

WAY: METHODOLOGICAL GUIDELINES

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FIRST PART



THE WHOLE-SCHOOL APPROACH

The Whole-School Approach is based upon the recognition that all aspects of the school community may impact upon students' health and wellbeing. It acknowledges that learning and health are strictly linked: students with good school careers have higher levels of health, and people with higher levels of well-being and healthy behaviors learn better.

The approach aims at individual and organizational changes in the school setting through the offer of health education and health promotion programs and services. Since people learn from formal and informal experiences, through this approach, continuous experiences, normative behaviors, beliefs and habits can be offered.

To change people's habits, it is necessary to integrate action to enhance individual awareness and intentions and change the context.





HEALTH-PROMOTING SCHOOL (HPS)

The Health-promoting school (HPS) model, promoted by WHO, UNESCO and the EU, adopts a Whole-School Approach to health promotion. It focuses on achieving both health and educational outcomes through a systematic, participatory and action-oriented approach. It is grounded in the evidence of what has been shown to work in school health promotion research and practice. Due to its characteristics, the Whole-School Approach is extremely useful to provide a vision to guide educational systems.

Furthermore, it has a high potential to address new and emerging issues thanks to its flexibility and adaptability to different contexts.

In light of the above, the Whole-School Approach represents a beneficial approach to address migrant children and meets adolescents' needs and challenges, and it can be strategic to facilitate youths with migrant background and inclusion in the school-context of the host country.

In 2021 HBSC (Health Behaviour In School-Aged Children) presented the last data of a cross-national study that it has been carried out since 1982 in collaboration with WHO Regional Office for Europe.

This study, conducted every four years in 50 countries and regions across Europe and North America, aims to gain and understand the young people's well-being, health behaviors and their social contexts.

Considering that children and young people are 42% of our world's population, HSBC uses this data to inform policy and practice to improve the lives of millions of young people. In the survey a double distinction was made: among male and female and among youth with a family with a low and high incomes.

Assuming that the youth with a migrant background mainly belong to families with a low income, they live high levels of inequalities, compared to youth of families with high incomes, in the following fields: health, life satisfaction, social wellbeing, medical attended injury.

WAY implementation demonstrates that the Whole School Approach to health and migrant inclusion are closely linked.



The health of pupils and the sustainable environments in which they live, are considered both fundamental to their learning outcomes. A health-promoting school is a school that continuously strengthens its capacity as a healthy setting for living, learning and working. It implements a structured and systematic plan to promote the well-being of students, teachers and non-teaching staff.

THE HPS RECOMMENDS FOCUS ON SIX COMPONENTS IN ORDER TO SEEK TO ACHIEVE A COMPREHENSIVE WHOLE-SCHOOL APPROACH:

1. School physical environment

School physical environment includes buildings, grounds and school surroundings. For example, creating a healthy physical environment may include making the school grounds more appealing for recreation and physical activity.

2. School social environment

School social environment relates to the quality of the relationships among and between school community members, e.g., between pupils themselves and pupils and school staff. The social environment is influenced by the social competencies of the school's community member, and also relationships with the broader community.

3. Community links

Community links are links between the school and the pupils' families and the school and key groups/ individuals in the surrounding community. Consulting and collaborating with community stakeholders will support health promoting school efforts and support the school community in their health promoting actions.

4. Healthy School policies

Healthy school policies are clearly defined documents or accepted practices that are designed to promote health and well-being. These policies may regulate which foods can be served at the school or describe how to prevent or address school bullying. The policies are part of the school plan.

THE HPS RECOMMENDS FOCUS ON SIX COMPONENTS IN ORDER TO SEEK TO ACHIEVE A COMPREHENSIVE WHOLE-SCHOOL APPROACH:

5. Individual health skills and action competencies

Individual health skills and action competencies can be promoted through the curriculum and through activities that develop knowledge and skills which enables pupils to build competencies and take actions related to health, well-being and educational attainment. Actions should be included in the school's everyday life. They should aim at, for example, healthy eating, daily physical activity, developing social skills and health literacy

6. Health services collaborations

Health services are the local and regional school-based or school-linked services that are responsible for the pupils' health care and health promotion by providing direct pupil services. This includes pupils with special needs. Health service workers can work with teachers on specific issues, e.g., hygiene and sexual education.



BY ADDRESSING HEALTH AND WELL-BEING SIMULTANEOUSLY THROUGH THE SIX COMPONENTS, THEY REINFORCE EACH OTHER AND MAKE EFFORTS TO PROMOTE HEALTH MORE EFFECTIVELY.

The HPS model is based on the following core values:

I.

EQUITY

Equal access for all to education and health

II.

SUSTAINABILITY

Health, education and development are linked. Activities and programmes are implemented in a systematic way over a prolonged period;

III.

INCLUSION

Diversity is celebrated. Schools are communities of learning, where all feel trusted and respected;

IV.

EMPOWERMENT

All members of the school community are actively involved

V.

DEMOCRACY

Health promoting schools are based on democratic values

Among these, equity and inclusion are especially important with respect to the integration of students with migrant backgrounds, also taking into account that education is one of the main factors that can influence inequalities and the outcomes of HBSC survey shown above. This reaffirms the idea that the HPS model is particularly relevant in order to enhance school integration of such populations of children and adolescents.

