economic aspect, we can create this service without staff specialized in technology. As long as there are people with the motivation to help others and use their time to add some value to other people's lives, we can supply such a service.</p> <p>Political –there are rules regarding law, social consciousness and a sense of justice, where children are always considered to be a target group that needs help and that deserve an opportunity. Children are, more or less, safe from nationalist movements and policies against migration.</p>
<b>Potential for transfer</b>	<p>The potential for transfer is high and the reasons have already been presented above:</p> <p>1 – It's easy to fund because it's an attractive cause (Children</p>

	<p>always talk to people's hearts) and because it can be implemented with a low budget.</p> <p>2 - The activities are very informal and the study support groups are by their nature exactly this and not an extra class provided by a teacher in a given subject So it is easy to reproduce in different contexts, either geographical, or with different target groups such as women.</p> <p>3 – It is based on a universal need, traditionally addressed by parents, to provide support for homework and to study for school tests.</p> <p>4 – It is based on some universal human abilities: patience, love for helping others, commitment and effort. Fortunately, there are still people with this motivation in any country, society or culture.</p>
<p><b>Related documents or/and links</b>  (to be attached, if any)</p>	<p><a href="https://www.facebook.com/renovar.a.mouraria/videos/726896090685959/">https://www.facebook.com/renovar.a.mouraria/videos/726896090685959/</a></p> <p><a href="https://www.facebook.com/renovar.a.mouraria/videos/1414013828640845/">https://www.facebook.com/renovar.a.mouraria/videos/1414013828640845/</a></p> <p><a href="https://www.facebook.com/renovar.a.mouraria/videos/1516540571721503/">https://www.facebook.com/renovar.a.mouraria/videos/1516540571721503/</a></p>
<p><b>Related Policies</b></p>	<p>The municipal policy for migrants' integration in Lisbon. The municipality of Lisbon has promoted, together with organizations working with migrants, a Plan for Migrants integration in Lisbon (PMILL 2017 – 2020);</p> <p>European Fund for Migrants, refugees and Asylum seekers, at European (AMIF) and national level (FAMI,)</p>
<p><b>Contact data</b> (website, contact person)</p>	<p><a href="https://www.renovaramouraria.pt/apoio-ao-estudo-projecto/">https://www.renovaramouraria.pt/apoio-ao-estudo-projecto/</a></p> <p><a href="https://www.renovaramouraria.pt/category/projectos/batucaria/">https://www.renovaramouraria.pt/category/projectos/batucaria/</a></p> <p><a href="https://www.facebook.com/orquestrabatucaria/">https://www.facebook.com/orquestrabatucaria/</a></p> <p>Inês Andrade: <a href="mailto:ines.andrade@renovaramouraria.pt">ines.andrade@renovaramouraria.pt</a></p>

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## *Recommendations for Transfer*

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### ***Usefulness of the GP in Ireland***

After school programmes are very common all over Ireland however, there are very few, if any that target migrant children specifically. Also the introduction of socio-cultural activities adds an important element to the project.

### ***Aspects of the GP that can be transferred***

All of the project could be transferred although the make-up of the group could vary depending on where it is implemented.

### ***Stakeholders that will permit the replication of the GP***

This type of activity does not need permission for replication. However, any institution working with children does need to have certain policies in place (Child Protection Policy) and must ensure that all staff is vetted by the police.

### ***Stakeholders that will be responsible for the replication of the GP***

This could be undertaken by a local community group or a Family Resource Centre.

### ***Level of Application of the GP***

This type of initiative would work better at local level.

### ***Preconditions that may ensure a successful transfer***

It would be important to work closely with primary and secondary schools in an area and have referrals into the programme from them.

### ***Possible barriers that may occur during the transfer***

There are very strict guidelines on working with children and all volunteers need to be trained in child protection and be vetted. This can make it difficult to recruit volunteers as the process is slow.

### ***Possible solutions in order to overcome the abovementioned barriers***

Source funding for one or two core staff and have a panel of volunteers that have been trained and vetted so if a volunteer leaves he or she can be easily replaced.

***For Transfer Recommendations of Partner Countries see Appendix 5***

## 3.2 Empowerment

### 3.2.1 International Women's Breakfasts- Ireland

International Women's Breakfasts, Ireland	
<b>Owner</b>	<b>Southside Partnership's Women's Programme</b>
<b>Partnership</b>	<b>women4women Network</b>
<b>Supporting Stakeholders (if any)</b>	Dun Laoghaire Rathdowney County Council, Local Community Groups, Islamic Cultural Centre, Community Gardaí (Community Police), NGOs working with migrants, local schools, family resource centres
<b>Target groups</b> <b>Beneficiaries /users</b> <b>(description and numbers)</b>	Migrant women from any country outside of Ireland, women from Ireland. The majority live in or near Dún Laoghaire Rathdown, a county in the Dublin region.
<b>Level of Application (local, regional, national)</b>	
<b>Detailed Description</b>	



### Objectives & rationale

The objectives of the Breakfasts are to provide a space where all women, in the women's programme catchment area, can explore commonalities and diversity through respectful dialogue and to promote intercultural respect and mutual understanding.

For Irish women and women from migrant communities there are often few opportunities to meet, converse and exchange ideas about their shared experiences as women. The Breakfasts create a space for women from different walks of society and social backgrounds to network, learn about other cultures and listen to the challenges facing women (particularly migrant women) living in Ireland, in a non-threatening informal environment. Although specific topics and themes can be addressed in the breakfasts through workshops, the events are not overly prescriptive and the format allows for relationships and links to develop organically. For the migrant women attending the Breakfasts, the events offer them the possibility of learning about Irish society and women's role in it. For Irish women, it is an opportunity to meet and listen to migrant women and Irish ethnic minority groups. For State agencies and representatives from the non-profit sector it provides an opportunity to become more sensitised to issues and challenges that migrant women face. For all the women, it provides an opportunity to network and develop new relationships.

### Description of activities

The International Women's Breakfasts are held at least six times a year in various locations in the Women's Programme catchment area in South County Dublin. This is a drop in event that runs over the course of a morning on a weekday, usually a Wednesday. The event brings together women from across a wide spectrum of society: migrant women from all countries outside Ireland; Irish women (including Irish Traveller women); staff from organizations from the non-profit and voluntary sector; staff from State bodies and Community police.

Information provision is an important component of the Breakfasts. A key cultural aspect is the sharing of food and women prepare and bring dishes from their home countries to share with each other. The breakfasts usually run for 3 hours from 10am to 1pm.

The content and themes of Breakfasts change and vary and there is never a defined format. However, they

generally focus on commonalities where possible. Of the six Breakfasts, there are three dates that are always recognised, one of these is around the 8th March, International Women's Day, the second date is in October when a Social Inclusion week is organised in the catchment area and the third date falls during the week of the 16 days against violence in November

The Breakfasts can be divided into three moments:

*The first moment* is the opening, which begins with welcomes and introductions of the people who will be involved in leading the activities.

*A second moment* is the development of the activity for the day. In some instances, this can be in the form of a workshop, in which case, the theme of the day is presented and participants break into groups to work on the theme. After a period of time the groups finish and feed back to the whole for reflection and comment.

In these Breakfasts, the themes can range from the personal to the social and communal and also cover societal and governmental issues. Some examples of the themes covered to date are:

- Wishes or intentions for the year ahead
- How we benefit from each other culturally
- Arts and crafts
- Active citizenship
- Engagement in community
- Events and activities taking place in our area
- The health service
- Voting and participation in decision making
- Domestic violence and family support

The themes covered at the Breakfasts allow women to share aspects of their culture with each other but also with staff of statutory organizations and the community sector.

In other events, there is no workshop and instead the focus is on celebration and learning through music, dance, singing and art.

Whatever the activity, strong links are built between

	<p>women who would not normally have an opportunity to be in contact with each other.</p> <p><i>In the final moment</i>, time and space is given to sharing food and dialogue. Participants move to the tables where the food is laid out and then share food and conversation with others.</p>
<b>Resources needed</b>	<p>The financial resources needed for the Breakfasts are relatively small. Each participant brings food so only a small budget is required to cover the costs of tea, coffee, cutlery, tableware and stationery.</p> <p>A budget might be needed to cover room rental but many times the organisers of the Breakfasts work in conjunction with a local community group, cultural centre or municipal body who provide a venue for free.</p> <p>It is important to have a development worker or someone to promote the breakfasts, organise the events and facilitate the activities on the day. On the day, volunteers are needed to help with registration, setting up and ensuring the event runs smoothly.</p>
<b>Results achieved</b>	<p>Around 50 breakfasts have been held since 2011 with anything between 50 to 100 women in attendance. The Breakfasts have not decreased in popularity since then and still attract a large number of participants.</p> <p>For most of the migrant women, this drop-in event has been the entry point into Southside Partnership women's programme and engagement with the women4women network.</p> <p>For many of these women, there is an individual progression from isolation to identification as part of a network with a sense of collective responsibility.</p> <p>Links and relationships are developed between migrant women and women from the host country through workshops and activities.</p> <p>Women receive information about different elements of Irish society and so can make more informed decisions.</p> <p>Women learn about events and services that can be of benefit to them.</p> <p>The workshops have been a useful means for statutory bodies and agencies to hear first-hand about issues women in general face but in particular about issues for</p>

	<p>migrant women.</p> <p>Proposals for collaboration between the voluntary sector and state agencies have developed as a result of informal conversations.</p> <p>The event acts as a catalyst for new initiatives and projects to develop.</p>
<p><b>Parameters to be considered (social, economic, technical, political)</b></p>	<p>The sustained success and popularity of the Breakfasts are due to many factors but some elements which need to be taken into account are:</p> <p>The organisers have avoided having the events becoming overly prescriptive. There are certain moments in the calendar, which are celebrated every year (International women's day, Social Inclusion Week, 16 days against gender based violence) but the other Breakfasts are not bound by any particular 'plan'.</p> <p>Although an activity or workshop is undertaken during the Breakfast, there is enough time built into the morning to allow for unstructured, informal interaction, socialising and networking. The whole process is very organic.</p> <p>The atmosphere is always one of welcoming and solidarity. The veterans to the Breakfast ensure that this mood is maintained.</p> <p>Ownership of the event by the participants is encouraged. This is achieved in a number of ways: the venue changes and the organisers often partner with other groups or cultural centres to jointly host the event. The event is run in conjunction with the women4women network and all participants are seen to be part of the network therefore the Breakfast is theirs. There are no formal presentations by external experts and everyone is recognised as having something to contribute to the process.</p> <p>This lack of formality and rigidity allow for the Breakfasts to become a social event rather than a formal meeting or gathering. In this sense, someone new to the country or coming alone will feel very comfortable participating.</p> <p>The Breakfasts exist as part of a women's programme and there is a lot of exchange and interchange between it and the different projects run by the programme.</p> <p>The majority of participants will attend for the whole</p>

	morning but people are free to come and go as they please.
<b>Potential for transfer</b>	There is huge potential for the Breakfasts to be developed in other countries. As the resources required are few, this could be operated relatively easily. In the beginning the focus was on bringing women from different backgrounds together so there is not a huge need for technical or specialised knowledge. What is important is to have a community worker in place with links in the migrant and Irish community who can invest time in making contacts and ensuring people come together.
<b>Related documents or/and links (to be attached, if any)</b>	<a href="http://women4women.ie/about/previous_publications/">http://women4women.ie/about/previous_publications/</a> <a href="https://www.irishtimes.com/life-and-style/health-family/women-in-dublin-hold-cross-cultural-events-after-paris-attacks-1.2461356">https://www.irishtimes.com/life-and-style/health-family/women-in-dublin-hold-cross-cultural-events-after-paris-attacks-1.2461356</a> <a href="https://www.facebook.com/women4womenDLR/">https://www.facebook.com/women4womenDLR/</a>
<b>Related Policies</b>	<p><i><b>In line with Migrant Integration Strategy – A Blueprint for the Future 2017</b></i></p> <p>MIWOC – Migrant Women Integration through Creativity  <a href="http://www.arsap.com/arsap/index.jsp?idPagina=25">http://www.arsap.com/arsap/index.jsp?idPagina=25</a></p> <p>Partnership on Inclusion of Migrants and Refugees  <a href="https://ec.europa.eu/futurium/en/inclusion-of-migrants-and-refugees">https://ec.europa.eu/futurium/en/inclusion-of-migrants-and-refugees</a></p>
<b>Contact data (website, contact person)</b>	<p>Daniela Naab / Marese Hegarty</p> <p>women4women.ie</p>

*For Transfer Recommendations in Partner Countries see Appendix 5*

### 3.2.2 Rêv'Elles- France

Rêv'Elles, France	
<b>Owner</b>	Rêv'Elles
<b>Partnership</b>	Île-De-France Region, EDF, l'Occitane, Marie Claire...
<b>Supporting Stakeholders (if any)</b>	
<b>Target groups Beneficiaries /users (description and numbers)</b>	Young women (14-22 years old) from disadvantaged neighbourhoods around Paris and its region – average age: 17 years old. They are in high school or they have dropped out of school and they have trouble defining their future goals, notably because of a lack of self-confidence.

Level of Application (local, regional, national)	Regional (around Paris and Île-de-France)
<i>Detailed Description</i>	
<b>Objectives &amp; rationale</b>	<p>The objective of the association is to foster the implementation of a project for the professional development of young women through gaining self-confidence and autonomy. This objective and the mission of the association came from observations about young women from disadvantaged neighbourhoods: they had difficulties in identifying their strengths and dreams; they lacked role models as inspiring examples; they tended to self-censor themselves in situations where young men were involved (co-education).</p> <p>The association aims to inspire and motivate young women from disadvantaged neighbourhoods (Paris and Île-de-France area) towards their personal and professional fulfilment. The final goal is to enable them to become participants and actors of the society in which they live.</p> <p>To achieve this objective, the association organizes several workshops to allow these women to develop their professional project and to identify their skills and strengths: « Rêv'elles ton potentiel », « Rêv'elles moi l'entreprise », « Rêv'elles moi ta vie de... », « Rêv'elles cafés ». These workshops address the needs young women have for role models and inspiring examples: they can meet other women and discuss their career, they can visit businesses and learn about their activities, and they can exchange ideas on women's professional opportunities and ways to improve these with other women.</p>
<b>Description of activities</b>	<p>“Rêv’Elles ton potentiel” (Reveal your potential) are collective workshops for women only. The participants are from the association’s target group (young women from disadvantaged neighbourhoods, with few opportunities to learn about themselves, their skills and strengths). These workshops are held for 5 days, through a 5 steps training programme involving the Activation of Vocational and Personal Development (ADVP from Activation du Développement Vocationnel et Personnel in French) methodology (explained below). The 5 steps are implemented as follows:</p> <p><b>Day 1:</b> the participants get to know each other. Their personalities are reviewed to assess their strengths and</p>

sometimes weaknesses (lack of self-confidence for example), but also their tastes, values and knowledge (educational background or other sources of knowledge) to allow the trainers to adapt their content to the group. The ADVP methodology is then introduced to the participants. The ADVP methodology is an experiential pedagogical method that can be used on diverse audiences, to foster the development of professional projects for job-seekers and other groups.

**Day 2:** this day is dedicated to exploring the young women's ideas for a future career. Instructors will try to help the participants to identify their ideal work environment and to develop the bases of a professional project that relates to their personality. The participants also learn about the resources at their disposal to achieve their professional goals. They finally discover possible careers and professions they could pursue.

**Day 3:** the third day is dedicated to independent research in CIOs (Information and vocational orientation centres) by the participants. They are asked to create job information sheets on careers they are interested in. They also benefit from individual coaching on their professional project.

**Day 4:** participants gather to meet in a company's premises. The company is usually one of Rêv'Elles' partners. The participants are therefore allowed to discover the business' professional codes and norms, to meet employees and managers and learn about their career path. Finally, the participants are asked to practice their public communication skills in front of the rest of the group.

**Day 5:** the participants and instructors assess the results of the training; they finish the vocational project by checking how much the participants have learned, and they establish an "action plan" for the future. The participants present their project in front of a jury of "role models" of individual professionals (women only).

#### Resources needed

This 5-steps training does not require many resources in order to be achieved. Indeed, the group has to gather in a large room for 3 days, meaning that chairs, tables and the usual equipment to be found in a classroom are needed.

Then, one day of the programme (Day 3) is dedicated to independent research. It is possible that not all countries have CIOs available to undertake this activity; however, a



	<p>public library or any other institution of this kind could very well welcome this type of activity. Indeed, the participants only need information on professional careers and possibilities, which can be found in various types of literature (magazines, professional reviews, sociological literature, post-high school guides).</p> <p>Finally, one day of the programme (Day 4) is held with a company or business. This part can be more difficult to achieve because an enterprise must agree to welcome the participants, and some employees must be available to answer the participants' questions. However, it is also what makes this practice a good and inspiring one for the participants of the workshop.</p> <p>Nonetheless, MRW might not be the best public to visit businesses since they often have many obligations at home (children, housewives, etc.) and can't be absent for too long. This step of the workshop could therefore be transformed into something less demanding for the MRW but still fruitful such as a role-model intervention from a specific business' employee, in the place where they usually take classes and activities.</p>
<p><b>Results achieved</b></p>	<ul style="list-style-type: none"> <li>• 230 young women have been accompanied by Rêv'Elles since 2013</li> <li>• 92% of the February 2015 "Rêv'Elles ton potentiel" programme participants stated they had developed a project for their professional development at the end of the programme</li> <li>• 97% of "Rêv'Elles ton potentiel" programme participants declared to be satisfied with the content of the programme</li> <li>• 7 "Rêv'elles ton potentiel" programmes have been launched since 2013</li> </ul> <p>The association also collects testimonies of participants, role models and partnering companies and businesses in the form of videos. The association has a YouTube channel (cf. links) where all the testimonies are compiled.</p>
<p><b>Parameters to be considered (social, economic, technical, political)</b></p>	<p>The activities are designed to target a public composed of young women from disadvantaged neighbourhoods. The programmes would not be suitable for other target groups such as women with a higher degree of education (master's degrees, PHDs) because their objective is to allow the</p>

	<p>participants to define and describe their professional objectives “from scratch”. Since the MRW population targeted by the WEMIN project has, in general, low levels of education, knowledge of the host society and its language, the programme could be adapted for them if it is given in a simple linguistic framework and does not set objectives that could not be reached (getting a job at the end of the programme, for example). It should aim at giving the women a better idea of their opportunities in the host society.</p>
<b>Potential for transfer</b>	<p>The programme seems very sustainable since the target group is young and the methodology has effective results in the long-term. The ADVP methodology can be applied to any group of people seeking professional or vocational guidance. It is therefore completely transferable to an audience of migrant and refugee women, if the specific characteristics of this group are taken into consideration, such as difficulties in learning or concentration, past exposure to violence and current difficulties to start a new life.</p> <p>These criteria might influence the ability of the target group to benefit from the ADVP methodology if they are not taken into account to adapt the methodology to the group. However, since this methodology has been used on very different groups, it has a high potential of adaptability, and it should therefore not cause any trouble to take the specific needs of MRW into account.</p>
<b>Related documents or/and links (to be attached, if any)</b>	<p><a href="http://www.revelles.org/wp-content/uploads/2015/11/REV_PressKit_WIP_01_Proof.pdf">http://www.revelles.org/wp-content/uploads/2015/11/REV_PressKit_WIP_01_Proof.pdf</a></p> <p><a href="http://www.revelles.org/programmes/revelles-ton-potentiel/">http://www.revelles.org/programmes/revelles-ton-potentiel/</a></p> <p><a href="https://www.youtube.com/channel/UC4ghlSoj-eQ5ni9uJKGpTQQ">https://www.youtube.com/channel/UC4ghlSoj-eQ5ni9uJKGpTQQ</a></p>
<b>Related Policies</b>	<p>Regional policy on equality between men and women</p> <p>Policy on disadvantaged neighbourhoods of the French Municipalities</p>
<b>Contact data (website, contact person)</b>	<p><a href="mailto:contact@revelles.org">contact@revelles.org</a></p>

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## *Recommendations for Transfer*

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### ***Usefulness of the GP in Ireland***

There are several projects in Ireland that work with young people who have left school early or are at risk of leaving school. However, there are not many that target young women specifically so this programme is interesting from that perspective. In addition, as immigration to Ireland is relevantly recent there is a large population of young people, children of migrants, who are the first generation to be born in Ireland and would need specific support.

### ***Aspects of the GP that can be transferred***

All of the project activities described could be transferred to Ireland.

### ***Stakeholders that will permit the replication of the GP***

No specific permission would be required to implement this programme in Ireland, although it would be important to work closely with schools (this could take place during transition year in secondary schools) and other programmes that target young people.

### ***Stakeholders that will be responsible for the replication of the GP***

This project could be delivered by an NGO or local community group in conjunction with a secondary school.

### ***Level of Application of the GP***

The project would have a greater impact if it was delivered at a local level.

### ***Preconditions that may ensure a successful transfer***

It would be important to have a youth worker who would do outreach work, to have good relationships with local schools, families, local businesses and have identified some role models who are women.

### ***Possible barriers that may occur during the transfer***

It can often be difficult to engage young people especially young women in these types of programmes as they can have commitments in their family that means they do not have as much free time. Also, depending on the cultural background of the family it can be difficult to persuade them to allow their daughters to participate in activities outside of the family circle.

### ***Possible solutions in order to overcome the abovementioned barriers***

It would be important to build relationships of trust with families and possibly include them in some activities.

### 3.3 Cultural Exchange

#### 3.3.1 Sonetor- Greece

Sonetor, Greece	
<b>Owner</b>	<b>Hellenic Open University (HOU)</b>
<b>Partnership</b>	University of Limerick (IR) Pontifical University of John Paul II (PL) Computer Technology Institute and Press “Diophantos”(GR) MARQUE 21 SL (ES) BEST Institut für berufsbezogene Weiterbildung und Personaltra (AU)
<b>Supporting Stakeholders (if any)</b>	Council of Europe (ICC network) Greek Ministry of Internal Affairs OLYMPIAKI EKPEDEFTIKI

<b>Target groups</b>	<i>The target groups are:</i>
<b>Beneficiaries /users</b>	<ul style="list-style-type: none"> <li>• Cultural Mediator communities</li> </ul>
<b>(description and numbers)</b>	<ul style="list-style-type: none"> <li>• Students (of social sciences, health sciences, literature etc.) aiming to become Cultural Mediators,</li> <li>• Higher Education Institutes,</li> <li>• Vocational Education and Training centres,</li> <li>• NGOs and volunteering organizations,</li> <li>• Local authorities and public administration,</li> <li>• Certification of Qualifications Organizations</li> <li>• Any other professional who formally or informally interacts with immigrants.</li> </ul>
	<p><i>The SONETOR training platform has been used by:</i></p> <ul style="list-style-type: none"> <li>-436 members</li> <li>- 59 groups</li> <li>-187 forum discussions</li> <li>-767 blog posts</li> </ul>
<b>Level of Application (local, regional, national)</b>	European
<b>Detailed Description</b>	
<b>Objectives &amp; rationale</b>	<p>The SONETOR project aimed at developing a training platform to integrate existing social networking applications with modern adult education methodologies and specially produced content and services. It was designed to facilitate the up-skilling and re-skilling of those working as cultural mediators through the provision of flexibly delivered formal modules and the putting in place of systems and processes for the recognition and accreditation of the learning attained by the individual through informal and non-formal learning gained through their work with migrant communities.</p> <p>Cultural Mediators can assist foreign citizens toward a smooth cohabitation in the host country and are professionals who are trained to facilitate relations between local and foreign citizens, and to promote reciprocal knowledge and comprehension aimed at</p>

favouring a positive relationship between persons of different cultural backgrounds. A Cultural Mediator must possess a combination of formal and non-formal skills and competences that can only be developed with a combination of formal training and personal and practical experience. ICT systems and platforms could provide support to the specific training needs of Cultural Mediators.

