



Critical information for immigrants regarding parenting to promote social inclusion

Transnational Report IO-1.1

Study of current barriers and needs for cooperation with services in life-long learning for immigrants



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1. Introduction



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Following transnational report will be a summary of the most relevant parts of the country reports for IO1 from the partner countries in CRITICAL project. In this report, the focus will be firstly on the roles of the stakeholders in the different countries and how these services reach out to the target group. Following, the main barriers and needs that can be identified regarding cooperation between services and the aim of reaching immigrants for information about health and parenting, are explored. The last part is about different solutions suggested to these barriers and needs and finally, there are suggestions for additional methods/methodologies to be developed.

2 Mapping of stakeholders

Which stakeholders/organizations are involved in providing migrants and refugee's information about health and parenting in your country and local area? These concerns both newly arrived and more settled immigrants.

Netherlands

In stage 1 and 2 in the integration n process information is provided in the form of obligatory activities and / or training. The subject of health and partly of parenting is an integral part of the national integration program. In stage 3 the responsibility to be/get informed mainly is put on the shoulder of the residents themselves. Only through neighbourhood centres, primary and secondary education (and through national promotion programs on media) information on health and parenting is actively passed on to the target group.

France

Stakeholders roles and responsibilities:

- Association of Africans of Noisy-le-Grand – Social guidance and accompaniment to the access of health services, sensitization and orientation, etc
- **Association Aurore** – Aurore Association strategy is focus on three mainly missions, as accommodation, healthcare and integration, developed by multiple activities : marauding, reception and accommodation of people with addictions, social and professional reintegration activities for people with lost employment or disabilities, accommodation and support for women victims of violence, care for people in precarious situations as migrants (asylum seekers, refugees, etc), accommodation and support for people with mental illness, etc.

[Association Aurore](#)



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- **ADT QUART MONDE France** – a national association who gives guidance and information about the access to social rights for people who live in poorness, exclusion, etc. They propose help services for example to open an account to apply for Health Security Insurance, etc.
[ATD Quart Monde - France \(atd-quartmonde.fr\)](http://atd-quartmonde.fr)
- **Association France Bénévolat - France Bénévolat** is a national network dedicated to the volunteers' welcome and guidance. Their aim is to promote involvement in order to develop an active citizenship, promote non-profit organization volunteering and train members and other stakeholders on volunteering related issues, in particular on volunteer recruitment, integration, management and holding.
[France Bénévolat, du cœur à l'action - France Bénévolat \(francebenevolat.org\)](http://francebenevolat.org)
- **Association Femme Digne - Worthy Woman Association** – an association specialized in migrant women entrepreneurship empowerment and migrant women emancipation in daily life. They propose migrant women's conseil, entrepreneurship, project management accompaniment, etc.
[Association Femme Digne | Facebook](#)
- **« Association Mères Combatantes” - Fighting Mothers Association** - Collective of mothers who fight against violence between young people (brawls) in tribute to these children whose lives were brutally taken by neighborhood violence. This association inform, support, sensitize families against youth violence in disadvantaged neighborhoods, where youth violence is very present, for the education of families, children. (for parenting), etc.
[Les mères combattantes | Facebook](#)
- **Association P2I** – School and parenting support for people living in precarious and / or exclusion situations. They have many activities, as support services groups for parents and childrens, after school accompaniment, families administrative support services, social family médiation, literacy courses, essentially for migrant parents, etc.
[WordPress – Un site utilisant WordPress \(associationp2i.fr\)](http://associationp2i.fr)
- **BELLIARD SOCIAL CENTER-** – its CAF-subsidized social center. Participation in territory projects as the 'Rentée Partagée' – for the recruitment of migrants and to guide them to adapted French language courses; ASL French language course, etc. This center also has some group workshops with migrant parents and provides access to social assistants' services. This center proposes support to social rights access, etc
[Centre social Belliard | Maison des Liens Familiaux](#)



