



## Transcultural Skills for Health and Care

Final Report

Public Part

## Project information

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## Executive Summary

T-SHaRE project has aimed to improve the organization of health services to make them more accessible to migrants, to improve the relation and communication between health professionals, cultural mediators and immigrant Communities, to enhance the migrant's values and approaches, their knowledge and competences related to health and health care.

That means to define, enhance and recognize the expertise of cultural mediation in the health care sector in order to remove forms of exclusion, rejection or misunderstanding that often occur in health services, when the migrant users have a hard time orienting themselves in a system of signs, interpretations, procedures and interventions that are often distant or disrespectful of their condition and culture.

In particular, today functions and responsibilities of the cultural mediator in the area of health care are not clearly defined or shared in the Member States and at the European level. This often creates misunderstandings with health care providers and physicians, which affect the intervention. This emerges particularly in the complex and delicate areas of migrant women's health and mental health, where the health dimension is closely related with the social, cultural, relational, legal and economic dimension: migrant women have a higher index of neonatal mortality and pre-term / low weight births; migrants with psychiatric needs find often difficulties to access to and to receive psychiatric treatment.

Furthermore, immigrants in the EU territory are not only users of health services, but sometimes they have and bring to Europe knowledge, practices, cultural representations of illness and health, medical practices, help and care relationships, which potentially represent an opportunity for innovation and improvement of European health models for all European citizens. T-SHaRE has aimed to bring out different visions and practices in the field of health and care, with a view to make them interact.

The main aims of the project have been to study these problem and develop methodologies and tools for the establishment and training of inter-professional and cross-cultural teams working in the health care service, and for the recognition of competences learned in non-formal and informal settings "on the job" both by practitioners and by cultural mediators.

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## Project Objectives

T-share aims:

- To improve European health services models to make them more accessible to migrant users through the promotion of cross-cultural competences in social and health care services, essential to pay attention to migrant's cultural and personal background, and therefore remove forms of exclusion, rejection or misunderstanding that occur when the migrant users have a hard time orienting themselves in a system of signs, interpretations, procedures and interventions that are too distant or disrespectful of their condition and their culture;
- To make health services places for professional lifelong learning, considering the services units, the inter-professional teams which provide support to users arriving from different social and cultural contexts, as a "community of practice", that are privileged places for action research, continuous education and recognition of competences acquired on the job, in the field of cross-cultural approach to treatment;
- To improve the relationship between doctors, health professionals, mediators, immigrant communities, through the development of methodologies and tools for managing the personal implications, interacting constructively in a group, and enhancing the soft, hard and cross-cultural skills of individual players and teams;
- To define, enhance and recognize the necessary expertises in cultural mediation in the health sector, and to identify the role and profile of "Therapeutic Mediator" as a key professional to interact with the patient, so as to improve employability, professional growth and social inclusion of immigrants in the health sector;
- To enhance the value of "other" visions, approaches, knowledge, expertise in the health care field that migrants carry, through the active involvement of privileged witnesses both in the activity of the needs analysis and participatory evaluation of models and services, and in the perspective of integrating complementary medicines and different medical cultures in the European health care systems, to improve and innovate services for all.

## Project Approach

T-share partners have all been involved in different ways in managing and providing health care services and/or in trans-cultural issues. Thus, the project arose from the needs of the partnership:

- To solve the high grade of misunderstanding between health operators and immigrants, due to different approaches to cures and to the lack of tools for trans-cultural exchange, analysing on one hand the need of health professionals for additional training about migrants background and expectative about health and medicine, and on the other hand the vision, the competences and the needs of migrant communities about health.
- To define more clearly useful and necessary functions and responsibilities of cultural mediators in the health care system in the Member States and at European Level, actively involving professionals, actual mediators, users.
- To define more clearly necessary intercultural approach/training of each practitioner involved in the teams working in the health care services addressed to migrants.
- To acknowledge skills and competences learnt on the job by cultural mediators in the health care system.

In the development of the project approach we have considered partners' involvement as a strong point, so the whole project was structured as an action research, in order to investigate anthropological and trans-cultural approach to treatment, involving in "communities of practices" all the stakeholders (users, mediators, health professionals, medical experts of immigrant cultures, researchers, policy makers, etc.)

### Action research

T-SHaRE revealed needs and suggestions of users, enhancing knowledge and medical practices from other cultures, identifying the necessary competences for the dedicated teams and for individual operators; promoted the recognition of competences learned in non-formal and informal settings; designed tests and evaluated blended learning paths for training on the job.