More specifically, the project aimed to:

- Facilitate closer relationships and more frequent interaction between migrants and cultural mediators.
- Create a repository of learning products and artefacts
- Give a digital presence on the Web to manifest one's cultural identity
- Create a platform to participate in the community for lifelong learning to keep reflecting on current issues, etc.
- Provide an architecture that allows learners to access content through different modalities taking care of rights management, security and privacy concerns,
- Enrich networking among various stakeholders involved
- Contribute to community awareness on the “other” and anti-stereotyping behaviour

#### **Description of activities**

The SONETOR project included the following:

1. A detailed comparative user needs analysis in the fields of legislation, training, collaboration and skills definition that clearly defined the competences and skills that professional cultural mediators must possess and their training needs. The outcomes of the analysis lead to a user study, the job profile and the training platform requirements
2. A project portal that served as a focal communication point for European Cultural Mediators and other stakeholders. The portal contains a training platform composed of social

	<p>networking tools, which was used to train Cultural Mediators with the help of adult education and peer learning methodologies</p> <ol style="list-style-type: none"> <li>3. Highly interactive, efficient digital content composed mainly of videos, but also containing text, wikis, forums etc.</li> <li>4. Peer learning scenarios on topics related to the everyday practice of Cultural Mediators, such as health, education, public services, etc. The scenarios reflected the principles of peer learning, made use of the digital content modules and were delivered via the training platform</li> <li>5. A European learning community of Cultural Mediators composed of representatives of all stakeholders. In the context of the project, twenty five core community members initially joined from the participating countries, while in a subsequent phase, about two hundred and fifty people were trained using the platform</li> <li>6. Five pilot training sessions, one per participating country, with the participation of members of the learning community</li> <li>7. Six evaluation reports, summarizing the project progress and evaluating its outcome</li> <li>8. Five promotional workshops, one in each participating country, together with leaflets, brochures and a promotional project video</li> <li>9. A final plenary workshop, organized in Greece, which promoted the outcomes of the project and defined exploitation and sustainability policies.</li> </ol>
<p><b>Resources needed</b></p>	<p>There is a need for:</p> <ul style="list-style-type: none"> <li>- technical staff to monitor the exploitation of the SONETOR platform and guarantee an effective exchange</li> <li>-trainers to train CMs (training content already available)</li> <li>-frontline staff to activate local community for co-creation schemes and organization of awareness events</li> <li>-ICT facilities for linking with SONETOR platform</li> </ul>

<p><b>Results achieved</b></p>	<p>Within the last decade, the demography of Europe has changed significantly. This change has become more evident through the vast changes that have occurred in the make-up of the population of individual countries within the European Union and especially in the ethnic mix of populations in each country. To this end it is essential that the role of the cultural mediator is defined and strategies put in place to ensure that these individuals are properly trained and that on-going continuing professional development programmes are put in place.</p> <p>The SONETOR project contributed to this work through the development of innovative initiatives that enhanced the current situation regarding cultural mediation through the following:</p> <ul style="list-style-type: none"> <li>-A European community of Cultural Mediators was formed, ensuring the sustainability of the project outcomes</li> <li>-The knowledge, skills and competences of Cultural Mediators were systematically identified and described for the first time and this in turn served as the basis for the specification of real life-like training scenarios</li> <li>-The social networking training platform was continuously being supported to serve as a European focal point for Cultural Mediators and other stakeholders</li> </ul>
<p><b>Parameters to be considered (social, economic, technical, political)</b></p>	<p>With the increase in migration, racism and xenophobia are also on the rise, mainly by lack of knowledge of the “other”. Thus, there is an increased need to assist foreign citizens toward a smooth cohabitation in the host country through the operation of Cultural Mediators (CMs), who are mainly characterized by communicative competence, empathy, active listening and good knowledge of both the hosting country and country of origin (culture, laws, traditions, etc.). The role of CMs implies formal and non-formal skills and competences to be developed through formal training as well as personal and practical experience.</p> <p>ICT systems and platforms can provide support on the specific training needs of CMs. Social networking applications are increasingly penetrating formal educational and training settings and lead to the development of new training practices, which reflect modern theories of learning (i.e. social constructivism, peer learning etc.) in contemporary networked</p>



	<p>environments.</p> <p>Combining cultural mediation, adult education and peer learning, eLearning and distance learning, digital content development - especially video, distance learning platforms and social computing produce a sustainable outcome for the benefit of the whole society.</p> <p>It is a prerequisite that all partners involved in such an effort have complementary competences</p> <p>The SONETOR platform is maintained by HOU and is offered free of charge.</p>
<b>Potential for transfer</b>	<p>The methodology used and the results achieved are accessible via the SONETOR portal. All project outputs are based on different inputs resulting from the different individual strengths of all partners involved. Thus, the findings of the project are not limited to the immediate participants, but can be exploited by all interested in the subject. Furthermore, the findings can be used not only by partner countries but also by countries not involved in the project hence transferring knowledge from the project to new territories</p>
<b>Related documents or/and links</b>  <b>(to be attached, if any)</b>	<p><a href="http://www.sonetor-project.eu/">http://www.sonetor-project.eu/</a></p> <p><a href="http://www.culturalmediators.eu/">http://www.culturalmediators.eu/</a></p>
<b>Related Policies</b>	<p>Integration of migrants</p>
<b>Contact data</b> <b>(website, contact person)</b>	<p><a href="http://www.sonetor-project.eu/">http://www.sonetor-project.eu/</a></p> <p><b>Achilles Kameas</b></p> <p>Associate Professor, School of Science &amp; Technology, Hellenic Open University (<a href="http://www.eap.gr">http://www.eap.gr</a>) Deputy Dean, School of Science &amp; Technology, Hellenic Open University Board Member of European network ALL DIGITAL AISBL (<a href="http://www.all-digital.org/">http://www.all-digital.org/</a>) Director of Studies, Graduate Course "Mobile and Pervasive Computing Systems", Hellenic Open University (<a href="http://www.eap.gr/sdy_en.php">http://www.eap.gr/sdy_en.php</a>) Founder, Dynamic Ambient Intelligent Sociotechnical</p>

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## *Recommendations for Transfer*

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### ***Ireland***

#### ***Usefulness of the GP in Ireland***

There are not currently many supports available to cultural mediators in Ireland so this would be a useful addition and in fact one of the partners in this GP is an Irish University.

#### ***Aspects of the GP that can be transferred***

All of the project could be transferred especially as it is a digital platform and is accessible to anyone that registers with the platform.

#### ***Stakeholders that will permit the replication of the GP***

The six partners who developed the project would have to give permission for it to be replicated.

#### ***Stakeholders that will be responsible for the replication of the GP***

This could be undertaken by any migrant organization, NGO or community group working with cultural mediators or individuals with an interest in the area.

### ***Level of Application of the GP***

It could be transferred at all levels especially as it is an online platform.

### ***Preconditions that may ensure a successful transfer***

Access to the portal is free so you would just have to ensure that people have access to a computer and an internet connection.

### ***Possible barriers that may occur during the transfer***

The possible barrier would be not finding candidates to become cultural mediators especially in the voluntary and not for profit sector as this job is often not well paid or recognized.

### ***Possible solutions in order to overcome the abovementioned barriers***

It would be important to promote the work of cultural mediators and to encourage organizations from the voluntary and community sector to assign some funding for staff who work in this area.

***For Transfer Recommendations of Partner Countries see Appendix 5***

### **3.3.2 Local book club for MRW -Germany**

Local book club for MRW, Germany	
<b>Owner</b>	Brigitte Neise Göküzüm
<b>Partnership</b>	District Library of Bad Cannstatt and Stuttgart city
<b>Supporting Stakeholders (if any)</b>	Stuttgart City Library and City of Stuttgart's department for integration
<b>Target groups</b> <b>Beneficiaries /users</b>	This project started with some local women with a Turkish background and during the last 10 years has extended to a book, reading and meeting club for MRW of all backgrounds and women from the host society as well.

<b>(description and numbers)</b>	
<b>Level of Application (local, regional, national)</b>	Local
<b><i>Detailed Description</i></b>	
<b>Objectives &amp; rationale</b>	<p>The initiative clearly targeted MRW at a local level in their neighbourhood. It aims to encourage migrant and refugee women to read.</p> <p>Attendees are invited to bring a book, poem, article or a piece of their own writing to share and discuss with the group. The initiative wants to foster friendship with other migrants and members of the host society as well as to expand awareness of other cultures and literature through poetry reading, book sharing, storytelling and discussion of literature.</p> <p>In addition, the meetings give the women the opportunity to talk about personal matters and to support each other concerning their daily life or family issues.</p> <p>One of the objectives of the initiative is to foster self-esteem among the migrant and refugee women. Participants in the group are more likely to take leadership roles in other parent-led organizations at the school as well. The book club helps its members build a library at home. In this way access <u>to books in the home</u> is an important way to improve the reading performance not only of the migrant women but also that of their children.</p>
<b>Description of activities</b>	<p>The members of the local book club meet up once a month to discuss a book they have chosen to read. Attendees are invited to make their own suggestions on what they would like to read. These meetings draw anywhere from 5 to 15 women each month.</p> <p>They are held in the district library of Stuttgart, Bad Cannstatt.</p>
<b>Resources needed</b>	<p>The initiative does not require many resources, equipment or infrastructure. It also operates on a low budget.</p> <ul style="list-style-type: none"> <li>• A room with light, chairs, table</li> </ul>

	<ul style="list-style-type: none"> <li>• Books or copies of the book, which has been chosen</li> <li>• Paper and pens to write down notes, ideas</li> <li>• A member of the book club, who acts as a leader of the discussion</li> </ul>
<b>Results achieved</b>	<p>With 400 MRW reached at a local level during the last years, participation is high. Since there aren't any barriers (based on education, skills, etc.), the initiative is easy for MRW to access and they promote it amongst themselves. The initiative is linked to local councils, neighbourhood committees, other local community libraries, a community and family centre.</p>
<b>Parameters to be considered (social, economic, technical, political)</b>	<p>Due to the fact, that the initiative does not need a large budget to be implemented it can even be carried out in moments of financial crisis.</p> <p>Concerning the technical aspects, the initiative can be implemented without technical staff.</p> <p>The initiative is effective in terms of mentoring, cultural exchange and has its impact at a local level. The project stays at this level, however, and does not extend to city-wide or regional levels.</p> <p>But this "limitation" is the charm of the project and offers "safety" to the MRW participants. Another positive aspect is that the project includes host society women too.</p>
<b>Potential for transfer</b>	<p>The potential for transfer of the initiative is very high. It does not require many resources, it is easy to organize and implement and is open to all languages. Other local libraries can adapt the idea and have similar clubs.</p>
<b>Related documents or/and links (to be attached, if any)</b>	<p><a href="https://www.stuttgart.de/item/show/305802/1/dept/146197">https://www.stuttgart.de/item/show/305802/1/dept/146197</a></p> <p><a href="http://www1.stuttgart.de/stadtbibliothek/bvs/actions/profile/view.php?id=275">http://www1.stuttgart.de/stadtbibliothek/bvs/actions/profile/view.php?id=275</a></p> <p><a href="https://www.stuttgart.de/integration">https://www.stuttgart.de/integration</a></p> <p><a href="https://www.stuttgart.de/item/show/234480">https://www.stuttgart.de/item/show/234480</a></p>

	<a href="http://www1.stuttgart.de/stadtbibliothek/bvs/actions/profil_e/view.php?id=48#Angebot">http://www1.stuttgart.de/stadtbibliothek/bvs/actions/profil_e/view.php?id=48#Angebot</a> (literature in 26 MRW languages at library)
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>- Integration Policy of City of Stuttgart</li> <li>- Stuttgart “Bündnis für Integration” (Stuttgart network for integration)</li> <li>- Libraries as a space of life-long-Learning and social inclusion</li> </ul>
<b>Contact data (website, contact person)</b>	Brigitte Neise Göküzüm <a href="http://www1.stuttgart.de/stadtbibliothek/bvs/actions/profil_e/view.php?id=275">http://www1.stuttgart.de/stadtbibliothek/bvs/actions/profil_e/view.php?id=275</a> <a href="mailto:stadtteilbibliothek.kneippweg@stuttgart.de">stadtteilbibliothek.kneippweg@stuttgart.de</a>

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## *Recommendations for Transfer*

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### ***Usefulness of the GP in Ireland***

Many libraries host language exchange groups all over Ireland so this would be a welcome addition. Also many migrants use local libraries to access services such as computers, the internet etc. so it would be a good way to promote integration.

### ***Aspects of the GP that can be transferred***

All aspects of the initiative can be transferred.

### ***Stakeholders that will permit the replication of the GP***

Liaise with Department of Rural and Community Development who oversee the development of public libraries and with local authorities who are responsible for specific libraries.

***Stakeholders that will be responsible for the replication of the GP***

This could be organized by the library, by a community group or by members of the public.

***Level of Application of the GP***

This would work better at local level within the catchment area of a local public library.

***Preconditions that may ensure a successful transfer***

Working closely with the public libraries to ensure their support is key. Also it would be important to have contact with migrant women in a local area. The project could be promoted through community crèches and Family resource centres.

***Possible barriers that may occur during the transfer***

Low levels of attendance at the groups.

***Possible solutions in order to overcome the abovementioned barriers***

It would be important to ensure the time and day suited people and also to contact local groups that work with migrant women who might recommend the group to them.

***For Transfer Recommendations of Partner Countries see Appendix 5***

**3.3.3 Computer and Catalan for the families of the Drassanes school and CEIP Rubén Dario- Spain**

Computer and Catalan for the families of local schools, Spain	
<b>Owner</b>	Colectic (formerly El Teb)
<b>Partnership</b>	Drassanes School CEIP Ruben Dario

<b>Supporting Stakeholders</b> <b>(if any)</b>	City Council of Barcelona (education department) and Generalitat of Catalonia (Regional Government)
<b>Target groups</b> <b>Beneficiaries /users</b> <b>(description and numbers)</b>	<p>Migrant women and refugees, mothers of students enrolled in school, with poor IT skills and a low level of linguistic and cultural integration.</p> <p>The participants are motivated to participate in order to better understand what their children do in schools, but also to learn the language of the region and to learn how to use computers.</p> <p>Several groups of 15 women</p>
<b>Level of Application (local, regional, national)</b>	Local
<b><i>Detailed Description</i></b>	
<b>Objectives &amp; rationale</b>	<p>The reports from educational centres explain that migrant mothers, especially newcomers to a community, do not participate in school activities and have difficulty helping their children complete their homework.</p> <p>The main objective is to create a strategy to foster the generation of links between migrant mothers and the school as a tool of integration.</p> <p>Other objectives are:</p> <ul style="list-style-type: none"> <li>- To improve the digital competences of the migrant women, in order to empower them to participate actively and to fight against the digital divide.</li> <li>- To improve their linguistic skills, in order to be able to communicate and interact with society in general.</li> <li>- To work on a better mutual understanding of the educational needs of their children, and learn how the local education system works.</li> </ul>



	<p>The Computing for Families workshop is an introduction to the computer and, at the same time, provides parents with a better understanding of what their children do at school.</p> <p>The language used in the regional education system is Catalan, so the use of this language among participants is encouraged during the workshop.</p> <p>During the implementation of the activities, we provide a space for women where they can share an activity that is both informative and fun. In addition, we generate a space for the development of intercultural relationships between mothers who live in the same neighbourhood. By participating together in the same activity, they learn from each other, compare experiences and share problems and find solutions to daily problems, etc.</p> <p>We also provide some basic and practical knowledge about some computer tools.</p> <p>We promote a better understanding of the social environment by deploying different kinds of technological activities and a better understanding of the activities that are developed in the schools.</p>
<p><b>Description of activities</b></p>	<p>The activities are carried out within the education centre, in the same classrooms used by the children of the participating women. This is because we want to encourage the appropriation of the school space by women, and also the feeling of belonging to the school community. We want to generate and strengthen a good relationship between families and teachers.</p> <p>Most of the activities in the workshop are designed for 10 pairs, composed of mothers and their children (students of the school). Each mother-child pair works together on a computer and the activities are fun and educational as well as practical.</p> <p>During the 3-month workshop there are some activities only for the women (without their children). The women focus on learning digital competences in these activities.</p>

	<p>They learn about the use of the keyboard, the mouse and the different parts of the computer through games. There are also activities where users connect to the Internet, such as creating an email, classes where users will learn to use search engines, search for addresses, create digital content (like videos, photos, etc.), interact with other people, in brief, they learn how to use the basic digital tools.</p> <p>Moreover, during the shared activities participants (children and mothers) are requested to show and share with the rest of the learners' different aspects of their culture of origin (recipes, customs, anecdotes) always in a digital context. In these kinds of activities, the participation of the children is very important, so the mother can perform the educational role she has with her children.</p> <p>To complete the workshop, an evaluation session is carried out, where students' teachers are asked to participate. Parents and children express how they have felt using Catalan in the workshop. Another aspect to evaluate is how the experience of sharing an activity between the mother and child has been and the new digital competencies learnt</p> <p>We evaluate the knowledge that has been obtained through small daily tests of what is being achieved in each session.</p> <p>A pen drive or dossier is delivered to the participants with all the material generated in the course.</p>
<b>Resources needed</b>	<p>At school: computer room, Internet connection, printers.</p> <p>Human resources (trainer)</p> <p>Material for the training (documents, flyers, handouts, pen drive)</p>
<b>Results achieved</b>	<p>Increase of basic technological competences</p> <p>Increase in social skills related to knowledge and interaction with the environment.</p> <p>Improvement of the mother-child-school relationship</p>

	<p>Improvement in mother-school interaction</p> <p>Increase in knowledge of the host country</p> <p>Participants report an increase in confidence and self-esteem</p> <p>Improvement of the relationship between women of different cultures</p>
<p><b>Parameters to be considered (social, economic, technical, political)</b></p>	<p>Relevant presence of migrant women within the local community. In Raval, we have schools where 95% of the students are migrants.</p> <p>Collaboration of the local schools, which is very relevant.</p> <p>Collaboration with local associations of parents, linked to the schools.</p> <p>Collaboration of the local Institutions (municipality and regional government)</p> <p>Collaboration of the migrant associations</p> <p>The most difficult part is to get schools involved, so their cooperation is fundamental. If the schools are involved, then the migrant women are more likely to participate, even if they're Muslim.</p> <p><b><i>Capacity of the leading organization to attract funds and to establish further collaboration at local and regional level to ensure the sustainability of the project.</i></b></p>
<p><b>Potential for transfer</b></p>	<p>This programme can be easily transferred to other countries with similar situations. This programme can be activated in different countries, since the educational systems are similar. The key is, in all cases, to ensure collaboration from the educational system itself, and of the school in particular.</p> <p>The central idea is the generation of mother-school links so that migrant women acquire a better knowledge of the school system. In addition, endowing them with digital competences reinforces their ability to integrate at a local level.</p>

	<p>In the case of Muslim women, since the activity is linked to the educational system, they are more likely to participate actively.</p> <p>It is necessary to evaluate the specific digital competence for each group of women, as a starting point to develop an effective competency curriculum.</p> <p>Dig Comp, the European framework for digital skills, can be taken as a reference for a first evaluation and to build the curriculum.</p>
<p><b>Related documents or/and links</b></p> <p><b>(to be attached, if any)</b></p>	
<b>Related Policies</b>	<p><i><a href="https://ec.europa.eu/jrc/en/digcomp/digital-competence-framework">https://ec.europa.eu/jrc/en/digcomp/digital-competence-framework</a></i></p>
<p><b>Contact data</b></p> <p><b>(website, contact person)</b></p>	<p>Esther Subias</p> <p>Project Manager</p> <p>esther.subias@colectic.coop</p> <p>c/ dels Salvador, 8 baixos</p> <p>08001 Barcelona</p> <p>(00 34) 93 442 58 67</p> <p>www.colectic.coop</p> <p>Twitter @colectic_coop</p> <p>Instagram @colectic_coop</p> <p>Facebook /colectic</p>

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## *Recommendations for Transfer*

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### *Ireland*

#### ***Usefulness of the GP in Ireland***

This has a lot of potential as it is linking in with students at schools and with their parents and benefits both.

#### ***Aspects of the GP that can be transferred***

All elements of the project can be transferred.

#### ***Stakeholders that will permit the replication of the GP***

This project would need the support of local schools in order to run successfully and particularly the home school liaison staff.

#### ***Stakeholders that will be responsible for the replication of the GP***

A migrant association, an NGO or a local community group could implement the project but collaboration with schools is key.

#### ***Level of Application of the GP***

The project would work with local levels and the catchment area of a primary or secondary school.

#### ***Preconditions that may ensure a successful transfer***

It would be important to have a good working relationship with local schools and to have outreach workers who could develop a relationship with parents. Also staff would have to adhere to child protection policies to work with children.

#### ***Possible barriers that may occur during the transfer***

The project would require an initial investment to purchase computers unless the schools have a computer room that would be available for use during the day.

#### ***Possible solutions in order to overcome the abovementioned barriers***

It would be important to source some funding to purchase equipment.