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- **CEFIA SOCIAL CENTER** – its CAF-subsidized social center and they work in direct contact with migrants. They propose a lot of different kind of activities for families in Health and Parenting: as leisure, educational or cultural workshops; cultural and clinical mediation spaces, a parenting center, a socio-linguistic workshop, participation in territory projects as the ‘Rentée Partagée’ – for the recruitment of migrants and to guide them to adapted French language courses, etc.
[Contact – Centre social Cefia](#)
- **CASNAV** - Academic center for the education of newcomers and traveling who is in charge to develop of the « **Ouvrir l'école aux Parents pour la réussite des enfants** » - The Open School to Parents for Child Success (**OEPRE**) device. Their role is the development of the offer on the Parisian territory in order to meet the needs of parents. They propose french language courses for parents who are not able to help and guide their own children at school, especially mothers, who are mainly at home.
[Académie de Paris - Qu'est-ce que le CASNAV ? \(ac-paris.fr\)](#)
- **CPAM** – The Primary health insurance fund organization - is divided in different kinds of missions, which aims are to finance structures to help people outside specific migrant fields. It finances parenthood associations School support, crèches, day-care center with an envelope of social benefits (rent aid, family allowances, etc)
[ameli, le site de l'Assurance Maladie en ligne | ameli.fr | Assuré](#)
- **DIDOT SOCIAL CENTER at the 14th district of Paris** – Their mission is strengthening social ties in the Porte de Vanves district. Composed of a team of volunteers and employees, the SC Didot provides a response to the needs of residents by offering social and cultural support. They propose: administrative family accompaniment, group workshops with parents and children (guides by a psychologist), after school support, outing activities (free family holidays), french language courses, health family medication, etc.
[Centre Social Et Culturel 14 | Centre social didot | France](#)
- **GUDA – (Guichet unique en charge de l'accueil des primo-arrivants)** Unique Counter in charge of newcomer's care is a place where the prefecture's and the OFII's services are gathered. The prefecture has to register the Asylum application. The OFII receives the individual for an interview and can provide shelter and an allocation to the asylum seekers, as well as facilitate the integration of refugees and return assistance.
- **France Terre d'Asile** – France Terre Asile is a French solidarity association, their main purpose is to provide support for asylum seekers and the defense of the right to asylum in France. She has specialized in the management of accommodation centers for asylum seekers (the current CADA). They propose many services for migrants to access social and



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health rights. Urgent accommodation, french language courses, adult psychological support, etc.

[Accueil - France terre d'asile \(france-terre-asile.org\)](http://france-terre-asile.org)

- **JRS FRANCE – Jewish International Refugee Service** – Their missions are fighting against social isolation and exclusion of asylum seekers and refugees. They've got many different departments as administrative accompaniment, French language classes, professional and education accompaniment programmes, etc.
<https://www.jrsfrance.org/lassociation/>
- **MAS – MALI: Médecins et Acteurs de Santé ONG Internationale (International African Doctors and Health Actors Organisation)** - This organisation support the socio-health development by a platform where the skills of the all people of goodwill in the field of health and related activities. MAS works for the promotion of primary health care by intervening in the following areas of competence: constitution of health teams, Emergency intervention, Expertise in health, nutrition, emergency, health impact studies, Network of dispensaries and community mutuals. (free social services).
- **Médecins du Monde France – ONG Doctor of the World (DIR)**– International Organization – IN France their missions are divided in five areas of action are structured: support victims in crises and conflicts, promotion of sexual and reproductive health (SSR), risk reduction (RdR), healthcare for migrants and displaced populations and reduction of the impact of the environment on health. Many actions for migrants were implemented, specially in Paris, since 2015, they propose guidance to access social rights, sensitive actions, urgent accommodation for minors, drugs prevention, etc.
[Agir & Donner à une association humanitaire | Médecins du Monde \(medecinsdumonde.org\)](http://medecinsdumonde.org)
- **Paris COREVIH Association – COREVIH (Regional Coordination for the Fight against HIV)** are coordination bodies for the management of HIV and HIV / hepatitis co-infections created by the Ministry of Health in 2007, which intervene in the fields of care, prevention and screening, clinical research, out-of-hospital care, information and training. They propose some sensitive health actions for new arrivals, dynamic workshops, medical mediation, etc.
<http://corevih-idfcentre.aphp.fr/qui-sommes-nous/>
- **PIMMS ASSOCIATION** –is at the service of people who are experiencing difficulties in their relations with public service companies and the administration.