Scholars need to further explore this topic, but some central themes to plan school-based interventions that support the mental health and psychosocial wellbeing of migrant pupils are already clear. For example, cultivating trusting partnership with the surrounding community is a key factor, as it encourages participation and makes activities "with" migrant groups instead of "in" them. It is also important to reach students and their families in a manner that coheres with their beliefs, practices, identities, and idioms. Moreover, it is necessary to adopt socio-ecological and multi-layered interventions, to adequately attend to the interplay of individual and structural factors influencing immigrant students' experiences, traumas and educational outcomes.



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The WAY project

In the last years we have been observing an increase in inequalities and a crisis of inclusion. With the Covid-19 pandemic and the consequent use of remote lessons, youth with a migrant background have had most difficulties because of their problems to connect on the Internet and because of the lack of electronic devices at home. Moreover, these youth are often trapped between school dropouts and menial jobs and they "are less likely to enroll in early childhood education programs, tend to have more restricted access to quality education, leave school earlier, and have lower academic achievements than their native peers".



The school-environment plays a key role in shaping educational expectations. According to "Schools for Health in Europe Network Foundation" (SHE) the quality of the relationships within the school community, e.g., between students and students and school staff are very important. The social environment is influenced by the relationships with parents and the broader community. Educators, youth workers and, especially, school teachers, often complain about training and tools lackness and how often, when it comes to students with a migrant background, the emphasis is placed on teachers' skills mainly on intercultural competence, which is important but not enough.

Due to this reason, the aims of "Whole school Approach" for Youth with a migrant background (WAY) project were:



To have produced a very first research paper on the whole-school approach adapted to education to students with a migrant background that has been published in a scientific review



To have developed the methodological guidelines for the training of teachers, educators, youth workers with regard to whole-school approach to education for students with migrant background



To have supported 60 teachers, educators, youth workers in developing the whole-school approach to education for students with migrant backgrounds

While in the long term WAY project is aiming at:



Promoting the social inclusion of people coming with a migrant and low socio-economic background



Reduce the early school leaving for students of migrant origin

The WAY project's strategic importance lies in the potential of the whole-school approach aimed at reducing the school dropout of children of migrant origin

PARTICIPATING ORGANIZATIONS



The European Centre for Economic and Policy Analysis and Affairs (ECEPAA),
a Belgian nonprofit organization



Fundación Red Incola,
a Spanish non-profit organisation



Università Degli Studi Di Milano-Bicocca,
Italian university of Milan



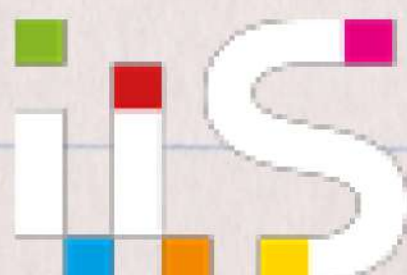
The 2nd Vocational High School of Katerini,
a Greek school



Agrupamento de Escolas de Silves,
a Portuguese school



The Autokreacja Foundation,
a Poland NGO



I.I.S. Laeng Meucci,
an Italian school of Osimo (Marche)

AIM OF THE METHODOLOGICAL GUIDELINES

The aim of these guidelines is to provide suggestions and specific ways of intervention to stimulate school staff, educators and youth workers to understand the importance of the Whole-School approach for all students and in particular for the students with a migrant background. These students often live higher rates of economic inequalities than their native peers, with the consequent complexities to access to the health system, sport activities and to know and follow healthy food habits.

These methodological guidelines, together with the paper developed by the Bicocca university in Milan, are the main outcome of the WAY project. This methodological guidelines document springs from the outcomes of the research carried out in the different participating countries. Besides, the methodological guidelines were tested during the Silves training, which allowed us to adapt and further improve them.

SECOND PART



The needs analysis

In order to develop the methodological guidelines for the training of teachers, educators and youth workers a research has been carried out, the main results of which have been used to build the topics of this document, that will be shown in the strategy of intervention's section.

The research has been carried out between the first and the second transnational meeting held in Spain and Poland. During the second one, the consortium under the supervision of Bicocca University debated and provided inputs around the potential topics. At the end, 4 main topics have been identified. The methodology used during the survey was a focus group.

In each country partner, in fact, a focus group has been carried out to understand the need and the state-of-art of the health promotion activities implemented and achieved by the partners. The participants of the focus groups were teachers, educators and youth workers. The results of what emerged from these focus groups have been then elaborated in a report which form the base for these guidelines. So these results emerged in the research (focus groups) were considered needs that will be listed in the presentation of the research.





As said, the aim of the report was to create a basis for building the methodological guidelines to train health, social, and educational professionals about the whole-school approach with students with a migrant background.

The main topics and the questions discussed in the focus groups were:

I.

**HEALTH
POLICIES
PRIORITIES**

II.

SCHOOL POLICY

III.

**EXTERNAL
ACTORS**

I.

HEALTH POLICIES PRIORITIES

1.1 How and why the ethnic, religious or socioeconomic differences in health behaviors are important in the schools

In all the schools and organizations of the partnership the staff are very careful to pursue an education policy aimed at inclusion in which the youth with a migrant background and their families are treated as natives.