***For Transfer Recommendations of Partner Countries see Appendix 5***

## 3.4 Mentoring

### 3.4.1 Aid programme for Yazidi women - Germany

Aid program for Yazidi women, Germany	
<b>Owner</b>	Project of the State Government of Baden-Württemberg, State Ministry

<b>Partnership</b>	UNHCR, Federal Office for Migration and Integration of Federal Republic of Germany, WHO, EU Directorate Home, International Red Cross
<b>Supporting Stakeholders (if any)</b>	Council of cities and towns in Baden-Württemberg (for housing of women), State network for psychological health (for therapy), network of volunteer organizations in Baden-Württemberg
<b>Target groups</b> <b>Beneficiaries /users</b> <b>(description and numbers)</b>	-Aid programme for Yazidi women from northern Iraq who have become victims of ISIS and thus victims of torture, violence and trauma
<b>Level of Application (local, regional, national)</b>	Regional
<b><i>Detailed Description</i></b>	
<b>Objectives &amp; rationale</b>	<ul style="list-style-type: none"> <li>- comprehensive care for Yazidi women and children victims of ISIS</li> <li>- physiological and psychological health and healing</li> <li>- empowerment of women, future for children</li> <li>- direct example of humanitarian aid which was copied by the State of Hamburg, the State of Schleswig Holstein, Denmark and The Netherlands</li> </ul>
<b>Description of activities</b>	<p>-The State Parliament committed 80 million Euros over three years to bring women who were victims of ISIS to the country, and reached out to experts such as Jan Ilhan Kizilhan, a psychologist and Middle East expert who specializes in trauma. From February 2015 to January 2016, Kizilhan and a small team of experts made 14 trips to refugee camps in northern Iraq, trying to determine who would most benefit from the programme.</p> <p>Once in Germany, they are given the specialist medical and psychological assistance necessary to begin to rebuild their lives.</p> <p>The aid programme consists of:</p> <ul style="list-style-type: none"> <li>-Helping female survivors of rape, enslavement, and gender-based violence to recover by developing a holistic psycho-social support and therapy programme staffed by trauma specialists and therapists;</li> </ul>

	<ul style="list-style-type: none"> <li>-Providing for the medical needs of female survivors and the displaced Yazidi population</li> <li>-Developing educational and professional opportunities for women and girls who lost the support of their families, helping those in their teens and early 20s to finish school and helping those who are older to develop practical skills so that they can begin to generate an income for themselves.</li> </ul>
<b>Resources needed</b>	<ul style="list-style-type: none"> <li>-High budget needed: The initiative can only be implemented because of governmental funding</li> <li>-shelters</li> <li>-medical assistance</li> <li>-Trauma specialists, psychologists and therapists</li> <li>-Language classes + teachers</li> </ul>
<b>Results achieved</b>	<ul style="list-style-type: none"> <li>- About 1,500 Yazidi women and children live in groups throughout Baden-Württemberg. Their whereabouts are unknown and kept secret. About half of them are integrated in part-time jobs and local social and cultural initiatives</li> <li>- This high-level political initiative has served as an example for other states and nations and has been replicated by other regional and national governments in Europe</li> <li>- The project was presented at the European Parliament</li> <li>- The project started in 2015 and has developed into a lasting, sustainable project for MRW</li> </ul> <p>Participation is high but limited to one pre-defined target group of MRW only (based on a humanitarian aid project). With approximately 1,500 women, participation is high, most stay in the project, but the group is “closed”. The project / initiative is well linked to local stakeholders and political players and entities like the Red Cross etc.</p>
<b>Parameters to be considered (social, economic, technical, political)</b>	<ul style="list-style-type: none"> <li>-Economic: Due to governmental funding, this large-scale project is sustainable. Due to its size, it can only be financed by public sources.</li> <li>-Political: Only transferable on a high level policy making structure</li> </ul>



<b>Potential for transfer</b>	<p>The project clearly is transferable if regional or state governments are the actors who initiate such an activity. For NGOs it is too difficult to be implemented, also due to legal obstacles (visa, entrance to EU etc.). However, governments i.e. from The Netherlands implemented the same initiative with slightly different MRW target groups. The project is transferable with the existence of a high level policy making structure, but not “below”.</p> <p>Due to governmental funding, this large-scale project is sustainable. Due to its size, it can only be financed by public sources.</p>
<b>Related documents or/and links</b>  <b>(to be attached, if any)</b>	<p><a href="http://www.fluechtlingshilfe-bw.de/projekte/unterbringung/sonderkontingente-nordirak/">http://www.fluechtlingshilfe-bw.de/projekte/unterbringung/sonderkontingente-nordirak/</a></p> <p><a href="http://www.deutschlandfunk.de/nordirak-hilfe-fuer-traumatisierte-jesidinnen.1773.de.html?dram:article_id=380255">http://www.deutschlandfunk.de/nordirak-hilfe-fuer-traumatisierte-jesidinnen.1773.de.html?dram:article_id=380255</a></p> <p><a href="http://www.faz.net/aktuell/politik/fluechtlingskrise/baden-wuerttemberg-rettet-ueber-tausend-jesidinnen-14503598.html">http://www.faz.net/aktuell/politik/fluechtlingskrise/baden-wuerttemberg-rettet-ueber-tausend-jesidinnen-14503598.html</a></p> <p><a href="https://www.swr.de/swraktuell/bw/bw-unterstuetzt-jesidinnen-weiter-diese-frauen-brauchen-unsere-hilfe/-/id=1622/did=20214806/nid=1622/1ihyieb/index.html">https://www.swr.de/swraktuell/bw/bw-unterstuetzt-jesidinnen-weiter-diese-frauen-brauchen-unsere-hilfe/-/id=1622/did=20214806/nid=1622/1ihyieb/index.html</a></p>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>-Refugee Integration Act of State of Baden-Württemberg</li> <li>-Special Humanitarian Aid programme of the State Government of Baden-Württemberg</li> <li>-Humanitarian Aid programme of Germany, Senate Chamber (Bundesrat)</li> </ul>
<b>Contact data</b> <b>(website, contact person)</b>	<p><b>Ayse Özbabacan, City of Stuttgart</b>  <a href="mailto:Ayse.oezbabacan@stuttgart.de">Ayse.oezbabacan@stuttgart.de</a></p> <p><b>Michael Blume, State Ministry</b>  <a href="mailto:Michael.blume@stm.bwl.de">Michael.blume@stm.bwl.de</a></p> <p><b>Martin Kilgus</b>  <b>Email:</b> <a href="mailto:kilgus@ifa-akademie.de">kilgus@ifa-akademie.de</a></p> <p><b>Jelena Nitsch</b>  <b>Email:</b> <a href="mailto:nitsch@ifa-akademie.de">nitsch@ifa-akademie.de</a></p>

## *Recommendations for Transfer*

### ***Ireland***

**Given the type of this Good Practice, it is very unlikely to see this replicated in Ireland.**

### **3.4.2 Migrant Women Health promotion - Italy**

<p><b>Migrant Women's Health promotion</b></p> <p><b>Community Health Education</b></p> <p><b>Italy</b></p>	
<b>Owner</b>	Oxfam Italia Intercultura

<b>Partnership</b>	<ul style="list-style-type: none"> <li>Local Municipality</li> <li>National Health System (Health Centres, Gynecology services and local Hospitals)</li> </ul>
<b>Supporting Stakeholders (if any)</b>	<ul style="list-style-type: none"> <li>Migrant Community (first community involved: Romanian Community, second one: Peruvian Community)</li> <li>Global Health Centre</li> <li>Institute for Advanced Studies in Health</li> </ul>
<b>Target groups</b>	Migrant Women from Romania
<b>Beneficiaries /users (description and numbers)</b>	<p>Migrant Women from Peru (still on-going, results and data to be collected)</p> <p>90 women from the Romanian migrant community</p> <p>8 Health operators trained</p> <p>2 Peer educators trained</p> <p>2 local Romanian Associations involved</p>
<b>Level of Application (local, regional, national)</b>	The programme is applied at regional level in Italy and involves hospitals, health centres in different cities and towns in Tuscany (Arezzo and its province, Firenze and its province).
<b>Detailed Description</b>	
<b>Objectives &amp; rationale</b>	<p><b>To facilitate access for migrant women from Romanian and Peruvian communities to reproductive and sexual health services</b></p> <p><b>To promote migrant women's reproductive and sexual health</b></p> <p><b>To increase self-awareness on domestic violence, male-female relationships and women's rights among the migrant community (Romanian and Peruvian).</b></p> <p>The cultural models related to reproductive health in Romania are fluctuating: in the past there was a severe shift from voluntary termination of pregnancy (VTP) prohibition and the legal possibility of VTP. There was a low level of information on family planning and methods of contraception. This led to a limited understanding of contraception and even on the use of inadequate methods of abortion.</p>

The living conditions of the Romanian women (and of migrant women in general) is characterized by difficulties related to the migratory process: initial phase of adaptation, economic difficulties (employment, housing, etc.), papers issued (regularization, residence permits) and social barriers (language, relationships, affects). These situations often accentuate the problem of unwanted pregnancies and the subsequent recourse to abortion.

Finally, the research that was carried out by Oxfam Italia Intercultura and the National Health System shows the need to reorganize and rethink how the consulting health services work so as to promote and facilitate the use and the knowledge of the services related to women's reproductive and sexual health.

#### **Description of activities**

Using the community Education Model in order to empower migrant women from the Romanian community to access local health services and to improve their autonomy and independence, the following activities were implemented over a 12 month period (2012)

- Mapping of the local Romanian community
- Identification of two peer educators (two women that are the focal point within the community at local level)
- Training of the peer educators by health officers of the women's health point in Arezzo
- Setting up of a work group (Oxfam project coordinator, two health officers, two peer educators of the migrant community, one obstetrician, one gynaecologist)
- Design of empowering sessions
- Implementation of empowering sessions for migrant women during two Romanian public events (Christmas Celebration, Public State Event)
- Creation of flyers on contraception and health services in Romanian and Italian (directing women to the local health service) that were distributed in clinics, Romanian shops, markets and cultural associations.
- Publishing of articles and discussion on contraception and women's reproductive and sexual health in local Romanian newspapers, blogs and on the Facebook page of the Romanian community in town
- Two meetings were organized where the obstetrician and the gynaecologist spoke in collaboration with a cultural mediator and the peer educators.

	Similar activities are still on-going for the empowerment of Peruvian women in Firenze.
<b>Resources needed</b>	<p>The project budget for one year was 18,000 Euro; which covered the cost for staff (cultural mediators, peer educators, medical staff) and material for the training and the events (documents, handouts and flyers).</p> <p>Furthermore, the selection of trained cultural mediators/translators is needed.</p> <p>The collaboration of the local hospital has to be established before the beginning of the project, including their medical staff in the early stages of the project (especially gynaecologists and obstetricians).</p> <p>The training sessions are held at the women's clinics in private and secure spaces.</p> <p>The collaboration with migrants associations has to be established before the beginning of the project, identifying peer educators who are willing and motivated to participate and to be trained.</p>
<b>Results achieved</b>	<p>80 Romanian women from the migrant community have been reached</p> <p>42% did not know about the health services related to women's reproductive and sexual health before the intervention</p> <p>A work group able to collaborate with the Romanian community on sexual and reproductive health, domestic violence and women's rights has been trained (2 health officers, 1 gynaecologist and 2 obstetricians from the public local health system and 2 peer educators).</p>
<b>Parameters to be considered (social, economic, technical, political)</b>	<p>Relevant presence of migrant women within the local community</p> <p>Collaboration of the local hospitals</p> <p>Collaboration of the local Institutions (municipality, national and regional health systems and cultural institutions)</p> <p>Collaboration of the migrants associations</p> <p>Capacity of the medical staff involved to train the peer educators and the migrant women</p> <p>Capacity of the leading organization to attract funds and to establish further collaboration at local and regional level to</p>

ensure the sustainability of the project.	
<b>Potential for transfer</b>	<p>This programme was already implemented in other countries (see UK, Austria).</p> <p>It aims at adapting and developing an innovative Community Health Education model and a professional development programme for social and health service providers. The project aims to enhance the cultural and interpersonal competencies of health and social service providers to develop health literacy skills and deliver a more effective service to immigrant users.</p> <p>Similar programmes can be activated in other countries taking into consideration the functioning of the health systems and the needs of the migrant women present within the local community.</p> <p>After assessing the needs of the target group specific interventions can be tailored to orientate the beneficiaries towards a proper and active use of the health services (given that sexual and reproductive health is one of the priorities for the wellbeing of the women).</p>
<b>Related documents or/and links (to be attached, if any)</b>	<p>Attached (Appendix 4):</p> <p>Article published on Salute e Territorio n.202, 2014 (Periodical Journal on Global Health - Salute Globale, Italia)</p>
<b>Related Policies</b>	<p>See “MEET – Meeting the health literacy needs of the Migrant Population” financed by the European Commission</p>
<b>Contact data (website, contact person)</b>	<p><a href="http://www.usl8.toscana.it/area-media-e-stampa/ufficio-stampa/archivio-comunicati/archivio-comunicati-2013/2161-progetto-pilota-ad-arezzo-di-oxfam-ed-usl-per-ridurre-il-ricorso-alle-interruzioni-volontarie-di-gravidanza-da-parte-delle-donne-rumene">http://www.usl8.toscana.it/area-media-e-stampa/ufficio-stampa/archivio-comunicati/archivio-comunicati-2013/2161-progetto-pilota-ad-arezzo-di-oxfam-ed-usl-per-ridurre-il-ricorso-alle-interruzioni-volontarie-di-gravidanza-da-parte-delle-donne-rumene</a></p> <p><a href="https://www.oxfamitalia.org/area-sanita/">https://www.oxfamitalia.org/area-sanita/</a></p> <p><a href="http://www.centrosaluteglobale.eu/site/escapes/">http://www.centrosaluteglobale.eu/site/escapes/</a></p> <p><a href="http://www.lolo.ac.uk/people/lai-fong-chiu/">http://www.lolo.ac.uk/people/lai-fong-chiu/</a></p> <p><a href="http://migranthealth.eu/index.php/IT/">http://migranthealth.eu/index.php/IT/</a></p> <p>Contact person: Caterina Casamenti Head Office – Service and Cultural Mediation Oxfam Italia Intercultura <a href="mailto:Caterina.casamenti@oxfam.it">Caterina.casamenti@oxfam.it</a></p>

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## *Recommendations for Transfer*

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### ***Ireland***

#### ***Usefulness of the GP in Ireland***

There is limited access to sexual and reproductive health services for migrant women in Ireland. Some projects have been delivered in this area but it would be important to implement other programmes.

#### ***Aspects of the GP that can be transferred***

All of the Good Practice could be implemented but it would be important to show a good degree of cultural sensitivity in relation to this specific subject.

#### ***Stakeholders that will permit the replication of the GP***

The Health Service Executive in Ireland.

#### ***Stakeholders that will be responsible for the replication of the GP***

This could be run by any NGO but it would be better if it could be developed in conjunction with an organization that specializes in sexual and reproductive health.

#### ***Level of Application of the GP***

As the migrant population in Ireland is concentrated in certain parts of the country it would be better to offer this service at regional level possibly in some of the bigger cities or towns.

#### ***Preconditions that may ensure a successful transfer***

It would be important to work closely with migrant associations, have cultural mediators on board and work with health services that are culturally sensitive and aware of the specific needs of migrant women.

#### ***Possible barriers that may occur during the transfer***

Barriers for the participants include communication problems, discrimination, cultural differences and the fact that some women might not have the freedom to access these services autonomously.

***Possible solutions in order to overcome the abovementioned barriers***

Information could be translated and interpreters available. It would be important to build up relationships of trust with women before broaching the subject of sexual and reproductive health. In this sense cultural mediators play a key role.

***For Transfer Recommendations of Partner Countries see Appendix 5***



## 4 Conclusions

The good practices presented in this document reveal the potential for developing initiatives in the field of MRW social integration from different perspectives (education in sociocultural aspects, empowerment, cultural exchange, mentoring). The practices described highlight not only the factors that play a pivotal role in their effective implementation, but also stress the fact that simple and easy to follow practices can also bring the intended results.

To summarize, the strengths, the weaknesses, the opportunities and the threats related to the social integration of MRW and affect the transferability of GPs in partner countries, are given below:

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>- Most of them are easy to be followed</li> <li>- Most of them enhance the involvement of different stakeholders from different levels providing in this sense a holistic perspective</li> <li>- They are inspiring and simple in conception</li> <li>- Most of them can be implemented in all contexts (national, regional, local)</li> <li>- Most of them do not require large amounts of financial resources</li> <li>- Most of them do not require any specific permissions</li> </ul>	<ul style="list-style-type: none"> <li>- The participation of migrant women is not guaranteed due to numerous issues (obligations at home, cultural restrictions, etc.)</li> <li>- The language barrier is always a factor</li> <li>- The completion of the activities by MRW is not guaranteed</li> <li>- In many cases, funding is needed before the beginning of the endeavour in order to purchase equipment</li> <li>- There can be difficulties in recruiting volunteers</li> <li>- There can be difficulties in the recruitment of specialized staff, trainers and cultural mediators due to the lack of financial resources</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>- Enhance the development of a good network among public and private institutions</li> <li>- Establish partnerships and long-term relationship with other migrant organizations</li> <li>- Awareness raising in local communities about different cultures is key</li> <li>- Creation of a good network among local organizations, associations and the local labour market</li> </ul>	<ul style="list-style-type: none"> <li>- Political uncertainty in some partner countries</li> <li>- Lack of capacity to attract funds and sustainability</li> <li>- Lack of capacity to host children in specific, safe and intercultural environments</li> <li>- Lack of capacity of local organizations and businesses to provide MRW with opportunities in the future and that do not create unreal expectations</li> <li>- Resistance by local community and companies</li> </ul>

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# APPENDIX

## Appendix 1

<b>Good Practice Title</b>
<b>Owner</b>
<b>Partnership</b>
<b>Supporting Stakeholders (if any)</b>
<b>Target groups</b>  <b>Beneficiaries /users</b>  <b>(description and numbers)</b>
<b>Sources of funding</b>
<b>Objectives &amp; rationale</b>
<b>Description of activities</b>
<b>Results achieved</b>

<p><b>Related documents</b></p> <p><b>(to be attached, if any)</b></p>
<p><b>Related Policies</b></p>
<p><b>Links and references</b></p>
<p><b>Contact data</b></p> <p><b>(website, contact person)</b></p>
<p><b>Category</b></p>

## Appendix 2

Criterion	How criterion is met (description)	Score (very high=5, high=4, medium=3, low=2, not available=1)
<i>Clear objectives/ activities</i>		
<i>Participation</i>		
<i>Impact/ Effectiveness</i>		
<i>Sustainability</i>		
<i>Transferability</i>		

<p><b><i>Cohesion with other implemented policies / continuity (link with EU projects included)</i></b></p>	
Empty row for content	
<p><b><i>Adherence to the values of democracy, human rights, social cohesion and tolerance</i></b></p>	<p><b>YES/NO</b></p>

## Appendix 3 Scoring Matrix

Criteria							
	Clear Objectives/ Activities	Participation	Impact/ Effectiveness	Transferability	Sustainability	Cohesion with other implemented policies / continuity	Total
Criteria rating	1,4	1,7	1,9	1,7	1,9	1,4	10
Good Practice no.1							0
Good Practice no.2							0
Good Practice no.3							0
Good Practice no.4							0
Good Practice no. 5							0
Good Practice no.6							0
Good Practice no.7							0
Good Practice no.8							0
Good Practice n							0

## Appendix 4 Salute globale, Italia



Annex\_Good  
practice 1 Oxfam.pd

## Appendix 5 Transfer Recommendations in Partner Countries

# Plurielles, France

### *Recommendations for Transfer*

#### **Germany**

##### ***Usefulness of the GP in Germany***

Regionally, most migrants live in the industrial agglomerations of the country. Of all the regions of Baden-Wuerttemberg, the state capital Stuttgart has the highest proportion of people from a migrant background, around 48 percent.

The percentage of female refugees in Germany is growing: In 2015, they made up some 30 percent of all asylum applicants. This year, according to statistics compiled by the Federal Office for Migration and Refugees (BAMF), they make up almost 40 percent. But migrant women receive too little attention in the debate on integration, which makes settling into the country all the more difficult. Safe accommodation, educational opportunities and social engagement are all difficult for these women to find.

There are few projects on a local and regional level that specifically target migrant women, but they often focus on only one issue. This Good Practice places an emphasis on several different areas such as women's rights, parenting, and health as well as on integration. This combination of different aspects creates a project with a more holistic approach.

##### ***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be transferred.

##### ***Stakeholders that will permit the replication of the GP***

This Good Practice doesn't require any specific permission in Germany.

##### ***Stakeholders that will be responsible for the replication of the GP***

A diverse network of organizations is needed - The Forum of Cultures is an umbrella organization of the Stuttgart migrant associations and an intercultural office. More than 250 international associations are members of the forum. They can connect different organizations and ensure the availability of speakers from different fields of expertise

##### ***Level of Application of the GP***

This Good Practice can be transferred at:



## Local level and Regional level

### ***Preconditions that may ensure a successful transfer***

- i. Suitable room for the workshops
- ii. Human resources: trainers, speakers, cultural mediators, translators
- iii. A diverse, already established network of organizations

### ***Possible barriers that may occur during the transfer***

- i. Language barrier
- ii. Migrant women often have familial obligations, less free time -> participation of migrant women is not ensured

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Offering workshops using a basic level of German or
- ii. Working together with interpreters/translators
- iii. Flexible workshop hours
- iv. Offering childcare services

## **Portugal**

### ***Usefulness of the GP in Portugal***

Although the number of migrants in Portugal is not as high as in France, more than half of the immigrants in the country live in the metropolitan area of Lisbon (about 5% of the total population) and constitute vulnerable social groups at great risk of extreme poverty and exclusion. Plus, there are some districts of Lisbon and some neighbourhoods where the rate of the migrant population is greater than 50%.

Based on the analysis and experience of Renovar a Mouraria we can say that all of the problems addressed by the project are applicable to the Portuguese context. These include: lack of knowledge of the Portuguese healthcare system, lack of vocabulary relating to the human anatomy and understanding of healthy lifestyles, lack of knowledge of the Portuguese educational system. The fact that the project works specifically with young migrant women could help increase their chances of employment.

### ***Aspects of the GP that can be transferred***

All 3 EDCs can be transferred and relevant taking in to account the Lisbon context.

### ***Stakeholders that will permit the replication of the GP***

It doesn't require any institutional permission.

### ***Stakeholders that will be responsible for the replication of the GP***

An NGO or other kind of private organization from civil society or a network of organizations

### ***Level of Application of the GP***

This Good Practice can be transferred at regional level, in the city of Lisbon

### ***Preconditions that may ensure a successful transfer***

- i. Existence of a strong and diverse network of organizations in order to ensure the existence of speakers from different expertise areas and strong knowledge and connection to different realities such as health, school, legal issues
- ii. Funding for human resources, such as cultural mediators, translators
- iii. A suitable space available for the meetings of the support groups.
- iv. Flexibility to ensure the participation of migrant women, who have time limitations because of family responsibilities and/or work

### ***Possible barriers that may occur during the transfer***

- i. Having all the speakers from different areas of expertise;
- ii. Building the partnership required
- iii. Getting the participation of the migrant women, due to lack of available time

### ***Possible solutions in order to overcome the abovementioned barriers***

With regard to Portugal, the best way to address the implementation of this project, due its extensive areas of intervention and the multiple stakeholders required, is to follow a formal process of building a partnership from scratch, with all project management tools and applying for funding. It requires a strong organization in terms of human resources and with the necessary administrative and management skills to promote the project.

## ***Italy***

### ***Usefulness of the GP in Italy***

MRW arrive in Italy by sea, risking their lives on a boat crossing or crossing the humanitarian corridors.

According to data released by the Ministry of the Interior, in 2017 there were 18,594 women who applied for asylum in Italy.

They moved from different countries: especially Nigeria, Bangladesh, Guinea and the Ivory Coast, and their health conditions are often fragile and vulnerable.

Among the general public (according to the main Italian newspapers) discrimination is widespread based on the idea that these people can bring diseases that are not common in Italy. According to various studies, in order to overcome these types of cultural barriers it is important to support MRW not just from an emergency point of view but also to promote their integration process through:

- Italian language classes and practical learning
- Training and accompanying them to social and health services existing at local level. Providing them with courses on health to support them in taking care of their overall wellbeing

### ***Aspects of the GP that can be transferred***

The project foresees the implementation of Knowledge-exchange workshops that can be replicated.

These workshops aim to allow participants acquire a good knowledge of the host society, to accompany them in the understanding of the new administrative system (for judicial, administrative matters for personal and familial matters, such as understanding of the educational system of the host society), and in gaining more autonomy in these matters for themselves and their families.

The topics/workshops that can be useful in the Italian context can be:

- A healthcare pathway and their access to healthcare structures for themselves and their families
- Groups to allow mothers to debate on parenting topics (fostering peer-to-peer learning, support in talking with the teachers, enrolling children in school etc.)

Women's rights: thematic meetings with legal professionals and speakers to foster the group's autonomy Vis a Vis their administrative and legal procedures.

### ***Stakeholders that will permit the replication of the GP***

At national level the Ministry of Interior should be involved. Funds for Social Inclusion and integration should be attracted.

At Regional and local level Public bodies such as Municipalities and SPRAR (System for the protection of asylum seekers and refugees) should be involved.

### ***Stakeholders that will be responsible for the replication of the GP***

Local associations and NGOs, SPRAR centres (refugees hosting centres) for women and girls, health centres and hospitals, women's rights associations, primary schools or kindergartens

### ***Level of Application of the GP***

At Regional level activities and workshops can be replicated through the central authority which is in charge of the SPRAR system.

### ***Preconditions that may ensure a successful transfer***

- i. Political stability and interest in funding social inclusion activities for migrants
- ii. Capacity to attract funds and sustainability

***Possible barriers that may occur during the transfer***

Collaboration and synergy among the different institutions and organizations implementing the project.

***Possible solutions in order to overcome the abovementioned barriers***

Create a good network among public and private institutions working for the social inclusion of MRW.

***Ireland******Usefulness of the GP in Ireland***

The fact that this targets migrant women specifically and recognises that they have specific needs is very important. There are very few projects for migrant women in Ireland specifically and the emphasis on health, parenting, education and women's rights are very important.