T-SHaRE brought out the point of view of all the key players by involving them through action research to design innovative protocols for health and social services including and welcoming immigrants, and to strengthen cross-cultural competences of services at all levels.

T-SHaRE actively involved, from the initial planning phase, public and private organizations of the health care system with immigrant users, research and training centres, associations for the promotion of rights and inclusion of immigrants, cultural mediators, privileged witnesses with expertise in complementary/traditional medicines coming from immigrant communities, immigrant users of health services. All partners picked key-operators for multi-professional team-building, motivating participants to adhere to proposed activities. Each one elaborated his/her own knowledge and participated in the elaboration of others' knowledge, developing a common knowledge. This allowed initiating shared processes of change, producing empowerment, giving space and legitimacy to the views of the weakest, and designing open processes of transformation.

T-SHaRE combined quantitative and qualitative methods of data collection: analysis of policy documents and evaluation studies; questionnaires, focus groups and/or semi-structured interviews with key informants, practitioners, cultural mediators and patients; participant observation and self-assessment during the testing stage (WP9). Strategies for data analysis included thematic and narrative analysis.

### **Anthropological and trans-cultural approach to treatment**

T-SHaRE promoted a trans-cultural anthropological approach to offer European professionals (physicians, psychiatrists, psychologists, midwives, nurses and various professionals) innovative tools - not present in the academic training curricula of different partner countries - to relate to different modalities of conceiving the body functioning, health and illness, gender identity, motherhood, mental suffering.

This approach reassessed the encounter between cultures and, more generally, the relationship between doctors and patients, and allowed to renew the relationship between "cure" and "care". The term 'culture' refers not only to patients' ethno cultural background, but also to the knowledge and practices of health care providers, and to the implicit values and ideologies that structure the health care system. There are fundamental links between the structure of mental and women health services and the broader socio-economic, cultural and political contexts in which they are embedded. An adequate response to cultural diversity encompassed attention to language, racism, and inequalities of power as well as the positive meanings of cultural tradition and ethnic identity.

Furthermore, the awareness of different ("non-natural, holistic, etc") categories of "health" and "disease" stimulated a critical reflection on some paradigms such as evidence based medicine and the importance of attention to socio-cultural factors in the diagnostic process and treatment.

T-SHaRE is far from those paradigms based on the classification of ethnic groups and cultures as closed and autonomous systems. The trans-cultural approach to care offered by T-Share allowed instead taking into account and share the perspective of the other (practitioner, health professional, mediator, user), forecasting on the one hand the strengthening of expertise for members of the team, and on the other preparing the team to work in groups and with users through an "open method".

### **Learning on the job and communities of practice**

The on-the-job orientation and training path of T-SHaRE was designed on the basis of needs analysis and suggestions of users, mediators, health professionals and medical experts of immigrant cultures of the countries of origin, and it was based on a constructivist and decentralized approach. Learning was perceived as a process based on experience. In this sense it has been a social practice in which the character of the relational and the situational nature of knowledge and the negotiated character of meaning was highlighted. It was considered necessary that people-who-learn legitimately participate in the community of practice for the process of learning to be effective.

The team of T-SHaRE facilitated this process by enabling "environments" of collaborative and blended learning in offering courses in health services offered in each country. The courses were divided into different phases. The first phase of orientation and training on site was addressed separately on one hand to mediators and on the other to doctors, nurses, psychiatrists, psychologists, obstetricians, paediatricians. The second phase involved the entire team (professionals and intermediates) in each partner country. The third phase, with the activation of a helpdesk, faqs and remote monitoring was carried out during the activities of delivery of services dedicated to immigrants in the field of mental and women's health .

The fourth and final stage, involved teams in a process of self-assessment of services and of training path, and of comparison and exchange with colleagues in other countries.

T-SHaRE planned the following key activities:

- First of all an assessment of the state of art in the countries directly involved in the projects through:
  - the comparison of immigrant access to the health care systems in countries involved (a desk research in each country/region involved)
  - the individuation of cultural mediation practices - and related skills officially requested, actually used in the health care services (a desk research in each country/region involved)
  - the analysis of cultural representations, skills and needs of migrants' communities relating to the field of health care, in the key sectors (an action-research aimed at identifying and describing, from a trans-cultural point of view, compatibilities, analogies, possible complementarities existing in different therapeutic cultures)
  - the analysis of therapeutic mediation skills the involved professionals should have/acquire/improve from the immigrants' points of view (action-research involving the immigrant users of health care services)
  - the analysis of training needs in the field of therapeutic mediation from the cultural mediators' and the health and care operators' points of view (action-research involving all the practitioners working in the health care services addressed to migrant users)
  - the design and stipulation of innovative protocols for building and training inter-professional and intercultural team working in the healthcare services for migrant users (focus on mental health and women health). These protocols were prepared using results of the previous action-researches. In each country/region involved a protocol between T-SHaRE partner and authority in charge for management of health care services addressed to migrant users was stipulated.
- to write the drafts of the main T-SHaRE results:
  - Draft of Guidelines for trans-cultural training of health practitioners and therapeutic mediation operators in the fields of mental health and women health
  - Draft of Guidelines for trans-cultural approach to health and care in the fields of mental health and women health (a description of quality standards for health care services – mental health; women health – to provide to migrant users within a trans-cultural point of view)
- to test innovative protocols for building and guiding inter-professional and intercultural team working in the healthcare services for migrant users. Each protocol focused on mental health services and/or women health services. Protocols stipulated in the previous stage foresaw not only guiding inter-professional and inter-cultural team working but also carried out innovative services. Both the guiding path and the innovative services were assessed by target users, in the action-research approach to quality.
- to redefine the Guidelines for trans-cultural training of health practitioners and therapeutic mediation operators in the fields of mental and women health and Guidelines for trans-cultural approach to health and care in the fields of mental and women health, using results of previous testing/assessing activities.

## Dissemination

The dissemination and exploitation strategy of T-SHaRE was designed to promote the active participation of stakeholders and final users, according to the general approach of the project. The dissemination strategy of T-SHaRE has been tailored according to the specific needs and expectations of each target group.

T-SHaRE was addressed to:

1. Professionals and practitioners from the public health sector: doctors, psychiatrists, midwives, psychologists, nurses
2. Cultural Mediators
3. Immigrants experts in the field of health and care
4. Immigrant users of health services and social services, public and private
5. Professors, researchers and university students
6. Key players of social and social-health systems and services
7. Key players of health policy
8. Key players of policies for social inclusion, immigration, equal opportunities
9. Key players of Vocational and Education Training systems
10. Key players of Institutional Accountability and Functioning Authorization for Cultural Mediation or Therapeutic Mediation in health, social and educative services (at Regional or State level)

T-SHaRE has developed a specific strategy, methodologies and tools in order to reach and involve each category of stakeholders and final users.

The target groups as defined at points 1., 2., 3., 4., were actively engaged in the Development and Exploitation stages: the analysis of the visions, cultural performances, competences and needs of immigrant communities in health and care, from the perspective of beneficiaries (WP4); the identification of competences for cultural mediation in the health sector with the involvement of users, cultural mediators, health care professionals (WP5, WP6); the design and testing of innovative protocols for the establishment and training of inter-professional and intercultural teams of Health services for immigrants in the fields of mental health and women's health (WP7, W9). T-SHaRE foresaw to achieve a specific brochure in each country/region, addressed to immigrant users during the pilot testing (WP9) and use all best means of communication.

The goal of WP 12 – has been to transfer in daily practices and W13 – Mainstreaming, and to make aware the local, National, European and International networks of stakeholders and policy makers, as at the previous points 5.,6.,7.,8.,9.,10.

The interim and final results of T-SHaRE are available for free download by registered users on the project website, in the web pages Report of Research and Methodological tools. The aim is to promote the spreading of the project outcomes, their testing and transfer in daily practices by the networks of key players and, in the meantime, to continuously enlarge and reinforce the stakeholders' networks at all levels. The mainstreaming activities are aimed to guarantee the spreading and the effective utilisation of the project outcomes by all people interested, and their sustainability.

The T-share approach to quality comes from the action-research approach to quality, crossed with needs to support the management providing analysis of the situation and possible solutions to gaps and problems (if any).

The internal quality was monitored by the *cahier de bord* (six monthly), focus group within the project meetings, questionnaires during the project meetings, while the epistemological

framework in which the researcher or the manager work within the project was assured by logical framework matrices.

Quality of intermediate and final outputs was checked by the Scientific Committee, created to promote coherence and validity of intermediate and final results of the project, and so to help dissemination of the project results within Universities, research and education Agencies, health managers and policy makers. The quality of research was assured by the professional peer review (typical process of action-research where production of knowledge was considered as a social product coming from interaction of different members of communities). The external quality was assessed by beneficiaries of the external activities. In particular the whole stage dedicated to test protocols was also a stage where the quality of T-Share outputs was assessed by a sample of persons who used these outputs (when and if they will be inserted in the health care systems daily practices). It was taken into careful consideration by peer review that specific precautions and limits exist when assessment is collected too close in time or during a phase of treatment. For this reason assessment by users was collected only where and when the context allowed it.