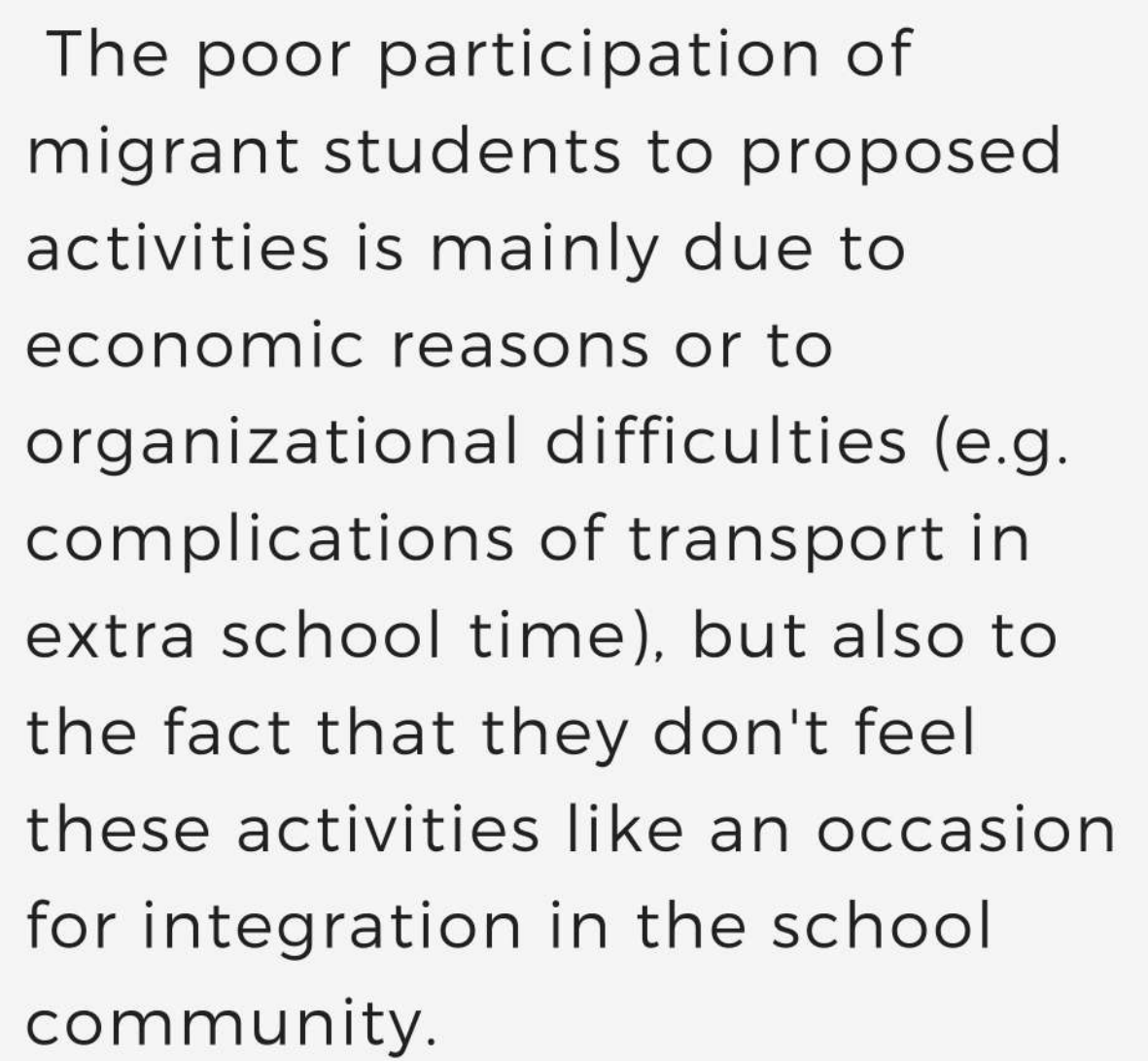
However, each partner has various problems on the basis of the characteristics of the migrant dynamics and of the social/migration/educational policy priorities, so the following main problems are rather common:

1. **The language obstacles** - linguistic disadvantages often prevent parents from understanding and communicating with the teachers/staff;

2. **Different socio-economic, ethnic and cultural origins** - the differences are more marked by socio-economic conditions, which pervade many other areas. In these cases, their children have a limited access to proper health care along with not knowing how the health system works and they face large inequalities in access to preventive care. One of the main consequences of this problem is that they may be more vulnerable to disease;

3. in the field of the **education system**, the main problems are the decrease of funding allocated to this policy area and the lack of coordination between local and national levels;

4. the big effort and the difficulties to **involve in the school community the students with a migrant background and their families** in the activities promoted to overcome complications and differences due to social or economic reasons. The main reason for this trouble is the fact that families and students with a migrant background rarely take part in extra school activities such as events or meetings/courses organized by the school staff in order to ensure economic inclusion.



Relationships with migrant families can be really tricky due to linguistic misunderstandings and especially different priorities in needs. These families struggle to support their sons in their social or school problems, also because they often do not take into account the possibilities and services provided by the system to help them and therefore they are unable to find proper solutions.

Moreover, the focus is not on school, because the priority has to be given to other areas in order to survive.

1.2 The health promotion priorities in the schools

The main priority is the psychological dimension declined in various aspects, but the common features are:

1. **The school environment (natural and social)**

The natural environment of the school. Creating a healthy natural environment to become more attractive for entertainment and physical exercise, with properly designed spaces (indoor and outdoor) for students' sports activities, individually and in groups.

2. **Healthy eating**

Nutrition plays an important role for students' health. Providing healthy food in the canteen (where there's one), dietary options rich in vitamins and essential nutrients provide students with the energy they need to cope with the educational or non-educational processes required to them. Some projects are dedicated to good food habits, to take care of the environment and sustainability to develop good health practices.