***Aspects of the GP that can be transferred***

All of the activities described in the GP can be transferred.

***Stakeholders that will permit the replication of the GP***

No specific permission would be required to implement this program in Ireland.

***Stakeholders that will be responsible for the replication of the GP***

This project could be implemented by an NGO. There are some organizations that currently provide information on migrant's rights to migrant population. These services could be tailored specifically to meet migrant women's needs.

***Level of Application of the GP***

As the migrant population in Ireland is concentrated in certain parts of the country it would be better to offer this service at regional level possibly in some of the bigger cities or towns.

***Preconditions that may ensure a successful transfer***

It would be important to have an outreach worker or links with local organizations that can refer women to the service. It would be useful to have links with organizations that could send speakers and trainers to provide information on health, education, rights etc.

***Possible barriers that may occur during the transfer***

One barrier could be language. If the project is being offered at regional level then it is likely that women from many different countries would attend and contracting an interpreter for each language would be expensive. Childcare could also be an issue.

### ***Possible solutions in order to overcome the abovementioned barriers***

Offer Basic English classes to people or, as proposed in the GP, design some of the workshops using a very basic level of English to make them more accessible. Offering childcare can be very complicated in Ireland so we rely on women making alternative arrangements.

## **Greece**

### ***Usefulness of the GP in Greece***

This GP transfer in Greece will primarily give MRW the opportunity to develop and upscale knowledge and skills regarding the sociocultural aspects of their integration in the host society, in particular it will help them address health, parenting and legal rights issues. It is recommended for transfer as it offers workshops to people with different language levels (beginners and advanced), thus it is interesting and necessary both for those MRW with previous experience in similar workshops having already developed basic knowledge and skills to be able to integrate in the host society and those MRW who have recently arrived and have little or no knowledge and intercultural skills for integration. Surveys show that MRW having already integrated to some extent in the host society of Greece would like to go a step further towards completing their integration by actively and equally participating in everyday life activities in the host country, yet there are no similar initiatives offered on a permanent basis for them.

### ***Aspects of the GP that can be transferred***

It is recommended that

(a) Health EDCs be transferred as they will help MRW with their own and their family's healthcare pathway and their access to healthcare structures resulting in them adopting a more responsible behaviour towards health issues and being able to act as mediators between their family members and healthcare professionals.

(b) Parenting EDCs be transferred as they will help immigrant women value parenthood and their educative role, learn about the Greek education system and available initiatives specifically designed for migrants' integration in the host society. Last but not least Parenting EDCs could help MRW understand the potential of traditional or non-traditional education for their children and for their family in the long-term if building a future in the host country, and

(c) Women's rights EDCs that will help MRW better understand administrative and legal procedures, learn about their rights in the host country and foster autonomy and knowledge when in need of public services in the host country.

***Stakeholders that will permit the replication of the GP***

Ministry of Migration, Ministry of Interior, Ministry of Justice, Ministry of Education, International Organization for Migration (IOM), Ministry of Health, National School of Public Health, Municipalities, Immigrants Associations and Forums, Centres for Immigrants Integration.

***Stakeholders that will be responsible for the replication of the GP***

Municipalities, NGOs, Migrant Women Network (MELISSA).

***Level of Application of the GP***

This GP is recommended to be transferred at local and regional level, preferably at municipality level (knowhow and results from GP of the HELIOS project implemented in the Municipalities of Livadia and Theba in Greece since February 2018 could be used to enhance implementation).

***Preconditions that may ensure a successful transfer***

Resources needed are very few, namely a room for sessions, services of an interpreter in case of poor language skills or difficulty understanding terminology, speakers/experts from partnering organizations or local structures with experience in vulnerable target groups.

***Possible barriers that may occur during the transfer***

Participants commitment from the beginning to the end of the programme, quantitative and qualitative assessment measures for the satisfaction and participation of attendants, cultural and religious issues that may be related to the comfort level of the participants when dealing with certain topics, restrictions related to hours and days of MRW being able to attend the meetings (due to household and family obligations), lack of intercultural skills in the participating mentors and facilitators.

***Possible solutions in order to overcome the abovementioned barriers***

Flexibility in the schedule of sessions, awareness activities to have participants realize the benefits from their commitment to the project, preparatory intercultural skills training for the mentors and facilitators with emphasis on the specific needs of certain ethnic groups that will be participating in the project.

***Spain***

### ***Usefulness of the GP in Spain***

In Spain-Catalonia, and especially in the city of Barcelona, we need to welcome immigrant women living in disadvantaged neighbourhoods. Focusing on the **sociocultural and professional aspects** of integration is a good strategy.

This good practice emphasizes the integration of groups of diverse nationalities, jointly. El Raval is one of the most densely populated areas in the world; there are more than 120 different nationalities, with predominance of migrants from Pakistan, the Philippines and Bangladesh. 7.9% of the population of the neighbourhood have insufficient studies and 54% only compulsory studies. Only 17% have a higher baccalaureate and only 21% (in contrast to 25% of Barcelona) have high school studies. 90% of students in the Raval's educational centres come from families who have undergone a migration process (source: study by the Tot Raval Foundation, 2007).

The idea of working with EDC workshops is really interesting, since the proposal is flexible and can be easily adapted to the schedules, personal and educational needs of the participating women. Offering a range of proposals is very attractive.

Emphasizing health, parenting and rights will be in line with the learning needs of this target group.

### ***Aspects of the GP that can be transferred***

The whole of the proposal can be implemented, just as it was originally designed. The methodology, methods and techniques, training programme and activities can be easily adapted locally, not only in the city of Barcelona, but also in other large cities and even in smaller towns.

### ***Stakeholders that will permit the replication of the GP***

This good practice can be implemented without the need for special permits of any kind.

### ***Stakeholders that will be responsible for the replication of the GP***

This activity can be carried out by social organizations and adult education centres. Finally, municipal public entities dedicated to the promotion of employment can also find a really valuable element in this proposal.

### ***Level of Application of the GP***

The GP can be implemented in all contexts, not only in large cities but also in small cities and/or villages.

### ***Preconditions that may ensure a successful transfer***

- i. The needs, in terms of infrastructure, are easy to meet (tables, chairs, meeting or conference rooms)

- ii. Expenses are related to human resources, since there is no need to invest in materials or technological products. Speakers from partner organizations or local structures (local government, for example) can collaborate. Migrant organizations can be involved.

### ***Possible barriers that may occur during the transfer***

Language could be a barrier and availability due to family obligations (the profile of woman that the project targets is often the person who is responsible for taking care of the family and does not have much time, or has to combine her personal development with other activities).

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. An interpreter or a mediator could be useful.
- ii. To provide some help to take care of children during workshops would be really interesting (childcare).

## **Sweden**

### ***Usefulness of the GP in Sweden***

Subjects such as health, parenting, education and women's rights are natural for women born in Sweden. To give migrant women the same possibility to get this knowledge is very important. This project combines different important topics and aspects.

### ***Aspects of the GP that can be transferred***

All of the activities described in the GP can be transferred.

### ***Stakeholders that will permit the replication of the GP***

No permission is needed in Sweden.

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs, Adult education Centres

### ***Level of Application of the GP***

At local level and regional level

### ***Preconditions that may ensure a successful transfer***

A big diverse network with local organizations that could provide information and speakers is needed, translators and Cultural Mediators



***Possible barriers that may occur during the transfer***

- i. Lack of language skills.
- ii. Lack of childcare.
- iii. Not so much free time due to family obligations.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Offer workshops at different language levels
- ii. Use translators
- iii. Offer workshops at different times of the day
- iv. Offer childcare

## >GRUPP39<, Sweden

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### *Recommendations for Transfer*

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#### **Germany**

***Usefulness of the GP in Germany***

Integration into the labour market, which is a key component of integration is still an area in which much progress is needed, especially when migrant women are concerned. More attention needs to be paid to increase the employment of women in all age brackets, to close the gender pay-gap and to improve the reconciliation of work and family life for both women and men. A project that specifically targets unemployed migrant women is therefore very important.

***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be taken for transfer.

***Stakeholders that will permit the replication of the GP***

This Good Practice doesn't require any specific permission in Germany. It could be helpful to work together with the Federal Employment Agency so that they could refer unemployed migrant women into the project.

***Stakeholders that will be responsible for the replication of the GP***

A local migrant organization, the local administration or a local organization.

***Level of Application of the GP***

This Good Practice can be transferred at local level

***Preconditions that may ensure a successful transfer***

- i. Suitable rooms
- ii. Established partnership with the Federal Employment Agency
- iii. Volunteers for the workshops and language courses
- iv. Material for handicraft
- v. Language learning material
- vi. Sewing machines

***Possible barriers that may occur during the transfer***

- i. Participation of the migrant women
- ii. Language barriers
- iii. Funding problems

***Possible solutions in order to overcome the abovementioned barriers***

- i. Offering childcare s
- ii. Offering workshops using a basic level of German or
- iii. Working together with translators/interpreters
- iv. Flexible workshop hours

***France******Usefulness of the GP in France***

The French report of [Urban Segregation et Social Integration](#) explains that it is useful to build up “social connections” in order to reduce social isolation, as the capacity of evolving in society is not only due to spatial factors, it is through social aspects. This practice could therefore help migrant and refugee women to develop their self-confidence and to create a sense of community in the municipality. Skills with handicrafts, cultural events, workshops and study circles would be an advantage for life in the community and for their integration. It would also allow MRW develop a network of cooperation and knowledge; give them the possibility to develop their knowledge in different subjects such as handicrafts and cooking, and at the same time provide them with knowledge about France; give women a better knowledge of the French culture, and help them acquire autonomy in topics such as health or entrepreneurship. They could also benefit from this GP by learning French in a different way, which could get them closer to work and the labour market and would generally improve their integration.

French women could also benefit from this by learning about other cultures and handicrafts.

***Aspects of the GP that can be transferred***

Skills with handicrafts, cultural events, workshops and study circles. Organization of lectures, exhibitions, cultural events, study circles and workshops where women are able to work with colours, shapes, patterns from various cultures from all over the world.

### ***Stakeholders that will permit the replication of the GP***

Municipalities.

### ***Stakeholders that will be responsible for the replication of the GP***

Agency for Employment (Pôle Emploi), migrant associations, and the municipality, local associations.

### ***Level of Application of the GP***

The project would work on a local level.

### ***Preconditions that may ensure a successful transfer***

A few materials are needed, but except for a sewing machine, all material needed can easily be found.

### ***Possible barriers that may occur during the transfer***

One main barrier could be that the French Department of Employment and Social Protection does not recognize this as a work placement and does not refer women into the project.

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. The French Employment Agency (Pôle Emploi) might provide some funds so that unemployed women can attend these activities
- ii. Study circles could get support from the State under the form of subsidies.

## ***Portugal***

### ***Usefulness of the GP in Portugal***

According to reports from the Portuguese Migration Observatory 2016, foreign residents are at a greater risk of poverty and severe material deprivation than the Portuguese, 45.6% versus 24.5%. Regarding the employment dimension, the same study indicates that migrants' insertion in the Portuguese labour market is not in line with their qualifications, adding to that, in 2016, the unemployment rate for foreigners from non-EU countries was 18.8%, with the unemployment rate for the total population being 11.1%. The same stands for women, who tend to be even more vulnerable in terms of job inclusion.

### ***Aspects of the GP that can be transferred***

All the activities can be transferred to the Portuguese context: the ones developed within Group 39 and the partnership with the Institute for Employment and Vocational Training (IEFP) for the referral of women to participate in the group and to work in the group.

### ***Stakeholders that will permit the replication of the GP***

The Institute for Employment and Vocational Training (IEFP), a governmental organization with national remit, but regional administrative structures.

***Stakeholders that will be responsible for the replication of the GP***

It can be a local organization, a migrant organization and/or local administration authorities.

***Level of Application of the GP***

The project would work at regional level or in the city of Lisbon

***Preconditions that may ensure a successful transfer***

- i. Established, formal or informal, partnership with IEFP;
- ii. Ability of the IEFP to pay a financial supplement to the women who are part of the project, either as participants in the group or as part-time or full-time workers. In Portugal this is possible because the IEFP can refer the women who are receiving unemployment benefit to join Group 39. Everyone who is receiving unemployment benefits has to attend some training courses for certified training or personal development. At the same time, IEFP can refer women receiving unemployment benefits to work in public institutions or non-profit organizations, receiving an extra monthly fee. Group 39 could be one of those structures.
- iii. Existence of an organization or network of organizations that can ensure the operational expenses, which are low, and guarantee the engagement of volunteers and contact with migrant communities.

***Possible barriers that may occur during the transfer***

- i. The formal partnership with IEFP because it is a very bureaucratic and hierarchical organization
- ii. The involvement of volunteers, because access to the labour market for migrant women is not always acceptable to the general public. There are myths about the burden that migrants place on the Portuguese state, although it is true that their social contributions are greater than the social benefits they receive.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Although the IEFP is administratively a very strict structure, there are decentralized units specialized in immigrant communities, with which local partnerships can be established;
- ii. Develop a massive information campaign on immigrant employment, qualifications and equality of opportunity issues, deconstructing existing myths and able to give real and credible information that will inform Portuguese society.

## ***Italy***

***Usefulness of the GP in Italy***

The “Employment and social development in Europe” (2016) report shows that in the EU the rate of employment of refugees is currently below the percentage of all other migrants, as well as natives, which makes them more exposed to poverty and social exclusion. According

to this document, in Italy refugee women often face greater and more persistent difficulties in integrating into the labour market, a condition that makes them in need of specific policies to address this. Almost half of them have a low, if not non-existent, level of education, and their level of employment is by far the lowest among all the groups of migrants. Most of them, according to the last data collected by the Ministry of Interior, come from Nigeria and other Sub-Saharan African countries. 80% of the women coming from Nigeria by crossing the Mediterranean Sea are considered victims of human trafficking (IOM – 2017).

### ***Aspects of the GP that can be transferred***

Final beneficiaries are the unemployed women from a migrant background, the target group in the Italian context could be women refugees or asylum seekers. Local Labour Offices can send unemployed women to attend the handcraft, language and training activities run by the local organizations. These offices can also support the project from a work placement point of view. Approximately 8-10 women participate in the activities every day. With 20 working days per month, this results in 160 beneficiary days per month.

The activities of the project are implemented in order to

- Give women the possibility to develop their knowledge in different subjects such as handicrafts and cooking, and at the same time provide them with knowledge about Italian
- Give women better knowledge of other countries and cultures, health and entrepreneurship
- Learn Italian in a different way
- Get migrant women closer to the labour market
- Build bridges between cultures
- Improve the integration of migrant women

### ***Stakeholders that will permit the replication of the GP***

The authority for the implementation of this project can be place with:

- The Ministry of Interior
- Local Asylum and Immigration Offices
- Municipalities

### ***Stakeholders that will be responsible for the replication of the GP***

At local level the project could be implemented by:

- NGOs and cultural associations
- Job service Offices

### ***Level of Application of the GP***

Considering the functioning of the Asylum and Immigration Offices as well as the local Municipalities in charge of system for reception and host centres, the project could be transferred at regional level to target women refugees and asylum seekers who are

supported by the local social services and need to be independent in the short to medium term.

***Preconditions that may ensure a successful transfer***

The existence of an Asylum and Refugees programme that depends on the political orientation and the funding of the regional and national Government.

***Possible barriers that may occur during the transfer***

- i. Efficient collaboration and communication between local associations and NGOs implementing the workshops and the training courses and the Local Job Service Offices
- ii. Participation of the MRW.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Before starting the project it would be important to create a strong network between the Job Service Offices and the local associations in charge of the implementation of the project
- ii. A clear well-defined division of the training activities and the workshops
- iii. Ensure that the vocational courses run by local associations running reflect skills in demand in the local labour market
- iv. Evaluate the possibility of a reimbursement / per diem for participation in the handicraft workshops

## ***Ireland***

***Usefulness of the GP in Ireland***

Accessing the labour market can be challenging for migrants in general and women specifically so it is important to have a project that targets unemployed migrant women specifically.

***Aspects of the GP that can be transferred***

All the project can be transferred.

***Stakeholders that will permit the replication of the GP***

No specific permission is needed to replicate this project in Ireland. However, it would be important to have an agreement made with the Department of Employment and Social Protection so that they could refer unemployed migrant women into the project and could continue to receive financial support.

***Stakeholders that will be responsible for the replication of the GP***

A migrant association, an NGO or a local community group could implement the project.

### ***Level of Application of the GP***

As the migrant population in Ireland is concentrated in certain parts of the country it would be better to offer this service at regional level possibly in some of the bigger cities or towns.

### ***Preconditions that may ensure a successful transfer***

One precondition would be to ensure that referrals from the local unemployment office were made. Funding would be important in order to run the project.

### ***Possible barriers that may occur during the transfer***

One main barrier could be that the Department of Employment and Social Protection does not recognise this as a work placement and does not refer women into the project.

### ***Possible solutions in order to overcome the abovementioned barriers***

The project could be run with women who are unemployed but not receiving social welfare payments. However, in this case alternative funding would have to be found. Evaluate the possibility of a reimbursement/ per diem for participation at the handicraft workshops.

## **Greece**

### ***Usefulness of the GP in Greece***

This GP could be very useful in the case of Greece because it is easy to follow and does not require a high budget. Due to the economic crisis that Greece is experiencing for the past 9 years unemployment rates have increased dramatically where women, in general, are the ones with the highest unemployment rates. Given the fact that migrant women also face additional problems (lack of linguistic skills, lack of programmes that support their integration in the host society, cultural and ethical restrictions etc.) the possibilities of finding a job are minimum. Therefore, this GP could work for them on multiple levels, such as learning the language, getting self-confidence, developing handicraft skills while making contact with and socialising with the local community.

### ***Aspects of the GP that can be transferred***

All aspects of this GP can be transferred, i.e. the methodology that it follows, the activities that take place within its framework (events, workshops and study circles) which create a sense of community and strengthen the communal bonds among MRW and locals.

### ***Stakeholders that will permit the replication of the GP***

Ministry of Education, Lifelong Learning and Religious Affairs, Ministry of Migration, Ministry of the Interior, International Organization for Migration (IOM Greece), Ministry of Labour and Social Solidarity

***Stakeholders that will be responsible for the replication of the GP***

Municipalities, Hellenic Manpower Employment Organization (OAED), NGO's, Networks for Migrants, Centres for immigrants' integration, Vocational Training Centres

***Level of Application of the GP***

The GP should be transferred at a local level since the contribution of Municipalities and the local centres for the promotion of employment (KPA) is of great importance.

***Preconditions that may ensure a successful transfer***

- i. First of all, the authorization of the Ministries of Labour and of the Interior must be ensured
- ii. Collaboration among Municipalities and the Local centres for the promotion of employment, since they have direct access to data on migrants
- iii. Awareness raising of the local community and activation of the participation of locals in a number of activities
- iv. Ensuring the appropriate infrastructure (room with chairs and tables, material for the workshops)

As long as there is the approval of the Ministries and the Municipalities it is easy to find the resources for implementing the project in Greece.

***Possible barriers that may occur during the transfer***

- i. The public services are very bureaucratic with no flexibility, but they are crucial for this project, since they will ensure the necessary funding
- ii. Lack of linguistic skills of the migrant women
- iii. Lack of recognition of the handicraft skills acquired through the project

***Possible solutions in order to overcome the abovementioned barriers***

- i. Translators and cultural Mediators could overcome the linguistic barrier for migrant women
- ii. After the study circles and the handicrafts sessions have finished, the local centres for the promotion of employment (KPA) should refer the migrant women to local businesses which have similar activities to the training content and skills that migrant women learned during these sessions.

## ***Ireland***

***Usefulness of the GP in Ireland***

Accessing the labour market can be challenging for migrants in general and women specifically so it is important to have a project that targets unemployed migrant women specifically.



***Aspects of the GP that can be transferred***

All the project can be transferred.

***Stakeholders that will permit the replication of the GP***

No specific permission is needed to replicate this project in Ireland. However, it would be important to have an agreement made with the Department of Employment and Social Protection so that they could refer unemployed migrant women into the project and could continue to receive financial support.

***Stakeholders that will be responsible for the replication of the GP***

A migrant association, an NGO or a local community group could implement the project.

***Level of Application of the GP***

As the migrant population in Ireland is concentrated in certain parts of the country it would be better to offer this service at regional level possibly in some of the bigger cities or towns.

***Preconditions that may ensure a successful transfer***

One precondition would be to ensure that referrals from the local unemployment office were made. Funding would be important in order to run the project.

***Possible barriers that may occur during the transfer***

One main barrier could be that the Department of Employment and Social Protection does not recognise this as a work placement and does not refer women into the project.

***Possible solutions in order to overcome the abovementioned barriers***

The project could be run with women who are unemployed but not receiving social welfare payments. However, in this case alternative funding would have to be found. Evaluate the possibility of a reimbursement/ per diem for participation at the handicraft workshops.

## ***Spain***

***Usefulness of the GP in Spain***

The idea of a social entrepreneurship group that self-manages to prepare events, workshops and exhibitions is a very positive way of achieving integration into the host society.

***Aspects of the GP that can be transferred***

All the project can be transferred easily.

***Stakeholders that will permit the replication of the GP***

No specific permission would be required to implement this programme.

***Stakeholders that will be responsible for the replication of the GP***

This project could be implemented by an NGO or a consortium, a community group, a cultural centre, etc.

***Level of Application of the GP***

The GP can be implemented in all contexts, large and small cities or villages, but it seems that it would be much more interesting if it is implemented at a local level.

***Preconditions that may ensure a successful transfer***

It is not necessary to have large financial resources; it is an activity that can be developed thanks to volunteers, maybe guided by a staff person.

In terms of equipment, the project would need a space, equipped with tables and chairs. Other complementary spaces could be useful, like conference rooms. Material for handicrafts and recycling activities is not expensive, and language learning material is available on the internet.

***Possible barriers that may occur during the transfer***

Language could be a barrier and availability due to family obligations (the profile of woman that the project targets is often the person who is responsible for taking care of the family and does not have much time, or has to combine her personal development with other activities).

***Possible solutions in order to overcome the abovementioned barriers***

- i. An interpreter or a mediator could be useful.
- ii. Running the activities during school time or providing some help to take care of children during some of the activities -like the study group- would be important (childcare).

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# Time to Grow, Portugal

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## *Recommendations for Transfer*

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### **Germany**

#### ***Usefulness of the GP in Germany***

Migrant children experience more educational disadvantage and lack of educational opportunities than any other major school population segment. It is necessary to provide additional support to both children and teachers to ensure their smooth inclusion.

#### ***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be taken for transfer, taking into consideration the regional school calendar and local school timetables.

#### ***Stakeholders that will permit the replication of the GP***

This Good Practice doesn't require any specific permission in Germany.

#### ***Stakeholders that will be responsible for the replication of the GP***

Local community groups, Youth centres, Family resource centred, Primary/secondary schools, Ministry of Education.

#### ***Level of Application of the GP***

This Good Practice can be transferred best at a local level.

#### ***Preconditions that may ensure a successful transfer***

- i. Suitable rooms

- ii. Volunteers working with parents and pupils
- iii. Good partnership with local institutions working with children
- iv. Funding from public bodies and private institutions

***Possible barriers that may occur during the transfer***

- i. Strict guidelines on working with children
- ii. Capacity to attract funds

***Possible solutions in order to overcome the abovementioned barriers***

Carry out the necessary procedures to obtain the documentation related to the volunteers involved.

## France

***Usefulness of the GP in France***

Migrant students are a very vulnerable social group encountering a lot of difficulties during their education. According to PISA and OECD studies, migrant students have a higher repetition rate than native students, and a higher early school leaving rate as well: 31.7%, versus only 15.3% of native students.