## Project Outcomes & Results

The main outcomes and results of the research are:

**Innovative Protocols for the establishment and training of inter-professional intercultural teams in health services in each country**, based on the model for the organization and management of services for immigrant users in mental and women's health as defined by T-ShaRE

**Guidance pilot paths on the job addressed to cultural mediators and practitioners working in women's and mental health sector.** Activities: - field experience "on the job" under direct supervision or in blended e-learning or distance learning; - self-assessment of the pathways with the active involvement of participants;

**Dossier on the necessary competences for intercultural and inter-professional teams in health services** (focus: mental health, women's health): a descriptive competence map related to the functions, roles, tasks to be performed and to the contexts of intervention. The Dossier is a tool that goes in the direction of recognizing the competences learned on the field and better defining professionals to involve at the local, national and European level.

**Training Guidelines for health professionals and mediators, for the acquisition and / or enhancement of competences identified in the dossier:** tested, evaluated and validated by health professionals, mediators and users during the pilot locations. They are a tool to orient and ongoing train health professionals and mediators in a cross-cultural perspective.

**Guidelines for trans-cultural approach to health and care**, which offer guidelines to organize and manage transculturally competent health services, based on the innovative protocols implemented in each partner country. They should realize: the definition of tasks, responsibilities and code of ethics for mediators and the team as a whole, the quality standards of services for users in women and psychiatric health fields.

The partnership decided to edit a single book including all the final results delivered in WP10: **T-Share Standards and Guidelines of Practice**. The book is divided in two parts: the **Guidelines for a transcultural model of mental health and women health services**, conceived as a handbook to design and achieve or improve healthcare services addressed to immigrants and/or to people with diverse cultural backgrounds; and the **Guidelines for training methodology**, providing guidelines and tools in order to train healthcare practitioners, included (inter)cultural mediators, to be more effective and efficient within these services, according to the T-Share theoretical framework and ethical approach. The book has been edited in English (2000 copies) and in Italian (2000 copies). The title of the Italian edition is "COMPETENZE TRANSCULTURALI PER LA SALUTE E LA CURA. Linee guida per la formazione e per la qualità nei servizi socio-sanitari". The T-Share Standards and Guidelines of Practice are diffused for free and under the creative commons license among all identified target groups. They are available both as hard copy – a printed book, in English and in Italian, and as online publication, downloadable from the T-Share website, from the partners' websites and from further webzines and websites managed by associated partners. The online version of an abstract of the book is available also in the other languages of the consortium: French, Slovenian, Portuguese. Furthermore, the Norwegian version is available both as digital version and as printed book.

In addition to the main outcomes here above, one of the **most visible results** according to the project objectives is the [www.tshare.eu](http://www.tshare.eu) website. It has been launched in October 2010 in its final shape with integrated services as well as project website and working space for the partners and for the communities.

The interim and final results of T-SHaRE are available for free download by registered users in this section of the website, in the web pages Report of Research and Methodological tools. In the first there are the results of the studies, research and analysis carried out, in the second the tools and the related methodological indications which are produced or adapted to carry out research activities in each country. The Guidance path for health care professionals and cultural mediators are available on the website. In order to give a track for orientation in the outcomes delivered up to the end of April 2012, here below you'll find a short introduction to each deliverable available on the website:

In the reserved area to the partnership on **Research**, you'll find the draft versions of the methodologies, tools and deliverables produced by the partners to carry out the research activities. In fact, a deliverable could be published in the public area of the website (Public Section "Results") only after a shared discussion, testing and validation by the whole researchers' team. At this point, there are:

- WP2: Individuation of health care systems and migrant users and practitioners' emerging needs – questionnaire
- WP2: Questionnaire filled in by partners
- WP2: Report "comparison of health care systems and health services for immigrants in countries involved"
- WP3: Individuation of Cultural Mediation Practices and Related Skills Needed, Presently Used in the Health Care Services – questionnaire
- WP3: Questionnaire filled in by partners
- WP3: Report "Individuation of Cultural Mediation Practices and Related Skills Needed, Presently Used in the Health Care Services"
- WP4: Analysis of cultural representations, skills and needs of migrant communities relating to the field of health and care, in the key-sectors - Methodology and Focus groups outlines
- WP4: Report by partners
- WP4: Comparative report
- WP4: excerpts from focus groups
- WP5: Analysis of therapeutic mediation skills the involved professionals should have/acquire/improve from the immigrants point of view - Methodologies and tools for involving users in the research action and collecting comparable data –
- WP5: Analysis of therapeutic mediation skills the involved professionals should have/acquire/improve from the immigrants point of view – questionnaire – report by partners, final report by KD GMAJNA
- WP5: questionnaires filled by partners
- WP6: Analysis of the training needs in the field of clinical mediation, from the intercultural health mediators and the health care operators point of view – methods and tools –
- WP6: Analysis of the training needs in the field of clinical mediation, from the intercultural health mediators and the health care operators point of view- Template
- WP6: National Reports about identified proposals and needs
- WP6: Analysis of the training needs in the field of clinical mediation, from the intercultural health mediators and the health care operators point of view – template for the national report – national reports – final report by NAKMI