3. **Development of healthy interpersonal relationships between students, students and teachers, parents and school staff, enhancing the smooth social and professional integration of students, and reducing the occurrence of mental and physical disorders**

The social skills of the members of the school community as well as the relationships with the parents and the wider community can contribute to creating a healthy social environment. In some cases, meetings have been arranged with some experts to talk about: addictions (drugs, gambling or the Internet, alcohol), as well as against cyberbullying and they give to students some clear rules to promote healthy behaviors against smoking or bullying. Moreover, some schools can use a psychologist.

1.3 The organizational factors that can promote or hinder the promotion of the health of students and staff at school

The promotion of healthy habits among students, teachers and the whole school community with a focus on problems such as: drugs, alcohol, smoking, gambling addiction, depression, anxiety, phobias, bulimia, anorexia and all the psychological problems around them is the most common health promotion within the consortium.

In some cases, the school collaborates with other institutions and their professionals: nurses, psychologists, social workers, experts on issues such as personal, public or social hygiene and sex education, counselors for students, families and staff.



The main factors of hindrance common to the most of partnership are:



deficiency in infrastructures: gyms, limited number of hours of physical education;



few activities on burnout, frustration or support for teachers;



parents are striving to participate in meetings where problems can be discussed and make them be more aware to accept what are different habits to their culture.

1.4 The attention to be paid to promoting the health of students with a migrant background

The problem that inspired one of the three topics faced in the focus groups, concerned school policy, is to know their principal needs in order to become aware of their troubles because they are less open to communicating with teachers.

Moreover, families have communication obstacles with teachers (relationships problems), mainly because of language difficulties and many migrant parents don't see the school as a means of self-improvement.

It should be better to implement special education programs for this kind of students for the purpose of smooth social integration.



II.

SCHOOL POLICIES

Concerning the school policy in the health promotion it has been asked to teachers to reflect together in the focus groups about what their schools have already made according to the SHE assessment tool.

The schools involved work on different areas foreseen by the assessment tool, therefore, even in this case we will list the main common areas to the partnership.

However, we think that it is important to underline the complaints of Italian and Spanish teachers about the lack of attention to their well-being, even because their mental health has repercussions on the mental health of pupils.



Therefore, the SHE areas in which the partnership is more engaged are:

- To pay attention to issues related to the promotion of health and well-being in their daily work with students in a cross-cutting manner, including food habits, physical and emotional health
- promoting health topics in order to avoid: drugs, gambling, sex and sexually transmitted diseases, smoke, corona virus;
- group works and pair work are useful activities to include students and develop the idea of cooperation and collaboration for problem solving;
- psychologist who attends students with psychological problems reported by the teacher or parent to ensure good behavior and to promote good environment and mental health;
- attention and prevention to inappropriate behaviors of students such as bullying and violence between students which may harm their physical and mental health.



2.1 On which areas they think to work on the most

In all the focus groups the participants argued that they must focus on many aspects of the health promotion reported on the assessment tool. The main areas on which they think to work on the most are:

- to check if there's a real and effective coincidence between what they offer and the students' real needs;
- to develop capacity to program the interventions in an organic way, in order to avoid to lose a lot of resources. It depends on the political intention;
- it is essential to invest in resources, human resources;
- students should be seen as one person in order to overcome the lack of approach to the educational sphere of global health;
- to pay attention to the problem of low self-esteem that emerges in the students with a migrant background, because from an early age they are often stigmatized as migrants, so when they reach older ages could have major mental health problems;
- need to look after the mental and emotional health of pupils, stressing that educational aspects that are a clear disadvantage, such as lack of knowledge of the language or curricular differences, lead to emotional instability that can generate situations of depression, anxiety and general lack of motivation;
- to increase the efforts regarding the physical but mainly the mental health;
- many parents still have a kind of stigma facing, dealing, and talking to teachers or psychologists about some mental problems;
- the school must work with constant information on health and safety issues. It should also promote health education for teachers with out-of-school partners. It should contribute more to the theoretical training and development of students' reflection on health issues. The school environment should be evaluated in relation to health at the end of each school year.

2.2 The areas of tool assessment most relevant for students with a migrant background

An important topic that arose in the focus groups is the need of the intercultural mediators in the school, essential professionals for the inclusive processes of migrants and their children.



It is fundamental for students with a migrant background to find activities to reinforce their self-esteem and especially to improve their results / outcomes at school and to prevent early leaving. It is also important for a strong intervention on families so that they understand the importance of school not only from the educational point of view but also as a social environment.

From the school context, attention to diversity is very important from the educational point of view in order to promote good mental health, also with concrete initiatives such as, where there are/were:

- recover the language immersion classrooms;
- to deliver listening skills to teachers in order to support a pupil in the classroom, in order to overcome the curricular differences brought by pupils who come from other school systems;
- to create teams for the diagnosis of learning complications, i.e. that pupils are efficiently diagnosed as to what difficulties they have and how they can be supported;
- to organize a good inter-institutional coordination, health centers, educational centers, council social action services, NGOs;
- to organize multidisciplinary teams, in which professionals from different areas coordinate their work for the benefit of foreign pupils;
- to organize free extracurricular activities;
- to favor sport activities among children from families with lower socio-economic status who stopped doing sport.

III.

EXTERNAL ACTORS

3.1 Attempts and efforts to involve the families with a migrant background in health promotion

Many teachers have highlighted the huge struggle to involve the migrant parents in the health promotion's activities, mainly because for many of them priority is to work and save money, and secondly to ensure decent living conditions in a foreign country. Accordingly, issues related to school, health and well-being of children in the new environment are pushed into the background. As a result, teachers do not find effective ways to change attitudes and priorities among migrant parents.