According to a report published by the Evaluation, Forecasting and Performance Department ([DEPP](#)) in 2017, there are about 80,000 students leaving school without any qualifications every year.

Therefore, this project aims to promote the integration of children and these young people in a situation of vulnerability and/or social exclusion, in the local community in general, and the school system in particular. The idea is to use a study group support system to create a wider range of interventions. Study support is of great significance because many of these children have difficulties at school due to language limitations.

***Aspects of the GP that can be transferred***

All of the project could be transferred.

***Stakeholders that will permit the replication of the GP***

This type of activity does not need permission for replication.

***Stakeholders that will be responsible for the replication of the GP***

The Municipality, NGOs, Parent Associations, Web academies such as the Academic Centres for the Schooling of Newly Arrived and Travelling Children ([CASNAV](#)) or the Second-Chance Schools ([E2C](#)) could provide advice and guidance as well.

***Level of Application of the GP***

The project could work at local level, but the methodology can be used at regional and national level with the coordination of several local units.

***Preconditions that may ensure a successful transfer***

It is easy to fund this project because the budget is low and the cause is very appealing for media and public in general. The project operates on a very low budget and does not require a lot of equipment, high skills or investment in specialized human resources. Materials for crafts are also needed, which can easily be acquired through donations. In addition to this, reading books and school books can also be found through donations.

***Possible barriers that may occur during the transfer***

Economical – a high budget is not necessary to implement the activities; they could therefore be held in moments of financial crisis, when social intervention can be seen as more urgent and important, due to the increasing number of people needing social support.

***Possible solutions in order to overcome the abovementioned barriers***

No solution is provided.

## **Italy**

***Usefulness of the GP in Italy***

According to the Ministry of Education (data collected in 2014) the students in primary and secondary education that are more at risk of leaving school are migrant children/teenagers. Second generation students have less difficulty in the integration process and in the education system, while foreign children born abroad and migrating to Italy with their parents or arriving as unaccompanied minors still face great challenges. In fact, 84.5% of the total number of foreign students at risk of abandoning school (defined as Early School leavers) is represented by foreign students born in third Countries, a percentage that reaches 92% at secondary level.

***Aspects of the GP that can be transferred***

This project specifically targets foreign children at risk of dropping out or of abandoning school before the age allowed by law. In order to promote the education of disadvantaged and vulnerable children the project implements several activities to support their learning.

The activities are split into two different groups:

1 - Daily study support groups: focused on school contents and curriculums. Here children and young people do their homework and study for exams. Each student has his/her own tutor (that is a trained volunteer)

2-Socio-cultural inclusion activities:

2.1 –extra-curricular, non-formal, informal educational activities are held with the collaboration of volunteers and non-profit organizations (from photography, fine arts, gastronomy, environmental sustainability, theatre, etc.)

2.2 –provision of education through art activity, inspired by Afro-Brazilian traditions, with a view to incorporating the influence of other cultures (in the Italian context African music and culture would be a better option)

2.3 – “Casa de Férias” (vacation house): socio-cultural activities which are held during the school break (Christmas, Easter and summer); visit museums, parks etc.

***Stakeholders that will permit the replication of the GP***

Ministry of Education and its local/regional offices, Primary schools, Secondary Schools

***Stakeholders that will be responsible for the replication of the GP***

NGOs, Cultural Associations, Community centres.

***Level of Application of the GP***

In urban areas at Regional level at first.

***Preconditions that may ensure a successful transfer***

- i. Existing spaces in community centres
- ii. Funding from public bodies and private institutions (such as Ministry of Education)

***Possible barriers that may occur during the transfer***

- i. Capacity to attract funds
- ii. Capacity to host children in specific, safe and intercultural environments

***Possible solutions in order to overcome the abovementioned barriers***

- i. Create a network among cultural associations, educational institutions, NGOs and community centres able to finance courses in support children both boys and girls
- ii. Identification of community centres that already host educational and recreational activities for children and teenagers in an intercultural environment

## ***Ireland***

***Usefulness of the GP in Ireland***

After school programmes are very common all over Ireland however, there are very few, if any that target migrant children specifically. Also the introduction of socio-cultural activities adds an important element to the project.

***Aspects of the GP that can be transferred***

All of the project could be transferred although the make-up of the group could vary depending on where it is implemented.

***Stakeholders that will permit the replication of the GP***

This type of activity does not need permission for replication. However, any institution working with children does need to have certain policies in place (Child Protection Policy) and must ensure that all staff is vetted by the police.

***Stakeholders that will be responsible for the replication of the GP***

This could be undertaken by a local community group or a Family Resource Centre.

***Level of Application of the GP***

This type of initiative would work better at local level.

***Preconditions that may ensure a successful transfer***

It would be important to work closely with primary and secondary schools in an area and have referrals into the programme from them.

***Possible barriers that may occur during the transfer***

There are very strict guidelines on working with children and all volunteers need to be trained in child protection and be vetted. This can make it difficult to recruit volunteers as the process is slow.

***Possible solutions in order to overcome the abovementioned barriers***

Source funding for one or two core staff and have a panel of volunteers that have been trained and vetted so if a volunteer leaves he or she can be easily replaced.

## **Greece**

***Usefulness of the GP in Greece***

According to the Action Plan of the Ministry of Education and the initiative launched by the Committee for the Management of refugee children's education in Greece, there is a need to support refugee children living in camps, hot spots and other temporary settlements to return as soon as possible to normality given the circumstances. Under this framework preparatory classes are operating in line with the traditional education system since the 2016-2017 academic year in the form of Reception Education Structures for Refugees (DEYP) (art. 38 of the L. 4415/2016, A' 159) nationwide. The islands are excluded. Given the positive results of the first year of operation, as described in the evaluation report of the Ministry, it is important to for the initiative to continue and to be enhanced, which could be achieved by the implementation of this GP.

### ***Aspects of the GP that can be transferred***

It is recommended that the daily study support groups that take place after school are transferred emphasizing in particular the element of peer learning in that each child can be seen as a tutor (volunteer) who works with and makes the link between her/his family and school.

### ***Stakeholders that will permit the replication of the GP***

Ministry of Education, Lifelong Learning and Religious Affairs, Ministry of Migration, Ministry of the Interior, Ministry of Health, Hellenic Centre for Disease Control and Prevention (CDCP), International Organization for Migration (IOM Greece), The Ombudsman for Children in Greece, The UN Refugee Agency (UNHR).

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs, municipalities, Forums for Migrants, Networks for Migrants, Directorates of Primary and Secondary Education of the Ministry of Education.

### ***Level of Application of the GP***

This GP could be transferred either locally to cover the needs of the islands that have been excluded from the initial action so far or at national level in areas surrounding refugee camps and hot spots.

### ***Preconditions that may ensure a successful transfer***

School rooms/classes can be used afterhours with the existing school equipment. No funding for extra equipment is necessary. Tutors and facilitators can be carefully chosen among teachers and trainers either from the current educational infrastructure or from migrant societies in the host country. Priority should be given to previously trained individuals who will have developed high intercultural and empathy skills, preferably with a B1-B2 fluency in one or more of the speaking languages of the migrants target group participating in the programme. At policy level, this GP could be aligned with the initiative of DEYP that is currently being implemented, following the same legislation and policy frameworks. A supplement in the Action Plan of the existing initiative (as described above) might be necessary to include this GP.

### ***Possible barriers that may occur during the transfer***

Funding, working status of the teachers/tutors that are going to be employed, evaluation of volunteers and tutors intercultural and communication skills, parents' engagement in the educational process and understanding of the usefulness of the project for their children smooth integration in the host society, local and school community resistance towards immigrants, lack of educational content specifically designed for the needs of these children who are a highly differentiated group.

### ***Possible solutions in order to overcome the abovementioned barriers***



Funding from European or National projects, decree for the employment status of the people going to offer their services in the programme, designing and application of an evaluation model to measure impact and intervention to develop intercultural skills to potential tutors in a preparatory stage of the project, an awareness campaign during a preparatory stage of the project aiming at the parents and families of these children and at the local and school community, designing and evaluation of specifically designed educational content.

## **Spain**

### ***Usefulness of the GP in Spain***

This GP is an afterschool programme that works with the children of migrant women, offering school support and also elements of very diverse intercultural integration, including music. All activities make up a set that can be offered throughout a school year, with different items that complement each other, including the a house for holidays.

### ***Aspects of the GP that can be transferred***

All the methodology can be implemented, taking into consideration the school calendar and also local timetables.

### ***Stakeholders that will permit the replication of the GP***

This type of activity does not need permission for replication. For activities during the summer holiday period a special authorization would be needed and the project would need to ensure that a minimum number of qualified professionals are present.

### ***Stakeholders that will be responsible for the replication of the GP***

Any social entity, or grouping of entities, youth centre, open centre or Parent's association could be interested in implementing this activity.

### ***Level of Application of the GP***

This Good Practice can be implemented at all levels: local, regional and national, if a consortium of entities agree to do it. The activity would be much more relevant if there is coordination with the schools at local level.

### ***Preconditions that may ensure a successful transfer***

Meeting rooms or classrooms, as well as open spaces for musical activities. There is no need to have specific resources that involve making a large investment. You could assess the possibility of delivering the GP in public spaces such as libraries, civic centres, etc.

### ***Possible barriers that may occur during the transfer***

There are legal requirements that have to be met if adults are to be in contact with children (they must be vetted for sexual offences). For activities during the summer holiday period a special authorization would be needed and the project would need to ensure that a minimum number of qualified professionals are present.

***Possible solutions in order to overcome the abovementioned barriers***

Carry out the necessary procedures to obtain the documentation related to the volunteers or professionals involved. Document and record the summer activity, if necessary, providing the corresponding accreditations to the personnel that will be assigned to the project.

## **Sweden**

***Usefulness of the GP in Sweden***

Migrant children, especially first and second generation, are a disadvantaged group in Swedish schools. As newly arrived migrants often live in areas with only migrants, and the children are not integrated into schools with native Swedish children.

Migrant parents are not familiar with the Swedish education system, have lack of language skills and maybe are not highly educated. Parents in Sweden are supposed to be engaged in their child's education and take an active part and help with homework.

***Aspects of the GP that can be transferred***

All of the project activities could be transferred.

***Stakeholders that will permit the replication of the GP***

No specific permission needed to implement this programme in Sweden.

***Stakeholders that will be responsible for the replication of the GP***

Primary and secondary schools, The Municipality, NGOs, Volunteers, Cultural associations, Sports clubs

***Level of Application of the GP***

At a local level

***Preconditions that may ensure a successful transfer***

It would be important to work closely with primary and secondary schools to find children to participate. One option could be to contact migrant associations for recruiting children.

***Possible barriers that may occur during the transfer***

- i. Children leaving the programme
- ii. Tutors/teachers leaving the programme
- iii. Language problems

***Possible solutions in order to overcome the abovementioned barriers***

- i. Have a list of volunteers, if one leaves or is sick, it would be easy to replace him/her.
- ii. Volunteers can be students.

# International Women's Breakfasts-Ireland

## *Recommendations for Transfer*

### **Germany**

***Usefulness of the GP in Germany***

Migrant women face significant challenges to economic and social integration. They have less opportunities to take part in social events, training courses and other services. Furthermore, there are few opportunities to meet and talk to the women of the host society.

This project can help the migrant and refugee women to develop their self-esteem and confidence through participation in social events together with other migrant women and women from the host society in a relaxed atmosphere.

***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be used for transfer.

***Stakeholders that will permit the replication of the GP***

This Good Practice doesn't require any specific permission in Germany.

***Stakeholders that will be responsible for the replication of the GP***

Local organizations and NGOs, Social services, Local municipality, Community centres.

***Level of Application of the GP***

This Good Practice can be transferred at a local level.

***Preconditions that may ensure a successful transfer***

- i. Suitable rooms for the breakfast
- ii. Good accessibility to the venue
- iii. Organizations responsible for the organization and dissemination of activities concerning the local breakfast
- iv. Some volunteers

***Possible barriers that may occur during the transfer***

- i. Availability of the migrant women
- ii. Availability of women from host society

***Possible solutions in order to overcome the abovementioned barriers***

Offering childcare services.

## **France**

***Usefulness of the GP in France***

In order to help migrant women to find their place in French society, it would be useful to organize respectful dialogue and promote mutual understanding through breakfasts. The activities of this GP could offer migrant and refugee women the possibility of learning about French society and women's role in it. The themes covered at the Breakfasts allow women to share aspects of their culture with each other but also with staff of statutory organizations and the community sector. Similarly, these workshops could be a useful means for statutory bodies and agencies to hear first-hand about issues women in general face but in particular about issues for migrant women. In fact, the [Report of the French Court of Auditors](#) already observes that there is no real will from the politicians to recognize that the cultural aspect could work as a brake to integration, and that an ethnic understanding should be taken into account as well.

***Aspects of the GP that can be transferred***

The breakfast and all activities related to them.

All of the activities described could be transferred to France. Although specific topics and themes can be addressed in the breakfasts through workshops, the events are not overly prescriptive, and the format allows for relationships and links to develop in an informal way.

***Stakeholders that will permit the replication of the GP***

City Council

***Stakeholders that will be responsible for the replication of the GP***

This could be organized by the City Council, Local Community Groups, and NGOs working with migrants, local schools, family resource centres, Religious and non-Religious Cultural Centres.

***Level of Application of the GP***

The project would work at local level, but it should be replicated at a very local level (neighbourhood, district).

***Preconditions that may ensure a successful transfer***

The financial resources needed for the Breakfasts are relatively small. Each participant brings food so only a small budget is required to cover the costs of tea, coffee, cutlery, tableware and stationery.

***Possible barriers that may occur during the transfer***

- i. A budget might be needed to cover room rental but on many occasions, the organizers of the Breakfasts work in conjunction with a local community group, cultural centre or municipal body which provides a venue for free.
- ii. It is important to have a community worker or someone to promote the breakfasts, organise the events and facilitate these activities, volunteers are needed to help with registration, setting up and ensuring the event runs smoothly.
- iii. Although an activity or workshop is undertaken during the Breakfast, there is enough time in the morning to allow for unstructured, informal interaction, socialising and networking. The whole process is very organic.
- iv. A possible barrier to these activities would be that MRW have to bring food from their homes, which can be difficult for some of them for financial reasons or because of a lack of time.

***Possible solutions in order to overcome the abovementioned barriers***

It is important to have a community worker present during the activities, who would have links both in the migrant and refugee communities and in the local society communities. This person could therefore foster the development of contacts and exchanges between the participants.

## Portugal

### ***Usefulness of the GP in Portugal***

In Portugal, there are few opportunities for migrant women and Portuguese women to meet, talk and exchange ideas about their common issues and experiences as a woman. Even though there are activities for migrants, such as the Portuguese classes, they never promote contact with women from the host community. Also, migrant women are not normally present at the natural meeting places of women, such as school meetings, children sports events; and, when they work, usually they work with other migrant women, as well.

### ***Aspects of the GP that can be transferred***

All the activities can be transferred

### ***Stakeholders that will permit the replication of the GP***

It doesn't require any institutional permission.

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs, Migrants organizations, other private associations from civil society.

### ***Level of Application of the GP***

Regional – City - Lisbon

### ***Preconditions that may ensure a successful transfer***

- i. A good relationship with the migrant communities and with the local Portuguese community and services (police, health centre, schools)
- ii. Established partnership and long-term relationship with other migrant organizations;
- iii. A place with good accessibility;
- iv. A good dissemination campaign;
- v. A local community that is curious about different cultures and food;
- vi. Some funding for the dissemination and general costs;
- vii. One organization responsible for the organization of the event, with good local implementation and the ability to engage some volunteers

### ***Possible barriers that may occur during the transfer***

- i. Getting the volunteers
- ii. Getting the Portuguese women to participate, in terms of motivation and availability
- iii. Getting the migrant women to participate, in terms of motivation and availability

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Careful choice of the day of the week in which the breakfast takes place, based on the standards of availability of all potential participants, taking into consideration the fact that Portuguese women mainly have a job outside their house and so do the majority of migrant women;
- ii. Mass dissemination on social media, press media, in the neighbourhood, in meeting points, etc.
- iii. Partnership with the neighbourhood administration, local schools, day care centres, etc.

## Italy

### ***Usefulness of the GP in Italy***

MRW in Italy have less opportunity of social inclusion and integration compared to migrant men and boys, since they face different challenges and have less possibility to access training courses, social events, the labour market (especially qualified jobs) and services.

Women that moved alone to Italy are often employed in low paid jobs that are connected to the care of the elderly and cleaning jobs, with few opportunities to learn the language and have contact with the local community (they are isolated and they know just the workplace and some other migrant women from their country of origin).

Women Refugees and Asylum seekers often, because of their immigration route, are traumatized and are still exposed to the risk of violence and social marginalization (human trafficking, domestic violence etc.).

Opportunities of social inclusion, socialization and events are strongly needed to promote empowerment and access to the local society for MRW.

### ***Aspects of the GP that can be transferred***

In Ireland the activities are held during the breakfast time, in Italy the same programme can be implemented during lunch time (Saturday and Sunday at lunch time).

The same activities can be held at least six times a year in various locations in a specific towns where MRW are quite isolated and their presence is quite high.

The event can bring together women from across a wide spectrum of society: migrant women from all countries; as well as women from the host community; staff from organizations from the non-profit and voluntary sector; staff from State bodies and Community police.

Information provision is an important component of the events. A key cultural aspect is the sharing of food and women prepare and bring dishes from their home countries to share with each other. The breakfasts (or lunches in the Italian case) usually run for 3 hours.

In these Breakfasts, the themes can range from the personal to the social and communal and also cover societal and governmental issues. Some examples of the themes that could be covered:

- Wishes or intentions for the year ahead

- How we benefit from each other culturally
- Arts and crafts
- Active citizenship
- Engagement in community
- Events and activities taking place in our area
- The health service
- Voting and participation in decision making
- Domestic violence and family support

The themes covered at the events allow women to share aspects of their culture with each other but also with staff of statutory organizations and the community sector.

Events that focus on celebration and learning through music, dance, singing and art.

***Stakeholders that will permit the replication of the GP***

Local Municipality, Local Associations and NGOs, Community centres run by NGOs or local Institutions funded by private and public funds (for Social Inclusion and Integration of Migrants and/or Equal Opportunities for Women), Social Services and welfare, Asylum and Immigration department (at Regional and Local level).

***Stakeholders that will be responsible for the replication of the GP***

Migrant Associations, Women's rights associations, Community centres, NGOs / Cultural Associations

***Level of Application of the GP***

Local level.

***Preconditions that may ensure a successful transfer***

- i. Capacity of local Associations and NGOs to involve women from the local community and MRW
- ii. Capacity to attract funds from the local government for activities for the social inclusion of women

***Possible barriers that may occur during the transfer***

Not applicable

***Possible solutions in order to overcome the abovementioned barriers***

Not applicable



## Greece

### ***Usefulness of the GP in Greece***

This GP is recommended to be transferred in Greece as it will significantly strengthen relationships and bonds among local and immigrant communities; there are not many opportunities for these social groups to meet and creatively interact together. Moreover, this GP can bring all interested parties into contact who want to engage in a creative dialogue on the sustainability of a multicultural local community. These would be women from different ethnic groups, locals, state agencies and municipalities and representatives from NGOs who can exchange views, ideas and experiences in a non-prescriptive setting. Similar initiatives in the form of local festivals previously organized in Greece as well as results of this GP show the popularity and positive effects of such events.

### ***Aspects of the GP that can be transferred***

This GP is divided into three moments. All three moments are recommended to be transferred to Greece. The first moment where welcomes and introductions are made so that people start to get to know each other and learn about the activity of the day (theme). The second moment where the activity of the day takes place; that could range from a workshop to any other activity for sharing aspects and discussing issues of interest yet in a relaxed and participatory way. The third moment includes sharing food and dialogue, where women can taste food prepared by themselves for sharing with their peers and have a strong and fruitful interaction with all participating parties, having their voices and problems heard in order to have new pathways of policies open, as well as take feedback on the activities of the day.

### ***Stakeholders that will permit the replication of the GP***

It is important to have a development worker or an event organizer to make sure the event runs according to the agenda and to handle any situations that may arise. Women's Networks or Forums could be responsible for the organizing of the event, too, in a form of self-managed event. It is also important to have a community worker in place with links in the migrant and the local community who can invest time in making contacts and ensuring people come together. Moreover, NGOs would also be of help, as well as local community groups, local schools under the supervision of the Ministry of Education, Associations for Migrants.

### ***Stakeholders that will be responsible for the replication of the GP***

Municipalities, School Councils, Parents' Councils, NGOs, Women's Networks, local women community groups.

### ***Level of Application of the GP***

It is recommended that this GP is transferred at local level, preferably at local community level or school community level; since it is easier and may add value to the better integration of immigrants to the host society as it is important to first start to get to know people with whom you and your family interact more in everyday situations and may have more commonalities to share and talk about.

### ***Preconditions that may ensure a successful transfer***

Space (indoors or outdoors depending on the time of year and weather conditions) for the organization of the event, access to the local media for dissemination, community worker with strong relationships and networking in both communities (immigrants and locals) as well as in state agencies, municipalities and NGOs. Related policies for the integration of migrant women. Funding is not necessary as a venue could be offered by the municipality or sponsors or participant parties, while food will be cooked and brought to the event by the participants themselves. Cutlery and tablecloths can either be offered by local shops or brought by the participants. In the case of art and crafts activities materials could also be offered by local shops or NGOs. A development worker or someone to promote the breakfasts and facilitate the activities of the day. Repetitive element of the event has to be taken into consideration.

### ***Possible barriers that may occur during the transfer***

Local community resistance, finding development workers/facilitators to offer services voluntarily, permissions by municipality for open public events, security and safety measures, measures of hygiene and protection of the public health, cleaning before and after the event, suitable venue.

### ***Possible solutions in order to overcome the abovementioned barriers***

Awareness campaign for the local community, close collaboration with NGOs, training for volunteers, collaboration with the municipal authorities, preferably as a participating partner or sponsor to also provide space in a municipal structure or building, as well as cleaning staff. Regarding the security and safety measures, a venue already guarded could be chosen, so that there will be available security staff in place. Ensure repetition during important international or local dates in collaboration with international NGOs or Organizations, i.e. UNCHR.

## ***Spain***

### ***Usefulness of the GP in Spain***

This good practice favours the integration of women in the host society and favours collaboration, dialogue and networking among the different members. The relaxed atmosphere in which it arises, is very appropriate.

### ***Aspects of the GP that can be transferred***

The Good Practice as a whole, could be implemented without restrictions.

***Stakeholders that will permit the replication of the GP***

No specific permission would be required to implement this programme.

***Stakeholders that will be responsible for the replication of the GP***

This project could be implemented by an NGO or a consortium, a community group, a cultural centre, etc.

***Level of Application of the GP***

This GP could be transferred to all levels. It seems that it would be much more interesting if it were implemented at local level, so that information about local services could be provided and the proximity would be more convenient.

***Preconditions that may ensure a successful transfer***

It is not necessary to have large financial resources; it is an activity that can be developed thanks to volunteers, maybe guided by a member of staff from an organization. In terms of equipment a large space is needed, equipped with tables and chairs, computers and a screen.

***Possible barriers that may occur during the transfer***

Whenever we mention migrant women, we must consider the domain of the local language as a barrier to participation. In addition, the care of children and / or elderly people can curb the free participation of women.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Make intercultural translators or mediators available.
- ii. Offer a day care service.

## Sweden

***Usefulness of the GP in Sweden***

In Sweden, there are not so many opportunities for migrant women with low education levels and/or newly arrived migrant women and native women to meet. A natural meeting place for Swedes is the workplace, leaving children at school, children's or personal sport's activities. These are not common places for migrants to participate in.

This project can help the migrant and refugee women to integrate and learn about Swedish society. Also Swedish women can learn about other cultures. This can help prevent prejudices and promote friendship.