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PIMMS association helps and guides people in their administrative procedures, as the access to social rights, helps to re-establish contact towards the right service, etc. through five reception centers in Paris free.

<https://www.pimms.org/>

- **SPADA – (formerly PADA) Structure de Pré-Accueil des Demandeurs d’Asile)** Structure of pre-care of Asylum Seekers, which welcomes the asylum seekers before their passage to the GUDA and supports them in their administrative procedures (OFPRA record). They propose urgent and primary administrative support and accompaniment.

All of these organisations offer access to services in the areas of parenting and health. For example, they offer help with social security procedures, application for a residence card, retirement procedures, assistance for families (day-care, extracurricular activities, school support, and cultural outings), group meetings workshops, assistance in the management of the Family Budget, French language courses, civic workshops, psychological assistance, etc. The majority of these structures work in partnership with the Town Hall and between them.

Information is often disseminated by the various migrant support structures, social workers, resource persons (a very important resource for migrants, because they are very close to new arrivals and their communities), which redirect migrants to the appropriate organizations in the same way as associations. Some associations know where to find these people and go directly to meet them.

Throughout the year, the majority of these organisations organise free and sensitive communication activities to inform the migrant’s communities of the existence and promote the services offered, etc. Communication it’s also offered directly within communities. Each case is a case.

Greece

The roles and responsibilities of the stakeholders are in general to reach, explain, motivate, initiate, follow and support refugees - adults and children - in basic steps needed for living and socialising in their hosting country society.

Their roles and responsibilities vary based on their specific aim and objectives. It is also based on the specific target group that they are focusing on (for example, female refugees, newly arrived refugees, minors, single families, refugees who are victims of abuse etc). For example, the organisations that focus on female refugees focus on general issues related to gender and culture, etc. Other organisations may have more specialized focus, such as infant care,



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nutrition, breastfeeding etc. There are other stakeholders who focus on issues of mental health, psychological support, stress management, personal hygiene. Due to the recent situation with the COVID 19 pandemic, many organisations also provide information on the pandemic and how the spread can be prevented.

Generally, an overarching aim is to assist both newly and more established refugees and migrants in their everyday lives and provide them with practical information that would help them deal with issues and challenges that may emerge or integrate as smoothly as possible to the host country. Other aims and objectives include; coaching, informing them about their rights, teach them basic language skills and key competences through non-formal education, help them socialize, provide assistance with legal issues, help them with job applications, and most importantly, they refer them to public hospital and social services etc. Overall, it is expected that through this, refugees will be empowered and participate in the society.

Services offered by NGOs often include: one-to-one counselling, group information sessions on asylum issues, support and advising on every day issues (e. g., house rental processes, taxation number) as well as financial counselling (advising on household budgeting, tax declarations and other). In addition, NGOs organize projects for daily activities, networking and exchange of experience, language lessons and cultural activities, training sessions, and tips for employment opportunities, personalized physical and mental health advising/solutions (children, women and young girls, pregnant women, elders).

Child & Family Support Hubs (CFSH) are public spots focusing on children, women, including sexual and gender-based violence survivors and vulnerable families residing in camp sites in Central Greece, Central and Eastern Macedonia, Attica and Thessaloniki. Each CFSH constitutes a safe place where refugee and migrant children, women and families can receive crucial services free-of-charge, including psychosocial and non-formal educational activities, legal and psycho-social support and targeted case management. Service provision includes:

- Female-friendly Spaces, where women and girls engage in activities to improve their social and emotional wellbeing, build their confidence and resilience while receiving tailored psychosocial services in a safe space;
- Non-formal educational activities to children and adults and support to formal school enrolment;
- Identification and targeted case management of children at risk and vulnerable women and families, focusing particularly on unaccompanied and separated children (UASC), sexual and gender-based violence survivors (SGBV) and people with disability and/or illness;
- Provision of psychosocial and legal support, including appropriate referrals to other service providers when needed;
- Provision of accurate and tailored information to refugees and migrants on their rights as third-country nationals, the asylum procedure, as well as on accessing public and other services.