Some parents said they had work problems, so they are not able to combine work engagement and school activities, others just did not send any feedback. Some families need to be updated about important social changes and how to manage them in the upbringing of their children. Another issue is that women in some of these families are not involved in the decision making, they do not speak and do not understand the local language.



To overcome these problems, school authorities should give school with a considerable percentage of students with a migrant background the possibility to take on a cultural mediator who would help open a more efficient communication channel.

One important thing is the difference in expectations migrant parents have regarding their children's education. In general, they are willing to collaborate because they realize that it is important for their children and that it is to broaden their possibilities to improve their lives. Then, obviously, involvement varies more with the socio-cultural level.

For many migrant parents it may be tough to get involved in promoting their children's health because trying to integrate into a new culture changes their priorities and some of the habits they have acquired need to change. Therefore, prevention of their children's health linked to the accessing complication of the appropriate information discouraged them from delving into this theme.

In some cases, teachers use the link with community organizations to involve parents in health promotion programs.



THE CONTRIBUTION OF THE EXTERNAL STAKEHOLDERS IN HEALTH PROMOTION

All the schools/organizations involved in the project have good relationships with external stakeholders. The most important thing is that all the schools/organizations showed the need for external resources and to have strong relationships with NGOs and other sector of public service, in particular professionals of the health service.

However, not all are able to exploit these external resources. In some cases, teachers do not perceive the support of external stakeholders and they draw attention to municipal projects supporting healthy eating.

The external actors are NGOs, Health public system, City Council, local police.

The external actors help schools to overcome some difficulties, solving problems or help to solve them, such as that related to school dropout. They support schools in health promotion efforts with the aim to increase young students' awareness on many problematic issues such as: bullying and cyber bullying, gender respect, self-esteem support, relationship with parents, drugs use and abuse, sexually transmitted diseases as well as to inform in order the presence of free medical services. Besides, they emphasize the importance of implementing sports activities etc. The NGOs also organize external activities such as going to the cinema and attending climbing courses.

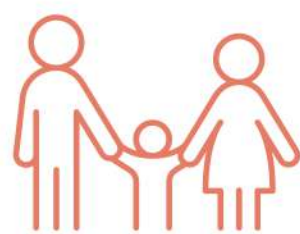


Strategy of intervention

HPS implementation, thanks to the evidence-based actions to strengthen each of the six components, let us obtain an appropriate response to immigrant youth's needs. In order to achieve this goal it is important to comprehensively understand and address the complexities of how individual, collective, institutional, policy and structural factors interact. The HPS model has been conceptualized to be implemented in different contexts. So in the Polish International Meeting after the report presentation the partnership worked in work groups in order to detect the most important needs, that henceforth will be considered topics. The aim was to use them in order to propose these as themes both in the Portuguese International Meeting to train the teachers, and to use them in this methodological guidelines document. So the topics chosen are:



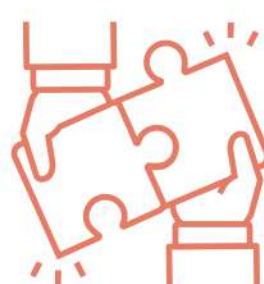
Health services knowing and access



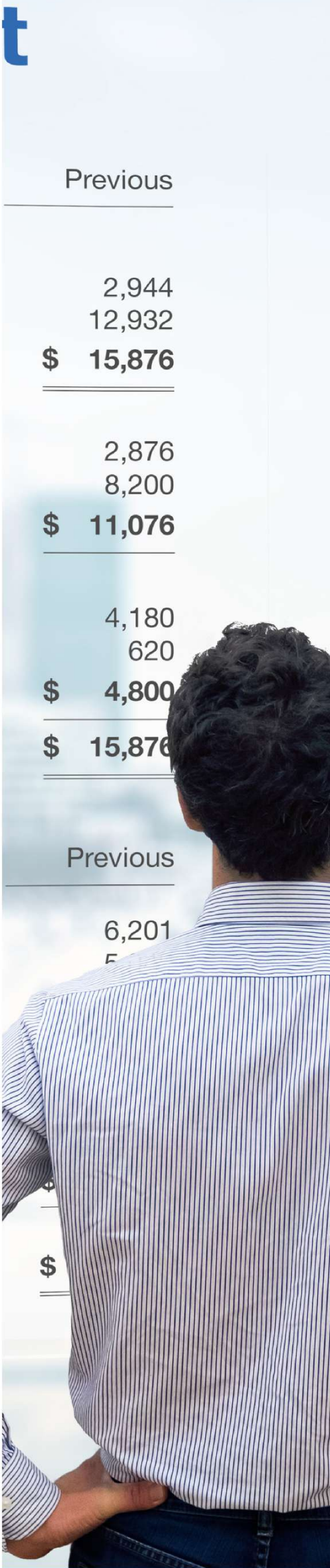
Parents involvement



Self-esteem anxiety



Social integration



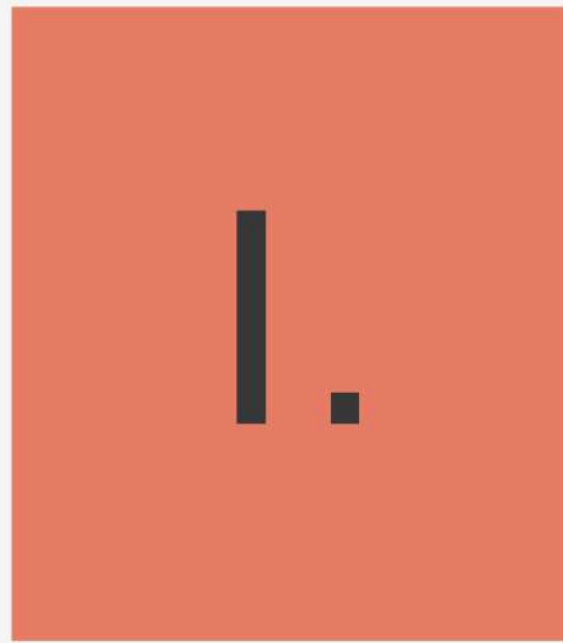
These 4 topics should be considered both as the result of a reflection, of a comparison about the six components of the tree, and as strategies designed for migrant students, but even addressed to the entire students' population.

Specifically:



Health services knowing and access is a strategy of Health services, Parent involvement is a strategy of Community links, Self-esteem anxiety is a strategy of individual skills and Social integration is a strategy both of the school social environment and of the Community links.

Below the topics will be shown with the same pattern used in Poland: the causes and the training activity to try to solve the problem



HEALTH SERVICES KNOWING AND ACCESS

Objective

The main purpose of this training session is to understand and explore the factors that prevent immigrants from having equal information and access to the health services in the country where they live.

Expected Outcome

Participants in the educational process (training) will get to know the problem of information and access of immigrants to the health system and will be able to identify the main reasons that contribute in this direction.



Background information

- 1.** Migrants are often not well informed about health services (sometimes they feel they don't have the right to a free health attention) because in their origin countries they don't have, or also for cultural reasons (they don't find necessary to go to the doctor for some issues). Or even they do not know which services can be included.
- 2.** Sometimes because of their non legal regular situation, parents are afraid and don't use health services because they think that they can be involved in other legal problems if they register in the hospital.
- 3.** As migrant adults usually need 3 months until they get the sanitary card, even if they don't feel well they wait until they have the card to ask the help of Health services (which often makes the situation worse).
- 4.** They usually have bigger problems (such as survival and nutrition issues) and for that reason they give priorities to other things.
- 5.** Especially after COVID, the access to the sanitary system system requires digital skills, (and access to Internet), and the gap is bigger (book an appointment, use digital recipes...?).
- 6.** Vulnerable people usually have less social relations, and as we know the access to medical information many times in our countries come from friends and relatives.
- 7.** Health system doesn't have intercultural mediators, or usually they are not well prepared and often migrants don't feel understood by doctors, and even feel they are judged by doctors so they prefer not to go.
- 8.** Sanitary places and schools – which are supposed to be "safe spaces", - are often places in which racism is high (Red Incola recently made a study on that).

Activity

1. Role playing: it must be carried out by a maximum of 15 people. The trainer asks for 3 volunteers and goes out with them. Out of the room he gives each of them a written paper, with 1 role that they have to improvise. Each of the 3 reads his/her role, not the others. They are asked to go back to the classroom, where the other 12 are, and start improvising based on the information they have on their paper. Brief, no more than 5 minutes (we have the 2 typical cases described below).
2. The trainer asks the participants a brief analysis of what they have seen, through the following questions:
 - Why do you think I didn't want to tell them?
 - What things do you think they can intervene in?
3. Empathy map. Participants (all 15) are asked to reflect and write on a post-it about what a migrant in that situation would:



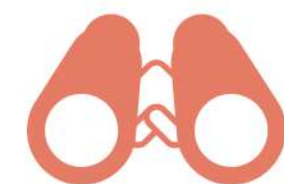
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hear