***Aspects of the GP that can be transferred***

All the activities can be transferred.

***Stakeholders that will permit the replication of the GP***

No permission needed in Sweden.

***Stakeholders that will be responsible for the replication of the GP***

NGOs, the municipality, Migrant organizations

***Level of Application of the GP***

At a local level

***Preconditions that may ensure a successful transfer***

In Sweden this project can be done in the same way as in Ireland

***Possible barriers that may occur during the transfer***

- i. Most women from the host society work. It can be difficult to find dates and times that suit both migrants and women from the host society.
- ii. Lack of childcare for the migrant women.
- iii. Language barriers.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Offering childcare services
- ii. Invite interpreters

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## Rêv'Elles- France

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### *Recommendations for Transfer*

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### *Germany*

***Usefulness of the GP in Germany***

Migrant women's labour participation in Germany is lower than that of native women. In 2013, the employment rate of the former was 68.7 per cent, whereas that of the latter represented 79.9 per cent. The highest unemployment rates can be found among migrant women aged 20 to 35. Unfortunately, absence from the labour market and part-time work for long periods are linked to a higher risk of poverty for women. Migrant or refugee women facing multiple discrimination confront even higher risks of poverty.

The project specifically targets this group of young migrant women which could be very helpful to increase their employment prospects.

### ***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be taken for transfer.

### ***Stakeholders that will permit the replication of the GP***

This Good Practice doesn't require any specific permission in Germany. It would be helpful to work together with the Federal Employment Agency so that they could refer unemployed migrant women into the project.

### ***Stakeholders that will be responsible for the replication of the GP***

An NGO or private organization already working in the field of employment in conjunction with the Federal Agency of Employment, vocational schools, training centres as well as migrant organizations.

### ***Level of Application of the GP***

This Good Practice can be transferred at a local level.

### ***Preconditions that may ensure a successful transfer***

- i. Suitable rooms with computers, access to the internet and relevant sources of information
- ii. NGOs or any other organizations with expertise and experience in the field of employment
- iii. Youth workers
- iv. The responsible organizations should have good connections to local businesses/companies
- v. Clinicians who can provide culturally appropriate, equitable and competent care

### ***Possible barriers that may occur during the transfer***

- i. Participation of the young migrant women
- ii. Motivation of the women
- iii. Cultural barriers

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Explanation of the objectives of the workshops should be clear
- ii. A good relationship to the women and their families
- iii. A migrant woman could act as a mediator

## ***Portugal***

### ***Usefulness of the GP in Portugal***

In Lisbon, there are several neighbourhoods where young women face similar social problems to the ones described in France. These neighbourhoods can be found not only in the city centre but also in the suburbs of Lisbon. According to the Municipal Social Diagnosis 2016, there are districts in Lisbon, where 30% of the young people (18 – 24) don't study or work. According to the Eurostat Portugal has the 4<sup>th</sup> highest rate of early school leaving and the 4<sup>th</sup> highest rate of unemployment for young people under 25 years (22%).

So, young people in general, and young women in particular, in those disadvantaged neighbourhoods have problems in defining their future career, they lack role models as inspiring examples, they often lack self-esteem and don't dare to have dreams. That is not a specific problem for young migrant women, but also for Portuguese and second generation women.

### ***Aspects of the GP that can be transferred***

All aspects can be transferred, but some changes are required, namely in relation to participation of the Vocational and Information Centres as there are no such public structures in Portugal

### ***Stakeholders that will permit the replication of the GP***

There is no institutional permission required, because the project can be held without recourse to public institutions. Some public services, such as the Centre for Employment and Vocational Training, could be a useful partner, but it is not essential, because it has no specific initiatives for this target group.

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs or private organizations from civil society already working in the area of employment, with established partnerships with companies for job offers and job experience. In Lisbon we have a big network called "Rede Emprega", which operates in several parishes of the city.

### ***Level of Application of the GP***

Local – Neighbourhood our parishes / Regional – City - Lisbon

### ***Preconditions that may ensure a successful transfer***

- i. Funding to cover the cost of staff required
- ii. Existence of an NGO or other private organization with previous experience working on employment issues and with links to private companies and the ability to do networking with all the relevant stakeholders;
- iii. Access to space with all the required conditions, computers and relevant sources of information.

### ***Possible barriers that may occur during the transfer***

- i. Considering the national context, the majority of the young people from the neighbourhoods mentioned earlier, who left school and/or don't have a job or have no career prospects, may be not prepared and motivated enough to join such a

- programme. It may be necessary at the early stages of the intervention to focus on aspects of self-knowledge and building self-esteem;
- ii. The programme is very theoretical, very fast and does not guarantee a real alternative work or training at the end;
  - iii. In some contexts in Lisbon, the young people with a similar profile have no possibility of paid internships.
  - iv. There are no public structures like the Information and Vocational Centres in Portugal, the majority of schools don't even do this kind of work properly.
  - v. Lack of skills available to work only with young migrant women.

#### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Be very exacting in selecting the target group;
- ii. Integrate young Portuguese women into the groups;
- iii. Include the possibility of internships in a company, for some of the participants, depending on the final evaluation of the jury;
- iv. Work with young women still attending school, involving the school in the process, as a requirement for school recovery plans, for example.

## ***Italy***

#### ***Usefulness of the GP in Italy***

There are about 400 thousand young foreigners who do not study or work in Italy (data collected in 2015). The phenomenon of the so-called NEET (not in employment, education or training), increasingly involves the children of immigrant citizens (from 14 to 24 years old). In particular, the phenomenon involves young women both in the case of EU and non-EU citizens. 64.3% of EU migrant young women are NEET compared to 67.3% from non-EU countries and 49.7% Italian young women.

For this reason, to specifically target young migrant women and second generation migrant women would be important in order to foster their education and to increase their employment prospects.

#### ***Aspects of the GP that can be transferred***

The organization and implementation of workshops to allow the target group (MRW, second generation female migrants and young Italian female students) to develop professionally and to identify their skills and strengths. These workshops address the need of role models and inspiring examples for these women:

- Meet women and discuss their career
- Visit businesses and learn about their activities
- Exchange conversations with other women about women's professional opportunities and ways to improve these opportunities.

#### ***Stakeholders that will permit the replication of the GP***

Ministry of Education, Ministry of Labour

At local and regional level public Institutions related to the aforementioned Ministries and private bodies related to the business sector.

***Stakeholders that will be responsible for the replication of the GP***

Local organizations, NGOs, Associations should implement these activities in collaboration with:

- Vocational Schools and Training centres
- Women's rights associations
- Migrants Associations
- Institutions (Education bureau at local/regional level)
- Employment Agencies (private and public ones)

***Level of Application of the GP***

This programme can be feasible in towns (local/regional level) where associations, enterprises and employment offices can be easily reached. The target group can come from rural as well as urban surroundings depending on the visibility of the programme and the connection with the local social services.

***Preconditions that may ensure a successful transfer***

- i. Presence of public or private bodies willing to fund these activities in favour of vulnerable MRW and young women (political situation at regional and national level in relation to migrants).
- ii. Capacity of the NGOs and associations to attract and motivate the target group
- iii. Availability of schools and vocational training centres to host the activities

***Possible barriers that may occur during the transfer***

- i. Level of attendance and participation of the groups involved
- ii. Capacity of the local organizations and businesses to provide future employment opportunities and to not create unreal expectations

***Possible solutions in order to overcome the abovementioned barriers***

- i. Provide a final formal certificate of attendance and finalization of the workshops
- ii. Explain the objective of the workshop clearly
- iii. Create a good network among local organizations, associations and the local labour market

## ***Ireland***

***Usefulness of the GP in Ireland***

There are several projects in Ireland that work with young people who have left school early or are at risk of leaving school. However, there are not many that target young women specifically so this programme is interesting from that perspective. In addition, as immigration to Ireland is relevantly recent there is a large population of young people,



children of migrants, who are the first generation to be born in Ireland and would need specific support.

### ***Aspects of the GP that can be transferred***

All of the project activities described could be transferred to Ireland.

### ***Stakeholders that will permit the replication of the GP***

No specific permission would be required to implement this programme in Ireland, although it would be important to work closely with schools (this could take place during transition year in secondary schools) and other programmes that target young people.

### ***Stakeholders that will be responsible for the replication of the GP***

This project could be delivered by an NGO or local community group in conjunction with a secondary school.

### ***Level of Application of the GP***

The project would have a greater impact if it was delivered at a local level.

### ***Preconditions that may ensure a successful transfer***

It would be important to have a youth worker who would do outreach work, to have good relationships with local schools, families, local businesses and have identified some role models who are women.

### ***Possible barriers that may occur during the transfer***

It can often be difficult to engage young people especially young women in these types of programmes as they can have commitments in their family that means they do not have as much free time. Also, depending on the cultural background of the family it can be difficult to persuade them to allow their daughters to participate in activities outside of the family circle.

### ***Possible solutions in order to overcome the abovementioned barriers***

It would be important to build relationships of trust with families and possibly include them in some activities.

## ***Greece***

### ***Usefulness of the GP in Greece***

This GP is recommended to be transferred to Greece to address the needs of young 14-22 year old MRW. The project should target primarily unaccompanied minors with low education levels, little or no knowledge of the host society and its language and culture. It can add value to existing policies for the training and empowerment of unaccompanied MRW. Initiatives for the training of MRW mainly include language lessons and in some cases basic curriculum study classes. In addition, training regarding their rights and procedures in the host country may be offered to help them with their migration status and situation that is temporary and transitional. This GP is highly recommended for the MRW target group as it is very adaptable and flexible, and can be easily implemented to a diverse group of people from different backgrounds, allowing each one of them define their professional objectives “from scratch”. Also, it can help them get an idea of “real issues” in the labour market in the host society and in the European Union in general, motivating and empowering them to interact and develop communication skills and other professional skills useful for their employment prospects, opening them to new opportunities for the future.

### ***Aspects of the GP that can be transferred***

Rêv’Elles ton potential (Reveal your potential), 5-day collective workshops for women only. These workshops will be deployed in 5 steps: Day 1 – activities to let the group get to know each other better and develop relationships of trust and collaboration and start exploring their own strengths and weaknesses, tastes, values and previous knowledge. Day 2 – they explore their dreams and preferences regarding professional goals, career and future. Day 3 – development of research skills and the creation of personal professional project, benefiting from individual coaching experience on their professional project. Day 4 – Simulation activities, yet in real conditions as they will be visiting companies participating in the initiative as partners for a job interview (virtual), as well as meeting with employees and managers and learning about business professional codes and norms, career paths and practicing communication skills. Day 5 – Evaluation and feedback activities of the training, including the presentation of a project in front of a jury (role models) of individual professionals (women only).

### ***Stakeholders that will permit the replication of the GP***

Ministry of the Interior, Ministry of Migration, Ministry of Justice, National Centre for Social Solidarity (EKKA), Municipalities.

### ***Stakeholders that will be responsible for the replication of the GP***

Higher Education Institutes (AEI), NGOs, Vocational Training Agencies (KEK/IEK), local companies, municipality services.

### ***Level of Application of the GP***

Ideally this GP could be transferred in the urban areas of Athens, Salonica and Patras. These are three cities in Greece that can operate as important junctions due to their strategic geographical location and that would be able to receive participants for all over the country. Moreover, these are three of the cities with the largest numbers of structures hosting

unaccompanied minors, with agencies and NGOs that are actively promoting integration and are highly experienced in similar initiatives. In addition, these cities have some of the biggest labour markets in the country, thus it might be easier to attract the interest and collaboration of companies.

### ***Preconditions that may ensure a successful transfer***

Designing of workshop on a personalized training methodology taking into consideration specific needs of the MRW target group. Develop good collaborative relationships with local companies and NGOs as well as municipality services.

### ***Possible barriers that may occur during the transfer***

Resistance from MRW groups on the purpose of attending such a project, procedural restrictions from the competent authorities due to the specific needs, vulnerability and safety measures applied to this special category of immigrants, resistance from local community and companies, funding, facilitators trained to work with vulnerable groups, children, possibly suffering from meta-traumatic stress and other psychic medical conditions.

### ***Possible solutions in order to overcome the abovementioned barriers***

Funding from European and national projects, good collaboration with municipality services and NGOs responsible for the safety of these groups, legal support, interpreters/intercultural mediators services, supervision by professional psychologists, awareness campaign for the local society and companies.

## **Spain**

### ***Usefulness of the GP in Spain***

In Spain-Catalonia, and especially in the city of Barcelona, we need to work in favour of the integration of immigrant women living in disadvantaged neighbourhoods. In some cases, they are young women who came to our country without a certificate of studies and who, when they reached the age of compulsory schooling, were no longer able to obtain it.

In Catalonia, we can find a very similar profile of migrant or refugee women to that described in this good practice. The needs are very similar in the disadvantaged neighbourhoods within the city of Barcelona (Raval, Nou Barris, Ciudad Meridiana, etc.), where there is a high percentage of young migrants with a low level of education or who have left school early.

El Raval is one of the most densely populated areas in the world; there are more than 120 different nationalities, with predominance of people from Pakistan, the Philippines and Bangladesh. 7.9% of the population of the neighbourhood have insufficient studies and 54% only compulsory studies. Only 17% have a higher baccalaureate and only 21% (in contrast to

25% of Barcelona) have high school studies. 90% of students in the Raval's educational centres come from families who have undergone a migration process (source: study by the Tot Raval Foundation, 2007).

Many migrant women in the Raval neighbourhood come from Islamic countries and it is also unusual for these women to be able to work outside the domestic sphere. This problem is also linked to a problem of self-esteem or lack of a professional vision for themselves.

### ***Aspects of the GP that can be transferred***

The ADVP pedagogy method can be implemented very easily, since the methods and techniques are transferable and there is no need to undertake substantial modifications.

The concentration of activities in 5 days is an attractive proposal to explore, since it is not very common for these women to dedicate time to themselves (they take care of their families) therefore a proposal of short duration is very beneficial.

The five proposed activities could also be very appropriate, especially the first one, which allows for the development of a network of contacts beyond the family.

The second activity, which consists of exploring the ideas that these women have about their own professional future, could be difficult to implemented, but if it is achieved, it would be very beneficial.

The visit to a company's facilities or interviewing professional women (maybe migrant women who have been successful in the professional field) also would serve as an important incentive for the women.

### ***Stakeholders that will permit the replication of the GP***

This good practice could be implemented without the need for special permits of any kind.

### ***Stakeholders that will be responsible for the replication of the GP***

This activity would be very suitable to be carried out by social organizations and adult education centres. Finally, municipal public entities dedicated to the promotion of employment could also find a really valuable element in this proposal.

### ***Level of Application of the GP***

This GP could be implemented in all contexts, but it would be more beneficial to implement it in large cities or in towns near major industries or business centres.

### ***Preconditions that may ensure a successful transfer***

- i. The needs in terms of equipment are easy to cover (tables, chairs, some computers, meeting rooms).
- ii. In the municipal libraries you can find the bibliographic resources necessary for professional guidance.

- iii. Expenses are related to staffing only, since there is no need to invest in materials or technological products or any other thing.

***Possible barriers that may occur during the transfer***

- i. Undoubtedly, some of the greatest difficulties will be in the recruitment of the participants, on the one hand, and in their continuing attendance on the training programme, on the other.
- ii. There can be many cultural barriers when working with women of Islamic origin, who, in the context of Catalonia, have many difficulties when entering the world of work. Their self-perception is very relevant, even when enrolling in a training programme like this.
- iii. We can find difficulties because of family commitments (this profile of women very often are responsible for caring for other family members and do not have much free time, or have to combine their personal development with other activities)

***Possible solutions in order to overcome the abovementioned barriers***

- i. Introducing the figure of a woman mediator (preferably a migrant woman as well) would help when undertaking awareness raising and recruitment.
- ii. Performing some personal interviews can also encourage success

## Sweden

***Usefulness of the GP in Sweden***

As in France, Sweden also has many young women from disadvantaged neighbourhoods, in both smaller and bigger cities. To help them gain self-esteem, define goals and hopefully fulfil their educational goals this project can be very useful. In Sweden it is almost impossible to get a job without 12 years of education.

***Aspects of the GP that can be transferred***

All of the activities could be transferred to Sweden.

***Stakeholders that will permit the replication of the GP***

No permission needed in Sweden.

***Stakeholders that will be responsible for the replication of the GP***

- An NGO working with unemployed people and young people
- The Public Employment Service
- Navigator centrum (Navigation Centres working with youth), connected to the Municipalities
- Secondary schools

***Level of Application of the GP***

At a local level

***Preconditions that may ensure a successful transfer***

Organizations already working with unemployed people and young people, have established relationships with local businesses which is important. Youth workers can play a big role in finding and engaging young women to the programme.

***Possible barriers that may occur during the transfer***

The same barriers as in Paris. For example:

- i. Cultural background can be a problem, if the family do not allow them to participate.
- ii. Lack of motivation.
- iii. Not enough free time to participate

***Possible solutions in order to overcome the abovementioned barriers***

Information to families, maybe there is a migrant organization which can be involved to persuade parents to let their children participate. Previous participants can be ambassadors.

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## Soneter- Greece

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### *Recommendations for Transfer*

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### *Germany*

### ***Usefulness of the GP in Germany***

The need for cultural mediators has increased over the last decade in Germany, so the idea to support and empower cultural mediators is responding to real needs.

### ***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be taken for transfer.

### ***Stakeholders that will permit the replication of the GP***

This Good Practice doesn't require any specific permission in Germany.

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs, migrant organizations or any other institution working with cultural mediators or individuals with an interest in this area.

### ***Level of Application of the GP***

This Good Practice can be transferred at all levels, as it is an online platform.

### ***Preconditions that may ensure a successful transfer***

As it is an online platform no specific infrastructure is needed except to ensure that people have access to a computer/internet.

### ***Possible barriers that may occur during the transfer***

- i. Interested candidates to become cultural mediators
- ii. Language barrier

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Promotion of the work of cultural mediators
- ii. To have automatic translation on the platform.

## ***France***

### ***Usefulness of the GP in France***

In France, there are a few supports available to cultural mediators. In France, Mediation Centres often don't have the resources to update the technical formation and the skills of their CMs, with the latest methodology, as most of their training happens in university and

not in the Mediation Centres themselves. With the increase in migration, racism and xenophobia are also on the rise, mainly because of lack of knowledge of the “other”. This could enhance integration in France through the operation of Cultural Mediators (CMs), who are normally have strong communication skills, show empathy, are active listeners and have a good knowledge of both the host country and country of origin (culture, laws, traditions, etc.). Therefore, this could ensure that these individuals are properly trained and that a continuing professional development programme is put in place.

### ***Aspects of the GP that can be transferred***

All of the project could be transferred especially as it is a digital platform and is accessible to anyone that registers with the platform.

### ***Stakeholders that will permit the replication of the GP***

Council of Europe (ICC network)

### ***Stakeholders that will be responsible for the replication of the GP***

This could be undertaken by any migrant organization, NGO or community group working with cultural mediators, with the support of universities or the Popular University.

### ***Level of Application of the GP***

It could be transferred at all levels especially as it is an online platform.

### ***Preconditions that may ensure a successful transfer***

There is a need to have access to a computer room and of course, to have internet access.

### ***Possible barriers that may occur during the transfer***

The principal barrier could be to find volunteer Cultural Mediators with the corresponding formal training and personal and practical experience.

### ***Possible solutions in order to overcome the abovementioned barriers***

It would be important to disseminate information on this project and encourage mediation centres and CMs to participate.

## ***Portugal***

### ***Usefulness of the GP in Portugal***

In Portugal, the profession of Cultural Mediator has become more important in the last decade, mainly in terms of education and work with children and young people, but also in



lifelong learning. It still needs to be regulated, both in terms of specific training and in terms of work conditions.

The profession came with Portugal's accession to the European Union and access to projects of international dimension and as a consequence of the wave of immigration to the country in the first decade of the 21st century.

While recognizing that it is critical to build a community where everyone is fully integrated, currently you cannot build a career with established career paths as a cultural mediator.

So, a project to empower and give new resources to cultural mediators is very useful in the Portuguese context.

### ***Aspects of the GP that can be transferred***

All the project activities can be transferred, but two of the initiatives need to include the Portuguese language: the website (portal) and the European Learning Community of Cultural Mediators.

### ***Stakeholders that will permit the replication of the GP***

It doesn't require any institutional permission.

### ***Stakeholders that will be responsible for the replication of the GP***

A Higher Educational Institute, Training Centres or a Public Institute.

### ***Level of Application of the GP***

European

### ***Preconditions that may ensure a successful transfer***

- i. A team or organization with the motivation and skills to deliver the proposed activities
- ii. Funding

### ***Possible barriers that may occur during the transfer***

Create awareness on the platform, because cultural mediators are widely dispersed and there is little understanding about their work.

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Being able to create a strong network with all the stakeholders,
- ii. Development of a visible internet campaign for the portal, targeting cultural mediators and relevant organizations.

## ***Italy***

### ***Usefulness of the GP in Italy***

In Italy the professional figure of cultural mediator is not recognised at national level but at regional level. In fact, there are eleven Regions / Autonomous Provinces that have developed a standard and a specific certification for this profession, while there are another ten regions that currently do not have any laws governing this work formally. As highlighted by the document "Recognition of the professional figure of the intercultural mediator" (Conference of Regions and Autonomous Provinces, 09/030 / CR / C9 of 8 April 2009), this profession is an important "bridge" between different cultures, his/her work aims at the "promotion and the development of intercultural dialogue ". He/she is considered to be a social worker who facilitates communication between the individual, the family and the community; carries out mediation and information between immigrants and the host society; promotes the removal of cultural and linguistic barriers, the enhancement of the culture of belonging, hospitality, socio-economic integration and human rights enjoyment. In a national context where the migrant and refugee communities are increasing in number and where xenophobia, racism and language barriers are issues used even at a political level in order to gain power and votes; it is an emerging problem to improve intercultural communication in schools, hospitals, social services, and courts to promote an inclusive society.

### ***Aspects of the GP that can be transferred***

The SONETOR project aims at developing a training platform to integrate existing social networking applications with modern adult education methodologies and specially produced content and services. Since part of the project is the creation of an online platform addressed to cultural mediators, the project can be replicated easily.

The platform was designed so as to facilitate the up-skilling and re-skilling of those working as cultural mediators through the provision of flexibly delivered formal modules (this format can be transferred taking into consideration the educational needs of cultural mediators in a different national context: languages and cultures more widespread in Italy, foreign communities more in need for cultural mediators etc.).

The project can:

- Facilitate closer relationships and more frequent interaction between migrants and cultural mediators.
- Create a repository of learning products and artefacts of reflection
- Give a digital presence on the Web to manifest one's cultural identity
- Create a platform to participate in the community for lifelong learning to keep reflecting on current issues, etc.
- Provide an architecture that allows learners to access content through different modalities taking care of rights management, security and privacy concerns,
- Contribute to community awareness on the "other" and anti-stereotyping behaviour

***Stakeholders that will permit the replication of the GP***

Ministry of Education

***Stakeholders that will be responsible for the replication of the GP***

Universities in Cultural Mediation and Anthropology, NGOs working with cultural mediators

***Level of Application of the GP***

National level.

***Preconditions that may ensure a successful transfer***

- i. Translation of the existing website
- ii. Diffusion of this online platform in specific training courses for cultural mediators
- iii. Update of this online platform with contents, languages and information related to the Italian context and the migrant communities present at national level

***Possible barriers that may occur during the transfer***

Not applicable

***Possible solutions in order to overcome the abovementioned barriers***

Not applicable

## ***Ireland***

***Usefulness of the GP in Ireland***

There are not currently many supports available to cultural mediators in Ireland so this would be a useful addition and in fact one of the partners in this GP is an Irish University.