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Best practices example: NGO Melissa (Bee):

- **Melissa has adopted an integrated treatment of immigrant women** providing (among others):
 1. Literacy support: (Greek and English classes at different levels, French, German, Spanish classes, School homework, Support classes)
 2. Psycho-social support: Counseling, Referrals, Drama Therapy, Psycho-Drama, Music & Movement Therapy, EMDR
 3. Information: Information sessions and trainings on legal rights, social rights, labor rights, women's rights, reproductive health gender-based violence.
 4. Advocacy support: media workshops, social media use, interview trainings, public speaking, creative writing, and personal narratives
 5. Art & creativity: Vocational training, cooperative training, leadership trainings, IT, and coding
 6. Activities: CV-writing workshops, cooking, crafts, sewing, knitting circles, first aid.
 7. Skills & capacity building: Visual arts, film & digital story-telling, photography, poetry, music
 8. Self/community-care: Kinetic and healing activities such as workshops on stress management, acupuncture, community massage, breathing & meditation techniques, mindfulness, yoga, dance, gyro-kinetics, self-defense.
- **Day Center: A spot to host families and friends:** vocational training programs, entrepreneurship trainings and various educational and informative trainings and workshops, are carried out, allowing anyone to attend. Adults but also families can relax and socialise, play board games, enjoy hot beverages, watch movies and sports, access the library, as well as use the available computers and sewing machines. In addition, the Day Centre offers a wide range of organised activities for men and women, that take place in a warm and welcoming environment (handcrafts, photography seminars, theatre group, painting lessons, movie projections). A Child Friendly Space (CFS), Greek language classes and Intercultural activities to both adults and children. Furthermore, families were also helped to enroll their children to pre-school or primary school classes. Daily tutoring support was also offered. The Center has been providing professional orientation, Job Counselling Service, financial advising, psychosocial support, as well as Greek and English language classes. Focusing on employability, individual and group job counselling sessions are organized on subjects such as preparation for a job interview, education on job search or even entrepreneurship. Moreover, vocational trainings are taking place in various professional fields with collaborators, in order to enhance interconnection with the labor market.



Sweden

Regions – Regions of Sweden are responsible for healthcare and hospitals.

BVC – The public child health clinics offer health checks, vaccination, support and advice from a child's birth until 6 years old. This is for free and voluntary. However, BVC reach 99 % of the children because of very high trust and the benefits for parents. BVC has a golden opportunity to give information to immigrant parents, both newly arrived and more settled immigrants. That is also why cooperation is seen in family centers between BVC, schools, open pre-schools and parenting support in municipalities.

1177 is a service from the regions of Sweden. You can always call for advice and they can guide you which hospital you can seek help. They have information in different languages and in "easy Swedish". However, not everything is translated and the language level is still very high.

Civic orientation in the establishment program by the Swedish Employment Service is compulsory for all newly arrived migrants. You can do the course in your native language, in easy-to-understand Swedish, or in some other language that you know and has a duration of at least 100 hours.

The municipalities are responsible for open pre-schools for parents with small children (usually up to one or two years old) which are places parents can come before the child starts pre-school.

Parental support

All municipalities have a parental support section where you can ask for advice, meet parenting counselors alone or with your family. Courses are arranged in parenting. In some cases and places you have the right to an interpreter.

Open pre-schools

A place where parents meet, take coffee and there are different activities. They are a very good place for reaching immigrant parents and a very important meeting place and opportunity for integration.

Parenting advice and support in municipalities are usually available if people contact them. Sometimes they are involved if social services need help with families or children. They also have courses as mentioned but usually don't reach the migrants (perhaps well-educated). Another aspect is that migrants are very sceptical to social services and parenting support.

BVC reach out to families since all children under 6 years come there regularly for different checks with their parents. At BVC they can advise families to contact parenting support in municipality or other organisations. For women who will become mothers MVC has different support and information.



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It's important for the institutions to create the trust to reach the immigrants. In municipalities there are sometimes different interpreters who speak different languages to reach out to newly arrived.

Some municipalities have projects with home visits with information for newly arrived migrants.

2. Barriers and needs that can be identified regarding cooperation between services and the aim of reaching immigrants for information about health and parenting

Netherlands

Throughout the below description one main barrier is the fact that immigrants live in 2 cultures and they constantly need to deal with these two different cultures. It takes years to be able to get the good from the new culture and use it in everyday life and incorporate it, get rid of the negative aspects of the old culture and at the same time remain the good things. In general 2,5 years of integration is not long enough to establish such an effect.