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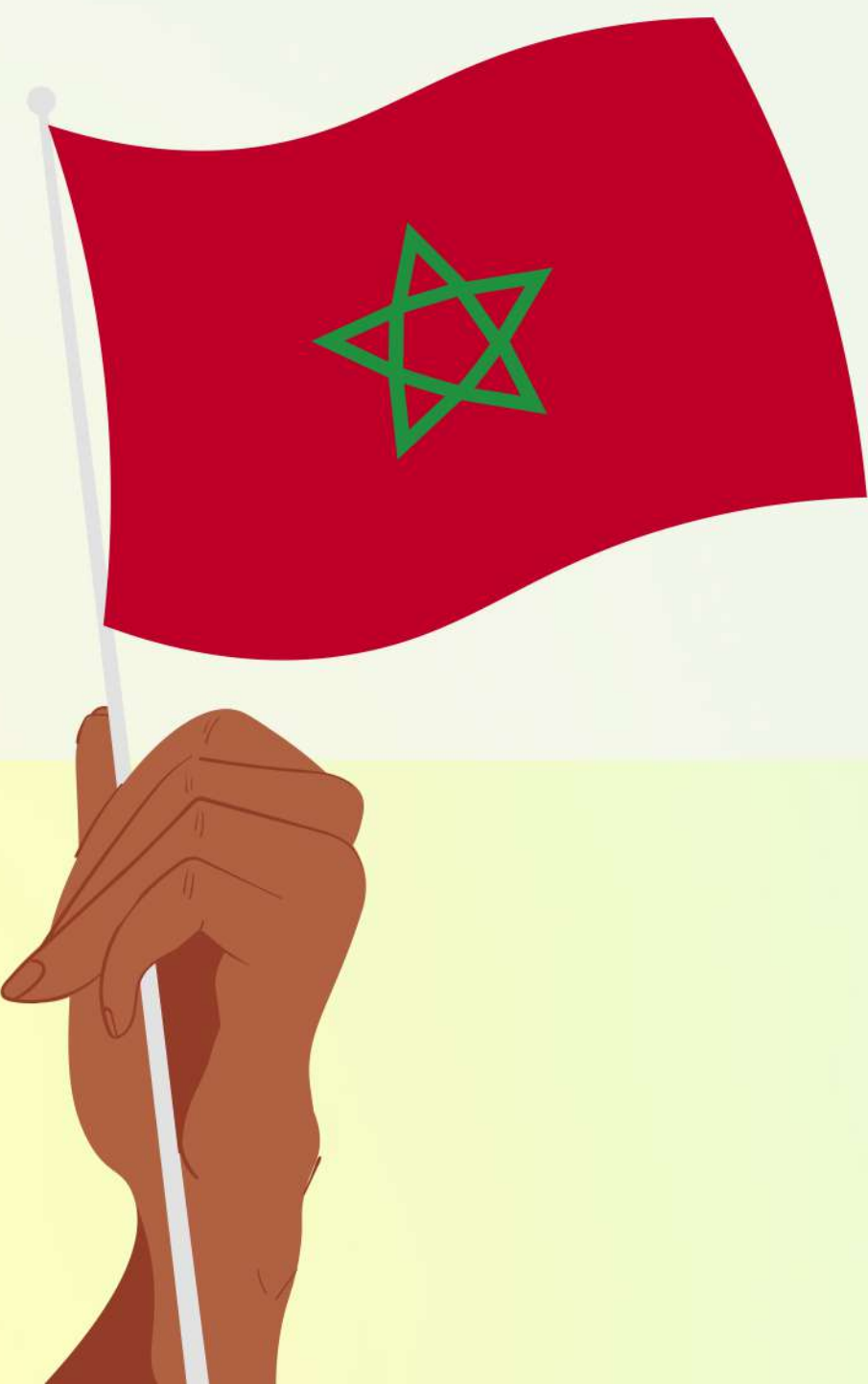
The trainer collects the answers in posts, grouping them into categories.
After 45 minutes what has been discussed is collected.

Scenario for FIRST CASE (cultural differences)

Fatima is a 15-year-old Moroccan girl. She lives with her mother, father and two sisters in a village in the Algarve, Portugal. They arrived there 5 years ago, she is very happy there, although at the beginning it was very hard for her to make friends, but now she has found one, Odette, with whom she finally feels understood, they laugh, they tell each other their things. But for the last two weeks she hasn't been feeling well. Every time she needs to go to the toilet, it hurts a lot when she urinates. She has a lot of pain that she can't stand. Due to this reason it is becoming more and more challenging for her to be out of the house, and although she can stand the urge to cry, the pains are getting worse and it is more and more difficult for her to hide them.

She is at school, and her friend Odette tells her that she has to tell the teacher and go to the doctor. She doesn't want to do it. She doesn't want to explain to the teacher that she has physical complaints of this kind. Besides, she knows that if she goes to the health centre she will be seen by her family doctor, who is a man and who she is too embarrassed to go to.

Odette finds her friend very strange and feels that she understands her friend less and less, that she is hiding something from him. As much as she thinks and thinks, she cannot understand why Fatima does not go to the doctor.



Scenario for SECOND CASE (irregular administrative situation)

Christian is a 10-year-old Colombian boy. He lives with his family, his parents and his 3 brothers and sisters. They are all in an irregular administrative situation, they do not have a residence or work permit, and their parents came fleeing a terrible situation of violence in their village, as they had seen a lot of situations there that they did not want for their children. They went to Spain because a cousin told them that it was very easy to find work there, but when they got there they found out that it was totally impossible to find a job with a contract and therefore to be able to be in a legal administrative situation until at least 3 years had passed.

Christian hurt his ankle badly at playtime. He has probably broken a bone, or at least has a serious sprain. He can hardly walk.

His friend Johnny calls the teacher who looks after them in the playground. He asks him what's wrong, and he says it's nothing, that it doesn't hurt, and they go back to the classroom. Johnny sees that he is still in a lot of pain, and asks him why he didn't say what was hurting him?

Christian makes up a reason because he doesn't want to tell Johnny that he is in the country illegally.

His parents have told him that no one must know, anyone can report him and they could be deported to their country... and thus ruin their family's entire immigration project and the very few euros they have left.



II.

PARENTS INVOLVEMENT

Objective

The main purpose of this training session is to understand the factors that hinder parents' involvement in the school activities

Expected outcomes

Participants will get analyzed the causes of the problem and they will achieve a common strategy to involve parents in the school activities.



Background information

- Many parents say they have little time to participate in school life because they have to work long hours to earn enough money for the household. Some parents ask for everything, but they give very little in return.
- Some parents are almost afraid to come to school to speak to the teachers, they fear they might not understand, they do not want to embarrass their children. They do not participate in almost any initiative that the school suggests: it may happen that in 5 years' time a teacher never sees these parents, unless you call them for some problem. They never take part in the election of the parental component of the Class Council, they do not come to the individual meetings with the teachers.
- A key to understanding them is that the families might not be indifferent but they might have the utmost trust in school and its operators.
- They might have serious problems with digital platforms and so be unable to know what's going on or what they are supposed to do.

Activity

STEP 1

The trainer asks participant to think about the question "Why is it important to involve parents?"