***Aspects of the GP that can be transferred***

All of the project could be transferred especially as it is a digital platform and is accessible to anyone that registers with the platform.

***Stakeholders that will permit the replication of the GP***

The six partners who developed the project would have to give permission for it to be replicated.

***Stakeholders that will be responsible for the replication of the GP***

This could be undertaken by any migrant organization, NGO or community group working with cultural mediators or individuals with an interest in the area.

***Level of Application of the GP***

It could be transferred at all levels especially as it is an online platform.

***Preconditions that may ensure a successful transfer***

Access to the portal is free so you would just have to ensure that people have access to a computer and an internet connection.

***Possible barriers that may occur during the transfer***

The possible barrier would be not finding candidates to become cultural mediators especially in the voluntary and not for profit sector as this job is often not well paid or recognized.

***Possible solutions in order to overcome the abovementioned barriers***

It would be important to promote the work of cultural mediators and to encourage organizations from the voluntary and community sector to assign some funding for staff who work in this area.

## **Spain**

***Usefulness of the GP in Spain***

The idea of generating a community that supports, provides information and promotes training and communication to and between intercultural mediators at the local level is an excellent idea, which responds to real needs.

***Aspects of the GP that can be transferred***

The whole package could be transferred very easily, paying particular attention to the use of local languages.

***Stakeholders that will permit the replication of the GP***

To implement this GP, authorization by any local authority is not necessary.

***Stakeholders that will be responsible for the replication of the GP***

This GP can be implemented by local NGOs and could be linked to organizations that have training actions linked to the profile of cultural mediator and also to local universities.

***Level of Application of the GP***

It could be transferred at all levels especially as it is an online platform.

***Preconditions that may ensure a successful transfer***

Being a platform on line, no infrastructure is necessary. However, an agreement with local telecentre networks could facilitate access to information by mediators, in the event that they do not have their own digital resources.

***Possible barriers that may occur during the transfer***

The linguistic barrier, if you want to promote an international community.

***Possible solutions in order to overcome the abovementioned barriers***

Have semi-automatic translation on the platform.

## **Sweden**

***Usefulness of the GP in Sweden***

To develop a training platform to integrate existing social networking applications with modern adult education methodologies is a great idea and would be very useful in Sweden.

***Aspects of the GP that can be transferred***

All of the project could be transferred.

***Stakeholders that will permit the replication of the GP***

No permission needed in Sweden.

***Stakeholders that will be responsible for the replication of the GP***

NGOs, Migrant organizations, Universities, Cultural Mediator education centres

***Level of Application of the GP***

It could be transferred at all levels. It is an online platform.

***Preconditions that may ensure a successful transfer***

Access to a computer and an internet connection.

***Possible barriers that may occur during the transfer***

Language problems if used by different countries.

***Possible solutions in order to overcome the abovementioned barriers***

Not applicable.

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# Local book club for MRW -Germany

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## *Recommendations for Transfer*

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### **France**

#### ***Usefulness of the GP in France***

This GP could be transferred in France and is likely to pay off, since there is a geographical concentration of migrants, which could promote the setting up of this GP. Migrants mostly live in Priority Educational Zones (ZEP), which are already designated territories where the French State invests resources in order to improve scholarship. MRW that are present in France often do not have access to public libraries due to the language barrier. This GP could foster self-esteem among migrant and refugee women, encourage migrant and refugee women to read and expand awareness of other cultures and literature through literature.

These meetings could give the women the opportunity to talk about personal matters and to support each other concerning their daily life or family issues. This is an important way to improve the reading performance not only of migrant women but also of their children.

#### ***Aspects of the GP that can be transferred***

All of the GP could be transferred.

#### ***Stakeholders that will permit the replication of the GP***

The French Employment Agency (Pôle Emploi), local authorities.

#### ***Stakeholders that will be responsible for the replication of the GP***

City libraries, Pôle Emploi, City Council, neighbourhood associations and local NGOs, as the Second-Chance Schools, which provide individual support.

#### ***Level of Application of the GP***

The project would work at a local level.

#### ***Preconditions that may ensure a successful transfer***

It does not require many resources, it is easy to organize and implement and is open to all languages. Other local libraries can adapt the idea and have similar clubs.

#### ***Possible barriers that may occur during the transfer***

The language barrier.

#### ***Possible solutions in order to overcome the abovementioned barriers***

Find people able to speak the language of these women, by paying them (by the French Employment Agency).

## **Portugal**

### ***Usefulness of the GP in Portugal***

In Portugal, there are few opportunities for migrant women and Portuguese women to meet, talk and exchange ideas about their common issues and experiences as a woman. Even though there are activities for migrants, such as Portuguese classes, they never promote contact with women from the host community. Furthermore, migrant women traditionally do not congregate in the natural meeting places of women, such as school meetings, children sports events; and, when they work, usually they work with other migrant women.

### ***Aspects of the GP that can be transferred***

All the activity can be transferred easily due to the low budget and the fact that no technical staff is required.

### ***Stakeholders that will permit the replication of the GP***

It doesn't require any institutional permission.

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs, migrant organizations, other associations from civil society.

### ***Level of Application of the GP***

Local – neighbourhood or parishes

### ***Preconditions that may ensure a successful transfer***

- i. A good relationship with the migrant communities and with the local Portuguese community;
- ii. Access to books, sometimes in different languages.

### ***Possible barriers that may occur during the transfer***

- i. The creation of the initial group and finding some community leaders who can guarantee the engagement of their community and the sustainability of the club;
- ii. In Lisbon there are some migrant communities with a high degree of illiteracy, especially women
- iii. Access to books
- iv. Availability of migrant women, due family responsibilities or work

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Attract women who attend to Portuguese classes;
- ii. Partnership with local municipal library
- iii. Call for book donation
- iv. Be flexible with the schedule, adapting it to a time that best suits women
- v. At some point invite people with experience in the art of storytelling to promote a taste for reading and stories
- vi. Common activities with their children

## Italy

### ***Usefulness of the GP in Italy***

MRW in Italy often do not have access to public libraries and have little knowledge of the Italian language due to:

- Time dedicated to work
- Family issues (care of the children, elderly, relations with the husband as a bread winner etc.)
- Problem of illiteracy
- Access to cultural associations and local services
- Cultural or religious restrictions (they cannot leave home without other male family members).

### ***Aspects of the GP that can be transferred***

The initiative clearly addressed MRW at a local level in their neighbourhood. It aims to encourage migrant and refugee women to read.

Attendees are invited to bring a book, poem, article or a piece of their own writing to share and discuss with the group. The initiative wants to foster friendship with other migrants and members of the host society, as well as to expand awareness of other cultures and literature through poetry reading, book sharing, storytelling and literature discussion.

In addition, the meetings give the women the opportunity to talk about personal matters and to support each other concerning their daily life or family issues.

One of the objectives of the initiative is to foster self-esteem among migrant and refugee women. Participants in the group are more likely to take leadership roles in other parent-led organizations at the school as well.

### ***Stakeholders that will permit the replication of the GP***

The Department of Cultural and Social Activities at municipal level, public libraries

### ***Stakeholders that will be responsible for the replication of the GP***



Cultural Associations, migrant associations, public libraries

***Level of Application of the GP***

At local level in towns

***Preconditions that may ensure a successful transfer***

Public libraries are managed and organized by cultural associations that also have experience in intercultural activities.

***Possible barriers that may occur during the transfer***

Attendance and participation of MRW in the activities

***Possible solutions in order to overcome the abovementioned barriers***

Involvement of migrant associations and creation of a connection with Italian language courses for migrants.

## ***Ireland***

***Usefulness of the GP in Ireland***

Many libraries host language exchange groups all over Ireland so this would be a welcome addition. Also many migrants use local libraries to access services such as computers, the internet etc. so it would be a good way to promote integration.

***Aspects of the GP that can be transferred***

All aspects of the initiative can be transferred.

***Stakeholders that will permit the replication of the GP***

Liaise with Department of Rural and Community Development who oversee the development of public libraries and with local authorities who are responsible for specific libraries.

***Stakeholders that will be responsible for the replication of the GP***

This could be organized by the library, by a community group or by members of the public.

***Level of Application of the GP***

This would work better at local level within the catchment area of a local public library.

***Preconditions that may ensure a successful transfer***

Working closely with the public libraries to ensure their support is key. Also it would be important to have contact with migrant women in a local area. The project could be promoted through community crèches and Family resource centres.

***Possible barriers that may occur during the transfer***

Low levels of attendance at the groups.

***Possible solutions in order to overcome the abovementioned barriers***

It would be important to ensure the time and day suited people and also to contact local groups that work with migrant women who might recommend the group to them.

## **Greece**

***Usefulness of the GP in Greece***

As in other partner countries, Greece faces a difficulty when it comes to building relationships between women from the host society and MRW because both target groups are socialise within their given networks. This GP consists of a great example of how the barriers between the target groups could be removed. Its simplicity and easiness to follow makes this GP very attractive. Given the fact that there are about 58 book clubs which work within public and municipal libraries, not to mention the private ones, this GP will give MRW the opportunity to integrate smoothly in the local society by exploiting the already existing resources.

***Aspects of the GP that can be transferred***

This GP could be transferred in Greece as a whole.

***Stakeholders that will permit the replication of the GP***

When it comes to private initiatives no specific permission is needed. Otherwise, the National Book Centre of Greece –a private non-profit legal entity established in 1994 by the Ministry of Culture to implement national policy to promote books- is the main stakeholder under which the book clubs operate.

***Stakeholders that will be responsible for the replication of the GP***

Ideally responsibility for the replication of this GP could be organizations and entities that have a library and could host a number of people for the meetings of the book club. That could be NGOs, Municipalities, Universities, and Schools of all educational levels, Cultural Clubs, Cultural Institutions and Organizations, Vocational Training Centres.

***Level of Application of the GP***

In order to have the desired impact the GP should be implemented at a local level

***Preconditions that may ensure a successful transfer***

As long as there is a room with chairs and books, the GP is easy to implement. Of course, the presence of a volunteer that could coordinate the discussion is necessary.

***Possible barriers that may occur during the transfer***

- i. Lack of participation of migrant women due to numerous reasons (work schedule, cultural restrictions, reluctance and hesitation about getting involved in activities with locals, family obligations etc.)
- ii. Lack of acceptance by the local community

***Possible solutions in order to overcome the abovementioned barriers***

- i. The involvement of the local authorities in order to communicate the activities of the book club and the benefits that it brings to both target groups.
- ii. Flexible schedule of the meetings
- iii. Engagement of key persons in the migrant circles in order to enhance and promote the participation of MRW

## Spain

***Usefulness of the GP in Spain***

Generating links between women and the municipality or neighbourhood library is a very valuable objective. It can help women feel more integrated in the host society, and even to create a wider network of contacts and friendships.

Cultural activities such as reading, storytelling and reading clubs contribute to the development of people and promote self-esteem.

***Aspects of the GP that can be transferred***

The idea of the local book club can be easily implemented, always in the context of a public library or even in a school library, where perhaps an interesting similar activity could be generated. Monthly activities can be easily organized, as well as the loan and advisory system to build the library - paper or digital - at home.

***Stakeholders that will permit the replication of the GP***

This good practice can be implemented without the need for special permits of any kind.

***Stakeholders that will be responsible for the replication of the GP***

This activity would be very suitable to be carried out by social and cultural organizations and adult education centres. Public libraries could also find a really valuable element in this proposal, so they could become involved and offer their premises.

### ***Level of Application of the GP***

The GP could be implemented in all contexts, large and small cities or villages, local and regional level.

### ***Preconditions that may ensure a successful transfer***

- i. The needs in terms of equipment are easy to cover (tables, chairs, meeting or conference rooms ...)
- ii. It could be organized on a voluntary basis or with the help of any existent book-club

### ***Possible barriers that may occur during the transfer***

Language could be an important barrier so the recommendation would be to work with Spanish or Catalan speakers.

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. An interpreter or a mediator would be useful.
- ii. To provide some help to take care of children during meetings would be important (childcare)

## **Sweden**

### ***Usefulness of the GP in Sweden***

Visiting libraries is very common from an early age in Sweden, this would be a way to 'transfer' this habit to migrants.

Many migrants use local libraries to access services such as computers, internet etc. so it would be a good way to reach migrant women

### ***Aspects of the GP that can be transferred***

All aspects/activities can be transferred.

### ***Stakeholders that will permit the replication of the GP***

No specific permission needed to implement this programme in Sweden.

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs like Folkuniversitetet have the possibility of organizing study circles. This could also be organized by the libraries, by a community group or by members of the public. Red Cross, migrant associations.

### ***Level of Application of the GP***

At local level. Each town, village and school in Sweden hosts a library. So at a local level within the catchment area of a local public library.

***Preconditions that may ensure a successful transfer***

- i. Cooperation with the public libraries to ensure their help and support. Involve volunteers.
- ii. Good promotion is important. Visit migrant associations and SFI – Swedish for Immigrants.

***Possible barriers that may occur during the transfer***

- i. Low levels of attendance at the groups, due to no childcare etc.
- ii. Problems to find women who want to participate.
- iii. Different language levels.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Find time and days that suit the women.
- ii. Contact migrant associations and promote the Book Club.
- iii. Provide additional groups for children – “childcare”. This would be a way to introduce books and the fun of reading for the children. Depending on the child’s age and the mother’s language level some of the books could be the same for both child and mother.

# Computer and Catalan for the families of the Drassanes school and CEIP Rubén Dario- Spain

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## *Recommendations for Transfer*

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### **Germany**

#### ***Usefulness of the GP in Germany***

Migrant children experience more educational disadvantage and lack of educational opportunities than any other major school population segment. It is necessary to provide additional support to both children and teachers to ensure their inclusion.

#### ***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be taken for transfer.

#### ***Stakeholders that will permit the replication of the GP***

Ministry of Education, Primary/secondary schools.

#### ***Stakeholders that will be responsible for the replication of the GP***

Primary/secondary schools, NGOs, local organizations, Local administration, and School parent associations.

#### ***Level of Application of the GP***

The Good Practice can be transferred at a local level.

#### ***Preconditions that may ensure a successful transfer***

- i. Established partnership with local schools
- ii. Core staff who can develop a relationship to the parents
- iii. Funding for human resources
- iv. Suitable rooms with computers at the schools

#### ***Possible barriers that may occur during the transfer***

- i. Participation of the migrant mothers
- ii. Lack of computers in the schools

***Possible solutions in order to overcome the abovementioned barriers***

- i. Source funding at the beginning to purchase equipment
- ii. Working together with cultural mediators.

**France*****Usefulness of the GP in France***

The reports from French educational centres, for example the Association Home and Abroad Women in Marseille highlight that migrant mothers, especially newcomers to a community, do not participate in school activities and have difficulties to help their children with their homework. So, there are already a few associations in which integrated women help the newly arrived ones. However, creating a strategy that promotes the generation of links between migrant mothers and schools could be a tool for integration, which could benefit the children of these women as well, and improve their performance at school.

Migrant women and refugees usually have low digital skills and a low level of linguistic and cultural integration.

Providing a training course for these women to learn to how to use computers would help them better understand what their children do in schools, but also learn the language of the region and also help their children with their homework.

***Aspects of the GP that can be transferred***

All elements of the project can be transferred.

***Stakeholders that will permit the replication of the GP***

The Ministry of National Education.

***Stakeholders that will be responsible for the replication of the GP***

Local schools, local parent associations linked to the schools, migrant associations, city councils.

***Level of Application of the GP***

The project would work at a local level.

***Preconditions that may ensure a successful transfer***

- i. Cooperation with local schools.
- ii. Cooperation with local institutions and local parent associations would also be important.

***Possible barriers that may occur during the transfer***

The most difficult part is to enrol the schools into it, since they mostly have informatics/computer's rooms. If the schools are involved, then the migrant women are in best position to participate, even if they're Muslim. So their cooperation is fundamental. The cooperation with the local institutions as with local associations of parents.

The language barrier could be a problem as well, so NGOs could be useful, for example migrant associations could be involved in order to fix the language barrier issue

***Possible solutions in order to overcome the abovementioned barriers***

- i. Ensure the collaboration of the educational system itself, and of the school in particular.
- ii. Hiring a translator could be useful as well, or including migrant NGOs as a full part of this process, due to their language skills.

## **Portugal**

***Usefulness of the GP in Portugal***

Almost 50% of the migrants living in Portugal are in Lisbon. There are some city areas with a very high percentage (over 50%) of migrant students and all the teachers and school reports explain that the migrant mothers, especially the newcomers, do not participate in school activities, have difficulties to help their children with homework and are not integrated in the national educational system.

The majority of migrant mothers work outside the home, except for the Muslim women, who live predominantly in Mouraria, where Renovar a Mouraria works. But, due to language difficulties, cultural differences and the economic situation, sometimes digital illiteracy is high.

***Aspects of the GP that can be transferred***

All the activities can be transferred to Lisbon

***Stakeholders that will permit the replication of the GP***

Three different possibilities:

- Public School Board, which has autonomy to implement these kinds of activities;
- The Municipality, which is responsible for the administration of the public elementary schools in the cities;
- Local Administration, which is responsible for overseeing afterschool activities held on school premises, with certified staff.

***Stakeholders that will be responsible for the replication of the GP***



NGOs, local organizations, other private associations from civil society, schools, local administration.

### ***Level of Application of the GP***

Local – neighbourhood or parishes, Regional – City – Lisbon

### ***Preconditions that may ensure a successful transfer***

- i. Established official partnership with a school
- ii. Recognition by teachers of the added value of the project
- iii. Existence of NGOs or other organizations with links to migrant communities and links to the local school as well (long term relationships and work close to school);
- iv. Available space with computers at the school;
- v. Existence of mothers with time available (housewives, unemployed);
- vi. Funding for human resources required.

### ***Possible barriers that may occur during the transfer***

- i. High degree of bureaucracy necessary to hold activities with members of the public in school buildings.
- ii. Plus, sometimes teachers appreciate the value of the intervention, but the school Board, do not and the project may not be approved;
- iii. Conflict with Portuguese parents. Some may raise problems about other parents (adults) being in the school during school hours. The majority of schools in Lisbon have migrant students but they do not make up the largest group of students. In Mouraria around 30% of students are migrant.
- iv. The school schedule and academic programme is very intense. Students do not have much spare time to participate in extracurricular activities;
- v. Lack of computers in the school;  
Getting the migrant mothers:
  - Muslim mothers, who are available because they don't work or work in the family business, might not attend because of cultural issues
  - The other migrant mothers in Lisbon, mainly work outside the home and have very tight schedules. Sometimes this is exactly one of the reasons why there is a lack of follow-up on their kids

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Previous work with the school, even with more simple activities, will allow organisations to get to know the teachers, the board and to engage with all the school community, even with parents. This will help build a relationship of trust and overcome some bureaucracy;
- ii. Previous work with the municipality, which would easily identify the positive points of the intervention, once the Municipality of Lisbon has created and is implementing, along with all the migrant organizations, a Municipal Plan for Migrant Integration. The municipality has responsibility for running the elementary schools, and can intervene in the implementation of programmes with these characteristics at this level;

- iii. Previous work in partnership with the local authority. This will make it easier to access, once it is closer to civil society organizations, so as to implement the programme after school for family support, as a plan B;
- iv. Find a private sponsor to offer computers to the school. It would mean that the required number of computers would be acquired and would be a strong argument to convince the school board to accept the project.

## Italy

### ***Usefulness of the GP in Italy***

In the last few years the presence of migrant students (especially in primary schools) has significantly increased. Students that are born outside of Italy and come from migrant families are more at risk of leaving school early. Furthermore, the involvement of their families constitutes a challenge due to:

- Language barriers
- The educational level of the parents
- Knowledge of the Italian school systems

For this reason, promoting the participation of the mothers can have a positive impact on:

- Their children's education
- Their knowledge of the school context and of the language of the host country
- Acquisition of basic skills in information technology which is very useful to live, communicate and find work in the host country

### ***Aspects of the GP that can be transferred***

The main objective is to create a strategy to favour the generation of links between migrant mothers and schools, as a tool for integration.

Other objectives are:

- Improve the digital competences of migrant women, in order to strengthen their ability to participate actively and to fight against the digital divide.
- Improve their language skills, in order to be able to communicate and interact with the general society.
- Work on a better mutual understanding of the educational needs of their children, and learn how the local education system works.

The Computing for Families workshop is an introduction to the computer and, at the same time, provides migrant women with a better understanding of what their children do at school.

The language used in the education regional system is Catalan (in our context this has to be Italian), so the use of this language among participants is encouraged during the workshop.

During the implementation of the activities, we provide a space for women where they can share a learning and playful activity. In addition, we generate a space for the development of an intercultural relationship between mothers who live in the same neighbourhood. By participating together in the same activity, they learn from each other, compare experiences and share problems and solutions to daily problems, etc.

We also provide some basic and practical knowledge about some computer tools.

We promote a better understanding of the social environment by deploying different kinds of technological activities and a better understanding of the activities that are undertaken in schools.

### ***Stakeholders that will permit the replication of the GP***

Ministry of Education and its local/regional offices, Primary schools, Secondary Schools

### ***Stakeholders that will be responsible for the replication of the GP***

Cultural Associations, Parent associations, Primary and Secondary schools, Information Technology Institutes

### ***Level of Application of the GP***

At first at local level.

### ***Preconditions that may ensure a successful transfer***

- i. Funding from the Ministry of Education and Ministry of Social Inclusion
- ii. Capacity of the school to implement computer classes for beginners

### ***Possible barriers that may occur during the transfer***

Participation of the migrant mothers

### ***Possible solutions in order to overcome the abovementioned barriers***

Presence of cultural mediators and peer educators during the training in order to facilitate understanding of the course.

## ***Ireland***

### ***Usefulness of the GP in Ireland***

This has a lot of potential as it is linking in with students at schools and with their parents and benefits both.

### ***Aspects of the GP that can be transferred***

All elements of the project can be transferred.

### ***Stakeholders that will permit the replication of the GP***

This project would need the support of local schools in order to run successfully and particularly the home school liaison staff.

***Stakeholders that will be responsible for the replication of the GP***

A migrant association, an NGO or a local community group could implement the project but collaboration with schools is key.

***Level of Application of the GP***

The project would work with local levels and the catchment area of a primary or secondary school.

***Preconditions that may ensure a successful transfer***

It would be important to have a good working relationship with local schools and to have outreach workers who could develop a relationship with parents. Also staff would have to adhere to child protection policies to work with children.

***Possible barriers that may occur during the transfer***

The project would require an initial investment to purchase computers unless the schools have a computer room that would be available for use during the day.

***Possible solutions in order to overcome the abovementioned barriers***

It would be important to source some funding to purchase equipment.

## **Greece**

***Usefulness of the GP in Greece***

As mentioned above, in Greece migrant and refugee children receive classes similar to children in the national education system in the form of Reception Education Structures for Refugees (DEYP) (art. 38 of the L. 4415/2016, A' 159). So, this GP could be a supplementary one to services already provided to migrant and refugee children. The target group could be extended to include migrant mothers in the educational process.

***Aspects of the GP that can be transferred***

All of the activities described in this GP could be easily transferred in Greece

***Stakeholders that will permit the replication of the GP***

Ministry of Education, Lifelong Learning and Religious Affairs, Ministry of Migration, Ministry of the Interior, International Organization for Migration (IOM Greece), The Ombudsman for Children in Greece, The UN Refugee Agency (UNHR)

***Stakeholders that will be responsible for the replication of the GP***

Directorates of Primary and Secondary Education of the Ministry of Education, NGOs, municipalities, forums for migrants, networks for migrants

### ***Level of Application of the GP***

This GP could be transferred either locally or at national level in areas surrounding refugee camps and hot spots

### ***Preconditions that may ensure a successful transfer***

- i. School rooms/classes equipped with computers and an Internet connection
- ii. Teachers/ trainers may be sourced through the schools or through the network of migrant societies.
- iii. The inclusion of a digital skills programme for MRW and their children in the already established action for the provision of preparatory actions to migrant/ refugee children.