In stage 1: The information COA passes on is limited to a small number of learning opportunities, since they start a workshop only once there are enough participants in the asylum centre.

Also GGD only passes on information if they are invited to do so.

Refugeeteam, Vluchtelingenwerk and Werkvloer do incorporate the issue of health in their program but in a very limited way (healthy food) due to constraints of other issues which are considered of being of higher priority as well as the limitation set by the language level of the newly arrived. Regarding parenting equal opportunities and equal rights are the main issues which are addressed.

Actually the challenge in this stage: too many issues fight for attention, too limited amount of time to be able to attend them, too low language level, too low level of education to be able to discuss issues.

In stage 2: Many providers and each one of them having their own way of addressing the areas covered in the national program of citizenship. Main attention is for those issues which directly relate to living in NL and finding a paid job. Parenting and health are therefore covered in a limited way: parenting mainly from the perspective of universal rights, health



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mainly by attending to healthy food. Too much attention from providers on: how to behave as healthy western parents, how to manage your family in a western way, thus becoming very top down (and very stereotyping and constraining: we tell you what is the best way). Too little attention for a real dialogue with migrants by most of the providers. Too much one-direction communication. Also, providers are not aware of what other providers already have offered. Therefore identical information is passed on by different providers and the essence is actually missed many times.

In stage 3: In this stage the general opinion is that by now migrants have become self-managing, are able to find their own way and are able themselves to contact service organisations when they are in need. The main barrier now is: they are NOT self-managing, and they still do not understand most of the information passed on. They also lack the capacity to read and understand written information provided by the organisations like GGD, IMW, schools, municipality etc. This means that if they are in need for help the urgency is high and the problem is already big. Providers tend to forget that it takes much longer to get acquainted with the new culture, norms and values, and also to come in a position as newly arrived to think for oneself: What is attractive of this new culture, what am I willing to learn and take over from that culture and what do I want to keep and preserve from my own culture. Discussing parenting (role of father and mother with the family, having a own career as a woman, not hitting children) are issues which require dialogue and time. Most of the providers do not have this amount of time or simply do not have the task to do so. Neighbourhood centres however do have such a role but they are depending on the efforts of volunteers therefore often lack the capacity, materials and competence

France

The main barriers identified are:

- Lack of Language – This is one of the most important and first difficulties to reach migrant people. Language is essential in communication.
- Lack of coordination of local actors (public and associative). This problem became, essentially, from the lowest resources (human, financial and professionalization of the staff). Frequently, migrants are forced to go through different structures, restart all the integration procedures, answer the same questions and finish with a lot of different information without exactitude.
- Lack of time – There's not enough structures and devices to support migrants. In practice, the needs of new arrivals are often treated based in Maslow hierarchy Priorities Pyramid, and even health is one of the first ones, only the administrative subjects are explained, and there's not enough, regarding parenting the situation is the same, the importance is to put their children's at school, because it's mandatory, but there's not enough time to accompany parents



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- Lack Training of social workers – a lot of this structures live from volunteer work, and in the majority of the cases, they're don't have enough experience to treat this subjects and are not trained for that
- Lack in the definition of the competences of each structure. This problem derives from the difficulty of defining clear missions, tasks, competences, skills in each structure. There's a common tendency that reveals that all structures do everything (regarding migrants immigration) and a lot of mistakes came from that, loss of time in their integration process, etc
- Lack of communication between existing structures, there's not enough knowledge about the existence and between the different existent services (public and associations)
- Lack of financial resources, investment, on the part of the government, to subsidize certain actions, projects, structures
- Lack of health information. This theme is often put in secondary plans for migrant social services, because in 'general minds' the access to health services is 'Mandatory'. Usually it is approached very quickly and imposed on migrants when they arrive without being well explained to newcomers.
- Lack of scattered digital Services - The obstacles to access are not only access to information but also a difficulty in carrying out the administrative procedures allowing this access.
- The ever-growing technological advancements. The lack of adequately trained people combined with the digitization of all social services has become a big obstacle for people who do not have the resources, do not speak French, do not have the knowledge to keep up with the afore-mentioned

Greece

Services in health and parenting, among others, are provided mainly by NGOs and public organisations. There are also organisational and communicative barriers posed.