- WP7: Definition of quality standards, ethical guidelines, European transcultural model of mental health and woman's health services, 6 national protocols.
- WP8: Guidelines to transcultural training and transcultural approach to health care in the field of mental health and woman's health.
- WP9: methodology and tools for the achievement of the pilot testing; guidelines for final reports on assessment by ASL and AFF, methodology of assessment on training by AFF and evaluation of training by CRIA, methodology of assessment with active participation of users by GMAJNA, 6 national reports on training activities; - final report on the achievement of pilot testing by ASL NA2 Nord
- WP10 by Cria - T-SHaRE Transcultural Standards and Guidelines for Practice and Training

In the **Management** page you'll find the following reports, methodologies and tools:

- the complete project form
- public progress report
- confidential progress report
- budget management instruction
- breakdown budget
- executive plans
- new timeline, corrective actions by ASL
- members of the Scientific Committee
- the mailing list of the researchers, the managers and the administrative teams
- minutes of conference calls
- the agenda of the meeting presented by partners during the partnership meetings in Naples
- the slides about the management tasks presented by partners during the partnership meetings in Naples
- -The Minutes of the partnership meetings in Naples
- Kick-off attendance sheets
- The Minutes of the partnership meetings in Paris
- The Minutes of the partnership meetings in Lisbon
- The Minutes of the partnership meetings in Turin
- -The Minutes Agenda by ASL of the final meetings in Naples
- the slides about the management presented by ASL

The Minutes of the final meetings in Naples

In the page **Dissemination** there are:

- the Dissemination kit: logos, head-paper layout, deliverables layout, by ARACNE
- the Instruction about how to use the project website
- slides with indication about WP11 Dissemination tasks by ARACNE
- slides with indication about WP12 Transfer in daily practices tasks by ARACNE
- the Dissemination Plan by ARACNE
- the Dissemination Plan by partners updated at 2010
- the Dissemination Report kit: template for the Dissemination activities report, Acronyms to identify the target groups, the Dissemination Plan, by ARACNE ( 1<sup>st</sup> ed.2010;2<sup>nd</sup> ed.2012)
- the Dissemination reports by each partner ( 2010,2011,2012 )
- the Dissemination Report by ARACNE ( 2010, 2011,2012
- The T-Share leaflet in ENG/ITA/ POR/FRE/ NOR/S
- The T-Share Brochures in ENG/ITA/ POR/FRE/ NOR/SI)

- Dissemination Report template November 2011
- New timeline
- Report on Ambulatory of traditional medicine in the Ascalesi Hospital
- Report about the workshop held by ARACNE at Le puy en Velay (FR) 19/03/2012
- Video about the workshop held by ARACNE on 1/04/2012
- T-SHaRE Guidelines
- Special number of the Italian Philosophy journal "Porta di Massa", devoted to
- T- SHaRE results, with scientific articles by partners

In the page **Quality**, there are the following methodologies, tools and reports:

- Quality Plan
- Project flowchart 1 (before the amendment)
- Project flowchart 2 (after the amendment)
- GANTT 1 (before the amendment)
- GANTT 2 (after the amendment)
- Matrix of Logical Framework
- Cahier de bord
- Cahier de bord filled by partners (first and second monitoring)
- Report (first and second quality report)
- Scientific committee internal rules
- Scientific committee members list
- assessment form for project implementation, progress and communication
- assessment form for t-share meeting evaluation
- assessment form for project management
- assessment form for valorisation: exploitation and dissemination
- Proposal of corrective actions (21 March 2011)
- New timeline
- Time lines (21 March 2011)
- Monitoring Reports from march 2011 to April 2012
- Quality questionnaires report (Paris, Lisbon, Turin)
- 

In the page **Mainstreaming** you will find:

- Strategy about the identification of local policy makers
- Methodologies and tools for policy makers' involvement:
- Model of agreement with policy makers
- Presentation letter
- 4 Agreements drafts and statement by GMAJNA
- List of Policy makers for each country
- Template for assessing WP13 activities
- WP13 slides
- Report about the identification of local policy makers
- Recognition and validation of main results (WP10) by policy makers .....