STEP 2

The trainer invites participants to a brainstorming activity in which he asks them to think about the issue of parents' involvement in their school activities. It is possible to use a board to write words on it.

Then the trainer asks them if the parents can be divided into groups (there are two categories: native students parents and migrant students' parents).

Then the participants are asked to brainstorm about any word, adjective, or whatever they think and see about these 2 categories and they can write these words under the two columns on the board.

STEP 3

The goal is to discover differences, similarities and references: here is an example of what they might write on the board.

LOCAL STUDENTS` PARENTS	IMMIGRANT STUDENTS` PARENTS
Teacher #1: Not participate	Not participate
Teacher # 2: Interested	Not Interested
Teacher #3: Pressure over the school	No Pressure over the school
.....

STEP 4

To divide the teachers into groups of 3-4 people.
The trainer asks each group of teachers: how they can help both groups or one of them to get more involved or to increase their involvement but with clear rules.



III.

SELF-ESTEEM, ANXIETY

Objective

The main purpose of this training session is to allow the participants to identify in the feelings of the youth new arrived, making them think about the complexity and the difficulties of the integrations' path due to many variables such as: the socio-political characteristics of the host country, the causes of the immigration, the difficulties to create new relationships.

Expected outcomes

Participants will get importance of the complexity and differences between migrants and between the same ethnic groups, in order to build welcome flexible practices, considering the differences of psychological conditions of youth with a migrant background.



Background information

- Students in difficulty don't ask for help neither to school mates nor to teachers. They feel isolated and under pressure but don't react to it – different emotional background? (the general and common idea is "boys don't cry") They are not taught to express their feelings or needs openly because of a cultural background.
- Self-esteem: it's influenced by social background; social position and income. The place where you live might also influence your attitude towards pressure: living in a city center is different from living in the suburb or in a block where sociality is precluded (money matters).
- Intersectionality: if you are in the middle of a crossroad (like a cross) and on each side you have the words. Black-girl-sexuality-low income you are in trouble: alone- under pressure-anxious.
- Under pressure – different situations:
 1. Migrants are not interested in school well-being and health because they don't see the positive aspects, neither advantages of being part of a community nor awareness of the fact that the situation could be better;
 2. Migrants see the school as a means of bettering the situation so they try to integrate and get the best of it;
 3. NON-migrants: students with graduated parents tend to go to university because their parents press them to and they are supported by parents.



Activity

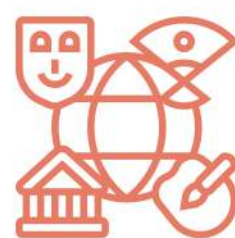
Topic: How to deal with the sense of isolation-anxiety-low self-esteem

1. Getting started

- Let the teachers describe the situation of the migrants they are dealing with
- Ask teachers to imagine being one of them through a role-play, in which they should imagine, feel and describe how they feel, why they feel in that way, what is the environment around them (family-friends-house...?), underlining the difference of feeling among boys and girls and the difficulty to start again with the friends, neighborhood, classmates and the relationships with the parent that arrived many years before the boy/girl in the host country.
- Possible topics that can lead the teachers to understand the issue:



emotional background



cultural background



low self-esteem



emotional understanding

2. Real understanding:

- Divide the teachers in 3 groups, each group will deal with a topic



Emotional background – Targeting questions:

- Problems? Do you think emotions can play any role in raising awareness?
- Is it true: boys don't cry? Are they able to express their feelings?
- Do they feel different? Does the social background affect their way of feeling?



Cultural background – Targeting questions:

- Can religion affect migrants' expression?
- Do you have any prejudice, like the Muslim's veil?
- Are you aware of this problem of prejudices, yours or theirs?



Low self-esteem – Targeting questions:

- Possible causes: place where you live; social/financial situation; place where you live, sociality might be precluded (money matters);
- Social pressure: school as a means to run away from poverty or school not important, better is to work and earn money for the family, too?



IV.

SOCIAL INTEGRATION

Objective

The main purpose of this training session is to invite the participants to reflect the importance of the cultural difference

Expected outcomes

Participants will get a common think about to favor integration paths, valorizing the cultural differences in the classrooms in order to explain better the school matters



Background information

- Which are the differences?
- Language
- Cultural differences and religious (cultural differences)
- Social capital

- Why do these inequalities exist?
- Huge differences about phenotype characteristics
- Economic dynamics: capitalism, exploitation of migrants

- Communication differences, what are the causes?
- The lack of European policies about welcoming/integration
- The initial integration could be easier/harder caused by cultural approach of politics, teachers, headmasters and native families and students

Activity

1. Divide people in groups of about 15 people;
2. The trainer introduces the topic to be approached;
- 3 **First activity**
 - Share something with the group (picture in a powerpoint):
In Poland, Easter is celebrated with a big breakfast!
 - Few minutes to share with the group, a characteristic of your own country (participant can write those characteristics on the post-its and then to do a brainstorming)

4. Second activity

- Which are the differences? 10 minutes in which the participants glue the post its in a big poster and then they explain the reason of those choices

5. Third activity

- Participants have to reflect on why inequalities exist for 10 minutes in which they have to write them on the post-its and then glue them in a big poster
- Discussion about the differences that can be a huge problem within initial integration!

6. Fourth activity

- What are the causes? 10 minutes to invite participants to discuss about this topic

7. Fifth activity

- How to use the differences in the classrooms in order to make the youth with a migrant background feel welcomed