The number of organisations involved is too large, there is no reciprocity and public authorities have no actual responsibility on managing and coordinating the refugee inclusion process. The framework is not solid and detailed. Every NGO is an organization with its own goals, procedures and responsibilities.

Also there is urgent and continuous need in communicating timely and effectively with immigrants and refugees. Of course different language is an obstacle, but can be overcome.



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Most important aspect is different cultural background, customs and habits of the people, religion, and educational level. The temporary status and insecurity/instability feeling of refugees will often not allow them to accept support and services elementary to all people, such as try and learn the language, send their children to school etc.

According to the interviews with experts, the most significant problem that was highlighted by all stakeholders was the language level problem. This barrier, combined with the fact that Greece is seen by many as a transit country (meaning that refugees consider it to be an only temporary stop prior to their final destination in a different country in Europe) means that refugees find it difficult to navigate the health system and look for health and parenting information that may be available in the country. For those refugees, who do not wish to remain in Greece (and therefore have no intention to learn Greek) the situation is even more difficult, as they have to rely on other people's help and guidance. It is also important to note that several stakeholders mentioned the big difference that there is between Greece and other European countries, with regards to this issue.

In contrast, more settled immigrants are more likely to a) have a support system that is also settled and therefore familiar with the specific situation in the country and b) have at least some knowledge of the Greek language. Both these points help more settled immigrants navigate the Greek National health system more effectively or turn to organisations who can guide them. It is also important to note that there are several social media groups formed by immigrants living in Greece, which aim at helping each other deal with everyday issues, including access to health services.

Other problems that were identified by the experts we interviewed were cultural issues, which may make female refugees more reluctant to seek medical help. Also, the traumatic experiences that refugees have faced have an effect. There was specific mention of the psychological state of many refugees based in camps, especially mothers and pregnant women, caused by the uncertainty of their future and the poor living conditions that they are experiencing. Camps are overcrowded and volunteering groups are understaffed. Therefore, many people feel deserted, hopeless and depressed. Furthermore, it was stressed that the COVID 19 pandemic and the restrictions of movement pose additional problems with regards to the cooperation between services. Finally, technological issues and internet connection was referred by some experts as a barrier that prevents refugees from accessing useful information for their lives. However, this last point was not something that all stakeholders agreed on, as it was added that many refugees have access to mobile data.

Overall, it was highlighted that the topic of health and parenting is extremely important especially during this pandemic, where uncertainty and stress on the part of the refugees are increasing.



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Sweden

In Sweden the stakeholders work very independently with their own rules and regulations, therefore in a vertical way and not horizontal as would be needed regarding the cooperation of integration including the aspects of health and parenting. Stakeholders often do double work and their different responsibilities and tasks are changing a lot.

Regarding civic orientation there is now extended hours (from 60 to 100) with a new added focus also on health and parenting. However, there is a lot of subjects to be covered in 100 hours (housing, history, labour market just to mention some). Therefore there is clearly a lack of time. Furthermore, the civic orientation is composed of lectures with a lot of information, which firstly can be difficult to process in the beginning of your stay in Sweden with a lot of impressions and often traumas in the background. The quality of the lectures and information is also dependent to some extent on the person that gives the information (someone with the same language as the group and usually educated, but not with any special education for holding civic orientation lectures). Furthermore, the lectures are usually top-down and don't take into consideration the knowledge and competences that the target group already have.

There are clearly many gaps in the cooperation, as shown in the interviews. BVC (child health clinics) reaches almost all of the immigrant children up to 6 years. They are responsible for giving information about the health of the child and all children up to 6 years old are enrolled in their program for free. BVC are considered to have very high trust and therefore it is an important channel to the target group. However, their staff also have lack of time and structure to inform about different projects and courses concerning health and parenting.