In the page **Sustainability** you will find:

- General Exploitation and Sustainability Plan \_30 Aprile 2012, by ARACNE
- General Exploitation and Sustainability Plan \_24 March 2012, by ARACNE
- Annexes A: Sustainability Plans by partners: MINK - CRIA - ASL NA 2 Nord - Centro Shen - ARACNE - Gmajna
- Annex B: AGREEMENT ON INTELLECTUAL PROPERTY RIGHTS\_DRAFT
- Methodology by ARACNE
- Outlines by ARACNE
- Template by ARACNE

## PARTNERSHIPS

The T-SHaRE project involved nine high profile bodies with special expertise in the field of research and higher education, VET and e-learning, medical anthropology, transcultural psychiatry and ethno-psychiatry, complementary medicines, public health services, promotion of immigrants and ethno-cultural minorities rights and inclusion.

**ASL NA2 Nord** (Local Health Unit Naples 2 North), the coordinating body, is a public health institution in charge to manage and provide the health services on a large territory of about one million inhabitants. Its expertise regards the coordination and the management of an high number of health services, in order to guarantee every kind of medical assistance and preventive interventions to citizens and immigrants, including irregular ones. Moreover it is a training provider for the continuous learning of health practitioners. This is why its main tasks are the coordination of the management activities, as project coordinator (WP1) and, as main health system public institution of the Consortium, the coordination of the key exploitation and testing stage within the health services (WP9) and of the mainstreaming activities (WP13).

**Fanon, CRIA, Minkowska and NAKMI** carry out studies and research to improve the health services addressed to immigrants and ethnic minorities at a national and transnational level. Their main field of interventions are medical anthropology, transcultural psychiatry and ethno-psychiatry. NAKMI is a governmental unit initiated by the Ministry of Health, that became a meeting point for minority health issues in Norway. CRIA is an inter-institutional national platform in social and cultural anthropology exploring, through its Medical Anthropology Network (NAS), the ways in which issues of risk and pathology interlock with social factors such as poverty, racism, gender, migration, colonial history, health policies and social exclusion, in order to provide guidelines to policy makers and stakeholders. Minkowska and Fanon carry out also clinical practice with patients and training courses for health practitioners, clinicians and cultural mediators. Fanon is the main centre for ethno-psychiatry in Italy and its clinical centre is exclusively addressed to asylum-seekers or refugees with trauma-related symptoms, victims of torture, victims of trafficking and immigrants with the range of psychiatric disorders. Minkowska was the first clinic to address the needs of migrants and refugees in France in the realm of mental health, and continues to be regularly cited as a model in planning new services. It has introduced a clinical medical anthropology approach to care which allows for a non-stigmatizing, person-centered approach to mental health-care provision. It was recently accredited by French Higher Health Authority as a formally participating to the public health system.

These partners' main tasks were related especially to the research and development activities. In particular: WP2 (Comparison of health care systems in countries involved) was coordinated by CRIA; WP3 (Individuation of Cultural Mediation Practices and Related Skills Officially Requested, Actually Used in Healthcare) was coordinated by Minkowska; WP6 (Analysis of training needs in the field of therapeutic mediation, from the cultural mediators and the health care operators points of views) was coordinated by NAKMI; WP7 (Design of innovative protocols for building and training inter-professional and intercultural team working in the healthcare services for migrant users, focus on mental health and women health) was coordinated by Fanon; WP10 (Adjustment of outcomes according to experimentation results) was coordinated by CRIA. Furthermore, they gave a fundamental contribution to develop the WP9 (Testing of innovative protocols for building and guiding inter-professional and intercultural teams working in the healthcare services for migrant users, focus on mental health and women health), the WP4 (Analysis of cultural representations, skills and needs of migrant communities relating to the field of health and care, in the key-sectors); and the WP5

(Analysis of therapeutic mediation skills the involved professionals should have/acquire/improve from the immigrants' points of view). Finally, Fanon wrote the Training Guidelines for health professionals and health cultural mediators and Minkowska with the support of CRIA wrote the Guidelines for transcultural approach to health and care.