### ***Possible barriers that may occur during the transfer***

- i. Usually these types of actions have a specific budget to cover costs
- ii. Lack of participation of MRW due to numerous reasons (low literacy level, cultural restrictions, reluctance and hesitation to get involved with locals, family obligations etc.
- iii. Resistance of the local community towards immigrants

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. Ensuring funds from European or National projects,
- ii. Raising awareness in the local community about the benefits that cultural exchange and the provision of educational services to immigrants bring to society in general
- iii. Contacting key stakeholders in migrant communities in order to promote the benefits of digital literacy for MRW and their children and how this could prove to be an asset for their smooth integration in the local society.

## **Sweden**

### ***Usefulness of the GP in Sweden***

Migrant children experience more educational disadvantage and lack of educational opportunities than any other group at school.

It is necessary to provide additional support to both children and teachers to ensure their inclusion

### ***Aspects of the GP that can be transferred***

All of this Good Practice could be transferred

### ***Stakeholders that will permit the replication of the GP***

Primary/secondary schools

***Stakeholders that will be responsible for the replication of the GP***

Primary/secondary schools, NGOs, local organizations, School parent associations

***Level of Application of the GP***

The Good Practice can be transferred at a local level

***Preconditions that may ensure a successful transfer***

The same as in Spain; trainers, computers, internet connection

***Possible barriers that may occur during the transfer***

Participation of migrant mothers

***Possible solutions in order to overcome the abovementioned barriers***

Establish a good relationship with schools involved, have teachers to build a relationship of trust with the migrant mothers.

# Aid programme for Yazidi women, Germany

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## *Recommendations for Transfer*

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### **France**

#### ***Usefulness of the GP in France***

Since 2015, France, as with many other EU countries, has seen the arrival of a large number of migrants and refugees from many different cultures. We could adopt this approach for all refugees fleeing from ISIS.

In this sense, having a very structured programme for migrant women and children who have been victims of ISIS could help to empower them and their children.

#### ***Aspects of the GP that can be transferred***

- dealing with psychological and physiological health issues and healing them.
- developing educational and professional opportunities for women and girls who lost the support of their families, helping those in their teens and early 20s to finish school and helping those who are older to develop practical skills so that they can begin to generate an income for themselves.

#### ***Stakeholders that will permit the replication of the GP***

Ministry of Health.

#### ***Stakeholders that will be responsible for the replication of the GP***

Council of cities (for housing), National Agency for Public Health, NGOs and local associations.

#### ***Level of Application of the GP***

The project would work on a regional level.

#### ***Preconditions that may ensure a successful transfer***

Some infrastructure is needed such as shelters, with medical supplies, in order to give medical assistance, but also specialists, like trauma specialists, psychologists and therapists.

***Possible barriers that may occur during the transfer***

It seems to be too difficult to be implemented by NGOs, so this GP is only transferable at a high level. A very big budget is needed: this initiative can only be implemented if funding from the government is obtained.

***Possible solutions in order to overcome the abovementioned barriers***

Due to its size, it can only be financed by public funds.

## **Portugal**

***Usefulness of the GP in Portugal***

The implementation of this type of project always depends on political decisions. Portugal is one of the countries receiving refugees and asylum seekers within the current international refugee crisis, but on a small scale: there are 1700 refugees in Portugal under the EU Relocation Programme and it will receive 1010more, by the end of 2019, under the Relocation Program from the United Nations.

Portugal may not be a country with the financial dimension to promote such a programme.

Anyway, recent data from organizations working with refugee and migrant women have identified several cases of violence at different levels.

***Aspects of the GP that can be transferred***

The project only can be transferred with the existence of a high level policy making structure. Some methodologies, used in the second phase of the project, when the women are in the host country, may be used with groups of migrant woman victims of violence.

***Stakeholders that will permit the replication of the GP***

The government.

***Stakeholders that will be responsible for the replication of the GP***

For the project as a whole, a high level policy making structure; for the transfer of some methodologies, an NGO or other legal kind of private association from civil society, with experience working with women, victims of violence and gender equality. Those are very sensitive situations that require specialized knowledge and experience.

***Level of Application of the GP***

Regional – city – Lisbon

***Preconditions that may ensure a successful transfer***



- i. Large public/ government budget
- ii. Creation of new shelters
- iii.

***Possible barriers that may occur during the transfer***

- i. Lack of experience of the staff (trauma specialists, psychologists, therapist, etc.) dealing with the target group;
- ii. Lack of knowledge and previous experience in refugees camp contexts;
- iii. Negative impact on public opinion: “The government is investing in foreign women, when we have so many women victims of domestic violence with no support in Portugal”

***Possible solutions in order to overcome the abovementioned barriers***

- i. Establish partnerships with international NGOs with more experience > knowledge transfer;
- ii. Accurate public information on the programme
- iii. Common areas with their children

## Italy

***Usefulness of the GP in Italy***

In Italy there are few women survivors of ISIS violence belonging to the Yazidi community, since - according to European agreements and the Dublin convention – the majority of the Iraqis that arrived in Italy and Greece were relocated to Germany or other European Countries that adhered to the Convention.

In Italy, for the most part refugee women come from:

Nigeria and other Sub-Saharan countries (Somalis, Eritrea, Ivory Coast etc.).

According to IOM reports, 80% of the women coming from Nigeria are victims of human trafficking and are involved in sexual enslavement by international crime organizations. Furthermore, the vast majority of women passing through Libya on their way to Europe (in particular the Italian coast) have experienced:

- Gender based violence
- Torture
- Kidnapping

This data was collected by the humanitarian organizations working in Sicily at the point of first arrival (Oxfam is one of those collecting this evidence).

***Aspects of the GP that can be transferred***

The aid programme that could be transferred in the Italian context would target a different group of asylum seekers / refugee women. Considering gender-based violence is a common

issue for many women arriving to Europe (escaping from war, famine and other forms of violence), some activities can be replicated for their support such as:

- Helping female survivors of rape, enslavement, and gender-based violence to recover by developing a holistic psycho-social support and therapy programme staffed by trauma specialists and therapists;
- Providing for the medical needs of female survivors and the displaced migrant/refugee women population
- Developing educational and professional opportunities for women and girls who lost the support of their families, helping those in their teens and early 20s to finish school and helping those who are older to develop practical skills so that they can begin to generate an income for themselves.

***Stakeholders that will permit the replication of the GP***

Ministry of Health, Ministry of Interior, Ministry of Justice, Regional Institutions (social services/welfare, immigration and asylum departments)

***Stakeholders that will be responsible for the replication of the GP***

NGOs, Mental Health Institutes, Anthropology and Psychology Universities Department, Hospitals and health clinics, Job service Offices, Vocational Training Institutes

***Level of Application of the GP***

At regional level in urban areas where courses can be organized and can reach MRW hosted in refugee centres

***Preconditions that may ensure a successful transfer***

- i. Collaboration of the institutions
- ii. Political will to target MRW victims of gender based violence.

***Possible barriers that may occur during the transfer***

Difficulty to give the opportunity to MRW to access specific services and support in a sensitive, effective and prepared manner (since the traumas they suffered are different from the ones experienced in the host community and there are few experts able to give support at National level)

***Possible solutions in order to overcome the abovementioned barriers***

Create a network between the different stakeholders dealing with MRW victims of gender-based violence and create a network of experts (health services, university departments,

police department for asylum and immigration, associations managing refugee centres for women that have many years work experience).

## **Ireland**

**Given the type of Good Practice this is it is very unlikely to see this replicated in Ireland.**

## **Greece**

### ***Usefulness of the GP in Greece***

The immigrant flows in Greece have increased dramatically within the past 4 years. In this sense the initiative for developing an action only for a specific group of people would be impossible for Greece. Although there is a camp in Greece that hosts Yazidis – there are an estimated 3,500 Yazidi dispersed in different hot spots and shelters, only 800 of them are staying in this camp. The reality shows that it is not manageable in Greece to have specific camps for specific groups of migrants due to the fact that the need for covering the essential human needs (food, shelter, health) is, justifiably predominant.

### ***Aspects of the GP that can be transferred***

The best idea would be to adopt specific parts of this GP in order to implement with other target groups. For example, a lot of migrant women have suffered violence before they arrive to the EU. So, the methods that could be adopted under specific circumstances are:

- Helping female survivors of rape, enslavement, and gender-based violence to recover;
- Providing for the medical needs of female migrants/refugees
- Developing educational and professional opportunities for women and girls who lost the support of their families

### ***Stakeholders that will permit the replication of the GP***

Ministry of Health, Ministry of Education, Lifelong Learning and Religious Affairs, Ministry of Migration, Ministry of the Interior, International Organization for Migration (IOM Greece)

### ***Stakeholders that will be responsible for the replication of the GP***

For recovering from violence and covering medical needs:

Ministry of Health and Public Hospitals, Public Psychological Centres, and Centres for Mental Health

For acquiring knowledge and skills:

NGOs, Vocational Training Centres, Networks for Migrants, Centres for immigrants' integration, Directorates of Primary and Secondary Education of the Ministry of Education NGOs,

***Level of Application of the GP***

This GP could only be implemented at regional level and/or national level where shelters and refugee camps exist.

***Preconditions that may ensure a successful transfer***

- i. Specialized staff (psychologists for trauma recovery)
- ii. Funding from the national Government and involvement of public organizations (hospitals, medical centres etc.)
- iii. Access to classrooms / spaces for training sessions
- iv. Trainers with specialized education on how to approach and teach victims that have suffered violence

***Possible barriers that may occur during the transfer***

- i. Restricted number of specialized staff available
- ii. The high demand on resources and funding
- iii. Lack of training of staff on how to deal with victims that have suffered violence

***Possible solutions in order to overcome the abovementioned barriers***

There has to be a political initiative in order to develop structures that will provide specialized services to people with this kind of background. In this case, funds from the European Commission could solve a part of the problem, establishing, at the same time, the institutions to overcome this problem in long term.

## ***Spain***

***Usefulness of the GP in Spain***

The programme could be implemented in Spain with women of the same profile, which reduces the number of people in the target group. However, taking into account that in our country there is a significant number of migrated women who are coerced by mafias to perform sexual acts, one might think of adapting the initial idea.

### ***Aspects of the GP that can be transferred***

The activities are the most important thing to take into consideration: providing for medical needs and developing educational and professional opportunities for women and girls who lost the support of their families.

### ***Stakeholders that will permit the replication of the GP***

The project clearly is transferable if the regional or State Government is the main actor implementing the activity or if the main target is women who are already living in Spain (sexual workers that have been coerced) and the state government accepts responsibility to work with them and allows them to stay in the country.

### ***Stakeholders that will be responsible for the replication of the GP***

Public bodies or NGOs and associations.

### ***Level of Application of the GP***

This project, as it is, is only transferable with the existence of high level policy making structure.

### ***Preconditions that may ensure a successful transfer***

- i. Funding is really important, so this can't be a "volunteer based" activity. Some professionals have to be involved, because the target group needs professional care and some stability during the process.
- ii. The intervention of public bodies is also important, because of the target group (visa, entrance into the the country or permission to stay into the country)

### ***Possible barriers that may occur during the transfer***

- i. Dealing with trauma is extremely difficult and expensive.
- ii. Public opinion can have a negative impact on the proper development of the process.

### ***Possible solutions in order to overcome the abovementioned barriers***

- i. A team of professionals is needed and a large budget is also important.
- ii. Protecting participant's personal data is a must.
- iii. Managing public opinion is important so one strategy is to prevent the dissemination of the programme or controlling the message that comes outside (avoiding victimizing the victims a second time)

## **Sweden**

### ***Usefulness of the GP in Sweden***

Sweden has about 6,000 Yazidi living in different places all around the country.

This project can only be transferred at a very high level – so under these circumstances, it is unlikely to be used in Sweden.

# Migrant Women Health Promotion - Italy

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## *Recommendations for Transfer*

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### **Germany**

#### ***Usefulness of the GP in Germany***

This Good Practice aims to enhance access to health care for migrants and refugees, with a particular focus on women.

A study released by Berlin's Charité hospital (2017) found that migrant and refugee women were not being adequately provided for, especially when it came to trauma therapy. Often such therapies are doomed to failure due to a lack of language skills. Besides that, migrant and refugee women also experience unique cultural as well as socioeconomic barriers to equitable access to health care services.

This project can help migrant and refugee women to be aware of their rights and health status in order to seek appropriate health services.

#### ***Aspects of the GP that can be transferred***

All aspects of this Good Practice can be taken for transfer.

#### ***Stakeholders that will permit the replication of the GP***

This Good Practice doesn't require any specific permission in Germany. However, it would be of help to establish a collaboration with the health system.

#### ***Stakeholders that will be responsible for the replication of the GP***

Local Municipality, local hospitals, local and regional health systems, medical staff.

#### ***Level of Application of the GP***

This Good Practice can be transferred at all levels.

#### ***Preconditions that may ensure a successful transfer***

- i. Collaboration between the institutions involved has to be established before the beginning of the project
- ii. Funding needed for human resources: the medical staff, peer educators, cultural mediators and material for training and events
- iii. Availability and collaboration of the local hospitals, local institutions
- iv. Collaboration of the migrant organizations
- v. Capacity of the medical staff
- vi. Selection of trained cultural mediators, translators
- vii. Suitable rooms, private and secure

***Possible barriers that may occur during the transfer***

- i. Participation of migrant women can be difficult due to linguistic barriers or even religious issues
- ii. Availability of all the staff required

***Possible solutions in order to overcome the abovementioned barriers***

*Working together with cultural mediators and translators*

## **France**

***Usefulness of the GP in France***

The living conditions of migrant women in France are often characterized by restricted access to sexual and reproductive health services. This is related to the migratory process: economic difficulties (employment, housing, etc.), paperwork issues (regularization, residence permits) and social issues (language, relationships). These situations often accentuate the problem of unwanted pregnancies and the subsequent recourse to abortion.

This GP could also enhance the cultural sensitivity and competences of the French health and social service providers to develop health literacy skills and deliver a more effective service to immigrant users. The French Court of Audit, in his report, already pointed out that a deficit in this area could be avoided if the cooperation between the different Ministries (Ministry of Foreign Affairs, Ministry of the Interior and the Ministry of Health for example) would be implemented. This GP could increase self-awareness on domestic violence, men-women relationships and women's rights in France as well.

***Aspects of the GP that can be transferred***

All of the project could be transferred.

***Stakeholders that will permit the replication of the GP***

This type of project does not need any permission for replication.

***Stakeholders that will be responsible for the replication of the GP***

City medical Centres as well as hospitals. But cooperation with local NGOs could be useful, since they know this « population » and could help to mediate between migrant women and the medical staff.

### ***Level of Application of the GP***

The project could work at a local level, but could be replicated at a regional or even national level.

### ***Preconditions that may ensure a successful transfer***

The collaboration of the local hospitals and with migrant associations has to be established before the beginning of the project, involving them in the preliminary planning (especially gynaecologists and obstetricians). Collaboration of the local Institutions (municipality, national and regional health systems and cultural institutions) are of course very important as well.

It is important that the leading organization has the capacity to attract funds and to establish further collaboration at local and regional level, to ensure the sustainability of the project.

### ***Possible barriers that may occur during the transfer***

Barriers for the participants include communication problems, discrimination, cultural differences and the fact that some women might not have the freedom to access these services autonomously.

### ***Possible solutions in order to overcome the abovementioned barriers***

It is important that interpreters are available in order to translate, but also the CMs are important as well, since they play a key role in relations between migrant women and medical staff. They should “prepare” the women before medical specialists start to mention sexual behaviour and health issues.

## **Portugal**

### ***Usefulness of the GP in Portugal***

In Portugal, access to health care services for migrants, in general, is discriminatory. Although the Constitution of the Republic guarantees the right to access public National health services (NHS) to everyone, even irregular immigrants, it is not always the case.

According to a study conducted by the ERS (Health Regulator) in 2015, the information collected from Health Centres and Regional Administrations, identifies the existence of several barriers to the access of health services by migrants. These are related to linguistic difficulties, cultural differences, socioeconomic problems and difficulties, but also to barriers



based on computer constraints and procedures installed for the referral of these users and in the prescription of medicines by the NHS.

The same applies to women and health questions related to the sexual and reproductive health of women.

### ***Aspects of the GP that can be transferred***

All of the activities can be transferred

### ***Stakeholders that will permit the replication of the GP***

National Health Services in general, the regional (regional administrative unit) and local units (health centre or hospital), in particular. It is possible to have a specific programme for a specific region (Lisbon) or city area (historic centre, for instance).

### ***Stakeholders that will be responsible for the replication of the GP***

NGOs, migrant organizations, other private associations from civil society, or the local health centre in partnership with one of the institutions mentioned above.

### ***Level of Application of the GP***

- Local - neighbourhood or parishes (partnership with a hospital or health centre;
- Regional – city - Lisbon (administrative partnership with the Regional Board of the National Health Service which can allow for replication in more than one hospital or health centre)

### ***Preconditions that may ensure a successful transfer***

- i. Funding to pay the peer educators, cultural mediators and the healthcare professionals;
- ii. Available time for technical teams from hospitals or health centres to join the programme;
- iii. Previous work in partnership with local hospitals or health centres;
- iv. An organisation to promote the project with a solid structure to be responsible for overseeing the partnership with other entities and for the administrative management of the project and with links with migrant communities;
- v. Established links and long-term relationship between the organisation that will promote the project and other migrant organizations.

### ***Possible barriers that may occur during the transfer***

The National Health Service is a very bureaucratic public institution and it may be difficult to establish a partnership with it. Even for partnerships at local level, with the local or regional unit of health, authorization at a higher level may be required;

All healthcare professionals, In Portugal, are overworked and have too many users which leaves them with very little time available for tasks outside the care of the patients themselves.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Start with a pilot experience at local level with a health centre, even with an informal partnership to achieve some results to support the proposal of a more formal institutional partnership with the National Health Service;
- ii. Have funds to pay the gynaecologists and obstetricians engaged in the project because the doctors working in the National Health System are overloaded and the majority of the local units don't have gynaecologists or obstetricians;
- iii. Partnership with a private clinic or hospital with a policy for social responsibility;
- iv. Partnership with the High Commission for Migration (ACM), which is a public institution and can help with the partnership with the National Health Service

***Ireland******Usefulness of the GP in Ireland***

There is limited access to sexual and reproductive health services for migrant women in Ireland. Some projects have been delivered in this area but it would be important to implement other programmes.

***Aspects of the GP that can be transferred***

All of the Good Practice could be implemented but it would be important to show a good degree of cultural sensitivity in relation to this specific subject.

***Stakeholders that will permit the replication of the GP***

The Health Service Executive in Ireland.

***Stakeholders that will be responsible for the replication of the GP***

This could be run by any NGO but it would be better if it could be developed in conjunction with an organization that specializes in sexual and reproductive health.

***Level of Application of the GP***

As the migrant population in Ireland is concentrated in certain parts of the country it would be better to offer this service at regional level possibly in some of the bigger cities or towns.

***Preconditions that may ensure a successful transfer***

It would be important to work closely with migrant associations, have cultural mediators on board and work with health services that are culturally sensitive and aware of the specific needs of migrant women.

***Possible barriers that may occur during the transfer***

Barriers for the participants include communication problems, discrimination, cultural differences and the fact that some women might not have the freedom to access these services autonomously.

***Possible solutions in order to overcome the abovementioned barriers***

Information could be translated and interpreters available. It would be important to build up relationships of trust with women before broaching the subject of sexual and reproductive health. In this sense cultural mediators play a key role.

## **Greece**

***Usefulness of the GP in Greece***

In Greece, everyone has access to the health system no matter what their status is or their country of origin. Even people without insurance have the opportunity to have basic treatment and without paying anything. With regard to this specific GP, there are institutions and organizations in Greece that provide medical care specifically for migrants and refugees. However, the treatment is more in relation to general health and is not focused specifically on the sexual and reproductive health for MRW.

***Aspects of the GP that can be transferred***

All of the activities described within this GP can be transferred to the Greek reality.

***Stakeholders that will permit the replication of the GP***

Ministry of Health, Ministry of Migration, WHO, Hellenic Centre for Disease Control and Prevention (CDCP), Ministry of Education, Lifelong Learning and Religious Affairs, Ministry of Interior

***Stakeholders that will be responsible for the replication of the GP***

NGOs, municipalities, migrant forums, migrant networks, hospitals, medical health centres, migrant associations

***Level of Application of the GP***

This GP can be applied at all levels (local, regional and national)

***Preconditions that may ensure a successful transfer***

Collaboration with public hospitals and medical centres should be ensured. Specialized staff in matters of sexual health is needed.

***Possible barriers that may occur during the transfer***

- i. First of all there is the linguistic barrier
- ii. Cultural ethics that prevent MRW accessing medical services and treatment
- iii. The fact that most MRW are not aware of their rights

***Possible solutions in order to overcome the abovementioned barriers***

Cultural mediators should be employed in all medical centres in order to facilitate communication among the medical staff and the MRW. Furthermore, a campaign for raising awareness of the rights of MRW could contribute significantly in changing attitudes towards these issues.

## **Spain**

***Usefulness of the GP in Spain***

This is a GP that promotes health care and advice services in relation to sexual health for migrant women. The Spanish health system offers these services free of charge to national women and migrant women with documentation; however, migrant women do not usually access these services.

Offering this type of services from other types of organisations is a great opportunity.

***Aspects of the GP that can be transferred***

The set of activities and methodologies can be implemented in their entirety. It would be to explore the possibility of adapting the GP for women of Islamic culture, who much more reluctant to address these issues publicly.

The idea of offering this type of activity to sexual workers is also very interesting.

***Stakeholders that will permit the replication of the GP***

There is no regulation that requires a special permit to implement this good practice, however the possibility of establishing a link with the health system is very interesting.

***Stakeholders that will be responsible for the replication of the GP***

Any social entity linked to migrant women or engaged in activities related to the prevention of health problems, may be very interested.

***Level of Application of the GP***

This activity can be developed at all levels, local, regional and national. Offering it from a alternative organisation to the health service would undoubtedly be very interesting.

***Preconditions that may ensure a successful transfer***

The good practice needs to be led by specialists in reproductive health.

***Possible barriers that may occur during the transfer***

The participation of women from certain cultural areas can be difficult due to cultural barriers, to the perception of the reproductive role of women, or even because of religious issues.

***Possible solutions in order to overcome the abovementioned barriers***

- i. Incorporating the figure of cultural mediators into the project may be key in this GP.
- ii. Addressing community leaders for good dissemination can also be key.

## **Sweden**

***Usefulness of the GP in Sweden***

The Swedish health system offers these services free of charge to Swedish and migrant women. But the migrant women do not take avail of the services in the same way. It is natural for Swedish women/girls to use the service and for their mothers, sisters and friends to take part.

This project can be an opportunity to change this

***Aspects of the GP that can be transferred***

All of the project can be transferred.

***Stakeholders that will permit the replication of the GP***

No permission is needed in Sweden.

***Stakeholders that will be responsible for the replication of the GP***

NGOs, migrants' organizations, health centres/hospitals, medical staff

***Level of Application of the GP***

All levels

***Preconditions that may ensure a successful transfer***

- i. Use translators and cultural mediators.
- ii. You need to gain the trust of the participants.
- iii. Use medical staff from a migrant background.

***Possible barriers that may occur during the transfer***

- i. Lack of language skills.

- ii. Lack of time for medical staff

***Possible solutions in order to overcome the abovementioned barriers***

- i. Working together with translators and cultural mediators. Produce flyers/booklets in different languages.
- ii. Use students as "trainers" nurses/doctors