Regarding parenting courses, there are often collaboration between preschools, schools, BVC and open pre-schools in the municipalities. However, it is difficult to reach the newly arrived and also more settled immigrants. The factors are so far unknown but can be identified by the interviewees as language barriers and general informational barriers. The courses are also voluntary which means that you usually need to come yourself to get help and perhaps the situation of many newly arrived and immigrants hinders this. Barriers to reach families who are not connected to social welfare are also severe and there is a risk of isolation of the woman if the husband is working (since they are not obliged to participate in different programs to receive financial help). Regarding health, people usually receive their information through general practitioners, child health clinics, schools etc. The same barriers applies according to interviewees to the health area, difficulties with the language, information barriers and voluntary participation in programs.



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Furthermore, the language level regarding the health information and parental courses in "easy Swedish" is still very high. In some places you have the right to interpreter but not everywhere. There is no focus on health and parenting when it comes to SFI (Swedish for immigrants). Of course, it can be embedded in materials used by the teachers and also discussed in classrooms. However, it is usually dependent on the teacher and the common approach is to focus on the pedagogical aspects.

When migrants and refugees are finished with establishment program and SFI they are supposed to be integrated, which is not the reality for many. They have the same opportunities as everyone to ask for parental help and health support, but the barriers already explained are still there.

3. Solutions that are suggested to overcome these barriers and needs

Netherlands

Focus group outcomes as well as literature on integration show that in general in NL we need to turn around our approaches: instead of passing on information (we tell you how to behave and act, we check whether you are able to reproduce) the focus should be on discussing, sharing viewpoints, awareness raising and dialogue. Since these are considered more effective ways to make migrants aware of differences, choices they have, find own arguments for making choices and, in the end, to internalise.

Majority of service providers also act like: "we have provided that information therefore they should know". Some information is passed on only once. Most of the providers tend to forget that immigrants are confronted with TOO much information on TOO many subjects. Information is passed on in a lecture kind of way hardly creating the opportunity to internalise it. Therefore, it is suggested to develop instruments which help create a dialogue on the subjects at hand.

Also the subject needs to be addressed not only once, but needs to occur many more times during the first years of integration. Tools need to be developed to create such learning opportunities and support providers to address the issue of parenting and health in a similar way: engaging, open, as a dialogue, raising awareness, help migrants make own decisions and ask for help when needed. Participants of the focus group stress that for NL tools need to strengthen the existing offer of providers and neighbourhood centres instead of creating a separate new and additional training which will be offered only once. Training programs will only be used once potential participants understand they have a problem or need: therefore, priority should be on awareness raising.



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France

The main solutions identified are:

- Create a project to can share the diagnosis from each structure on parenting and health
- Expansion of the existent activities and projects
- More financial investment from Political Authorities, because it can help to develop not also more projects, activities, but also to train professionals in these areas. (Paid and unpaid staff – volunteers).
- Invest in volunteer workers training– as resource persons- because it is central in building a cohesive and inclusive society based on solidarity and active citizenship and develop social link, solidarity and fight against all forms of exclusion.
- Develop digital support services to facilitate the access to the social services – for migrants and social workers
- Develop Health mediation for people far from prevention and care systems;
- Simplify existent procedures and provide access to smaller structures to existing arrangements - this will reduce the waiting time for access to right.
- Develop public free devices as PASS, AME and CMU
- Create more health centers as PASS, mainly in big cities, with more professionals available and make way for smaller structures to work on it
- Create a new pedagogical approach and methodology to treat easily and deeply this subjects
- Involve more stakeholders in the existent devices
- Involve many resource persons, in the existent actions
- Develop the translators support services, in the different kinds of proposed services, and train them to be able to work directly with professionals and migrant people, as mediators, that will permit to create a connexion with communities and social services, workers, structures, public devices, etc

Greece

People with advanced communication skills for all parts involved are imperative, followed by proper translation services. All media and methods should be simple, accurately mapping needs. Content provided from all initiatives should be clear and properly addressed.



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All parts involved should be partners witnessing the same image and framework.

Any approach should respect people's different cultural, religious, political and other background, respect their needs expressed e.g. it is highly unlikely to convince a family of Muslims that a woman should be equal to a man, go out of the household and children care and share responsibilities with her husband.

According to the interviews we had with the experts, courses on language skills and cultural aspects were highlighted as a very important solution, as they will allow for faster, better and more independent access to services and health providers. Interpreters and cultural mediators were also mentioned.