**Shen** is a not for profit organization addressed to the exchange of knowledge and skills and the peer to peer learning among Italian and immigrants experts of diverse medical cultures and practices. Its members collaborates with some Local Health Units of Campania Region to facilitate the access of immigrants to the public health services and to improve the cultural mediation within these services through pilot experiences focused on the valorization of complementary medical practices. Due to its specific expertise, its main task was the coordination of WP4, Analysis of cultural representations, skills and needs of migrant communities relating to the field of health and care, in the key-sectors.

**KD Gmajna** is a not for profit organization formed by researchers, students, migrant workers, to promote the rights and the social inclusion of immigrants, refugees and asylum seekers in Slovenia. It carries out action-research and advocacy activities to empower immigrants and facilitate communication between them and the public institutions and services. This is why its main task has been the coordination of WP5, focused on giving value to the migrant users and ethnic minorities point of view and promoting their active participation. Gmajna participated to all the project WPs, and organized two national public workshop.

**Folkeuniversitetet** is Norway's largest organization of adult education. Its activities are deeply rooted in Norwegian tradition and its aim is to make leisure courses and further education accessible to all adults, regardless of social background. They firmly cooperated with NAKMI to carry out the project activities, focusing their contribution especially on dissemination activities in Norway. They have coordinated the WP8 Production of methodologies and tools aimed at recognising skills from formal and/or non formal learning, validation of skills learnt on the job, improving skills by training.

**ARACNE** produces methodologies and tools for the knowledge processes management. It develops research, training, communication and consulting in the field of education, VET and orientation; of social interventions and equal opportunities policies; of gender differences; of migration and social anthropology; of learning communities and territorial and virtual networks; of public policies and programmes evaluation. It develops and implements projects, initiatives and interventions at both local and transnational level, especially in the LLP Programme framework. Due to its special profile, ARACNE role in the project was the coordination of the transversal stages Dissemination (WP11) Transfer in daily practices (WP12) and Quality management both of the research & development and of the project management processes (WP14). Moreover, ARACNE was responsible not only for the external communication, but also for the internal communication tools.

## Plans for the Future

T-SHaRE is a project developed by professionals of the health sector, to respond to gaps and training needs that arise during the development of their work activities for migrant users: for this reason T-Share outcomes will be exploited in their daily work to accomplish their own training needs and to optimize the intercultural management in the work routine.

The activities of WP12 and WP13 have been activated before the date planned in order to awake interest in the users' groups before the starting of the WP9 pilot testing as the coordinator P1 suggested during the meeting in Paris

With a complex building and timing of steps and outcomes the materials produced in each WP enabled the partnership to have interesting outcomes, usable in many contexts. The WP7 (design of innovative protocols for building and training inter-professional and intercultural team working in the healthcare services for migrant users, focus on mental health and women health), and the WP8 (Production of methodologies and tools aimed at recognising skills from formal and/or non formal learning, validation of skills learnt on the job, improving skills by training) were steps essential to produce the main project outcome: the Guidelines for training, building and guiding inter-professional and intercultural teams working in the healthcare services for migrant users (focus on mental health and women health); WP9 (Testing of innovative protocols created by WP7 and WP8) have permitted a pilot testing of protocols and training on the job, giving further support to the WP10 final output through adjustment of outcomes according to the pilot experience results. A lot of exchange and feedback work was realized thanks to the peer review activities required by the organisation of these Wps, especially during the international meetings and skype conferences.

T-SHaRE through the use of its products (WP7/WP8/WP10) aims to impact on the future recognition of competences and qualifications in therapeutic mediation of cultural mediators and health professionals, and on validation, transfer and recognition of learning outcomes acquired in formal, informal and non-formal contexts , in accordance with the EU objectives. The involvement of policy makers in the fields of lifelong learning aims to ensure an intermediate and long term impact which can facilitate the adoption of the results of the project at a broader level within the European Healthcare systems.

Since all the partners and their network of associated partners are stakeholders directly involved in the in the health sector industry, they have an interest in transferring the results into their practices and in those of business partners and to develop further initiatives in this direction.

In particular we foresee:

- to continue both to strength the T-SHaRE multi-actor networks at local, national and European level, and to enlarge these networks, which are designed as open and flexible, using the project website as main communication tool,
- to interact and to collaborate with the New Skills Network that is working on the issue of how to facilitate the development of skills strategies and the process of skills upgrading and recognition,
- on project completion, it is expected to increment:
  - the number of stakeholders according to target group types interested in outcomes,
  - the use and testing of the results in all research projects, national / transnational university courses, seminars, master's graduate training courses in which a number of partners could be involved as organizations (P8 P4 P3, P2: research and University courses, P2, P4, P5 , P6, P1, P7: training of health practitioners and cultural mediators, or its members as part of the University and Research staff (P2).