- Constant mapping of backgrounds and needs
- Parental support groups for both mothers and fathers, respecting their cultural background
- Networking migrant and refugee women in Greece promoting empowerment, communication and active citizenship, as well as intercultural exchange
- Culture exchange projects involving locals and immigrants through daily activities, sessions, collective artistic projects
- Projects networking children of different background through simple games or especially designed activities
- Everyday visits of health officers from local Health Centers in camps and immigrant communities to map custom and general needs
- Informative sessions about basic rules of hygiene and health
- Mandatory inclusion of refugees and immigrants in the local authorities project "Help At Home"
- Courses on language, employment and other topics (such as diversity and inclusion), including online courses MOOCs that will be easier for refugees and immigrants to access. This material should ideally be in different languages, because there is a large number of people who do not know English, much less Greek.
- Courses that would focus on mental health
- Courses that focus on motherhood
- Create a multilingual public database with examples and trainings for health and parenting online

Sweden

Suggestion for solutions regarding cooperation between stakeholders is:

- more time and resources for individual support



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- more mapping of individual needs
- common framework for stakeholders
- communication between stakeholders and resources for coordination, also to inform about different projects and courses

The needs vary nationally whereas we usually can see closer cooperation in smaller cities between stakeholders (where they often have e.g. centers for integration support). Regarding the methods to reach migrants and refugees and also more settled immigrants, suggestions from interviews are:

- increased outreach
- home visits
- inclusion of more settled migrants/role models in the integration process of migrants and refugees and other immigrants with low level of integration
- development and strengthening of interpreter services
- to create courses/education for holding civic orientation classes and to make the lectures more based on dialogue
- more resources to civic orientation (more time)
- to create method/materials that are more accessible
- to make methods more inclusive, based on dialogue and which are culture-sensitive
- to create method/materials in more basic Swedish that can be used in e.g. SFI, BVC and open pre-schools

4. Further methods/methodologies that are suggested to be developed for providing information to immigrants regarding health and parenting

Netherlands

Participants of the focus group and the desk research indicated that in NL situation the focus should not be on development of a complete new offering but on strengthening the existing ones. Also focus should be on strengthening the existing offer and make it more accessible.

Therefore, both sources suggest the following:

- Methods which can be integrated in the existing offerings thus enriching their content as well as their efficiency
- Methods to reduce the feeling of shame to ask for help



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- Methods which facilitate / contribute to awareness raising, exchange of experience, dialogue, forming of own opinion
- A more frequent return of the same subject throughout the whole chain of integration;
- A method which can be easily integrated and used by all stakeholders from the earliest moment of integration onward
- A low threshold method that is inspiring and fun when used

France

- Create a digital platform to centralise the very useful information and thus to easily share the information with an easier access
- Create more group meeting workshops with activities based in these areas, to promote group discussion with a presence of trained professionals
- Update some of the existent material, as physical and digital guides
- Create more interactive materials as videos, pictograms, etc., in many different languages, 'from migrant people' 'to migrant people', that permits to jump the language barrier and to approach differently the host country culture and their cultures
- Develop FOS methodology in low french language courses, focused on the essential needs, rights, daily-life, for an easily migrant integration
- Develop some informative physics materials as flyers, awareness posters in certain specific places
- Develop workshops where migrants already integrate in the host country will explain and talk directly to other migrants from their communities

Greece

- Hold regular, well-publicised information sessions to educate asylum seekers about their rights, providing examples of gender-based violence, and clearly explaining how they can report incidents of violence, abuse, and exploitation.
- Conduct regular mapping of NGOs and services available.
- Hire more civil servants to work as medical professionals, social workers, psychologists, lawyers, guardians, and interpreters, especially for areas hosting sizeable numbers of asylum seekers



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Sweden

Regarding the information of health and parenting is is suggested to develop:

- Method/Material that can be used in different places and times of the integration chain in SFI, BVC, open pre-schools etc, that is in very easy Swedish and/or easy Swedish.
- Method/material that is more basic and easy accesible with the potential to reach a wider audience and the ones who are hard to reach
- Method/material that is interactive and encourage dialogue
- Method/material that includes pedagogical aspects to make it more attractive to language courses
- Method/material that take into consideration the knowledge and competences of the target group
- Method/material that avoids the top-down appraoach common in civic orientation and parental courses



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