In a follow-up perspective, the aim is to maintain, sustain and update project results, and to promote their continuing application and where possible their transfer to wider contexts, thereby maximising their impact. Many exploitation and multiplication activities have been already carried out and/or planned by all partners, in accordance with the specific operational context and situations and of specific needs and opportunities. In addition it is planned to integrate the experience from the T-SHaRE project in future work, i.e. in research on migration and health, involving migrant users and health service approach to migrants.

The results of the project will inform professional training programmes of the partners as well as some university graduate training. The results from the training protocol will be used to shape and improve future training for cultural mediators in the healthcare context. Partner NAKMI will implement these issues in a training program for health professionals and health managers from autumn 2012. The training program will have a special emphasis and focus on the issues of mental health and women's health. NAKMI has received public funding for this purpose. At the end of the project, a discussion will be raised concerning the feasibility of creating an e-learning program. Many partners are also interested in developing further national, EU and international projects.

It's important to remark also that the website will be active at least for the next 5 years and the consortium has decided to continue to manage it as it was during the life cycle of the project. The web site was and will be the main tool either for the internal or the external communication. The website environment and tools are the base to activate national and transnational stakeholders' networks, according to the WP11 Dissemination, WP12 transfer in the daily practices and WP13 Mainstreaming transversal stages

## Contribution to EU policies

The T-SHaRE project meets especially two targets of **Lisbon Education & Training Progress Indicators**. That is **Open Learning Environment**: healthcare professionals, health cultural mediators and their trainers will join a “guidance on the job” blended path. This is how T-SHaRE will raise participation in education and training of the adult population. The second target is **Making Learning more Attractive**: T-SHaRE intends to provide learning opportunities across all boundaries for healthcare professionals, health cultural mediators and trainees. In this sense it is expected to fully unfold the potential of the “Lifelong learning for all” paradigm across cultures, professional and generational boundaries.

But T-SHaRE also supports **Lisbon Key Competences**, meeting at least four targets:

**Communication in foreign Languages**: Many participants involved were not native English speakers; therefore they interacted in a foreign language, with the support of project partners acting as learning and language facilitators. In this way T-SHaRE learners and stakeholders will improve their written and oral communication skills in a foreign language.

**Digital Competence**: Digital competences improvement through either the web-based interaction among researchers, stakeholders and users’ groups, or the develop of an e-learning path addressed to healthcare professionals, health cultural mediators and their trainers, supported by project partners and technical helpdesk.

**Learning to Learn**: Participants to the pilot guidance path (WP9) through reflection about their learning experiences and thanks to self-assessment methodology and tools, have been able not only to refer to results, but also to the learning process. In this way they have developed their “learning to learn” competences.

**Interpersonal, Intercultural and Social Competences and Civic Competences**: will be improved through the active participation of users’ groups in focus groups (WP4,5,6) and in the pilot guidance path on the job (WP9). Moreover, the Guidelines to training embrace such modules as citizens and migrants’ rights and intercultural communication as far as healthcare provision is concerned.

Furthermore, according to European Life Long Learning strategies the T-SHaRE project contributes to support the following **horizontal policies**:

**Cultural and Linguistic Diversity**: Cultural diversity has been one of the main issue of the whole project. The language of work has been English, but attention has been paid to conduct action-research project activities in other languages, especially among learners and learning facilitators at national level. As translation and interpreting are the bases of any effective cultural mediation, the cultural mediators involved in the pilot paths necessarily improve their skills in this field. Moreover, in the main final results (Guidelines to training and Guidelines to a Transcultural approach) the importance of this issue has been highlighted.

**Fight against Racism and Xenophobia**: Immigrants and ethno cultural minorities in the EU territory are not only users of health services, but they bring their own knowledge, practices, cultural representations of illness, health, medical practices, support networks. This data cannot be ignored when it comes to health rights and immigrants integration. This phenomenon can cause problems, but could also represent an opportunity for innovation and improvement of European healthcare models, not only for immigrants but for all citizens. In fact, in the context of health care, participation would include not only the use of services but the presence of minorities in the health care system as practitioners, educators, administrators and policy makers. Of course, mere presence does not indicate the extent to which participants’ practice reflects aspects of their own ethno-cultural background knowledge. Hence, a more elaborated view of participation that includes ethno specific practice is needed. T-SHaRE brings out diverse visions and practices in the field of health and care, with a view (when this does not collide with the health of the individual and the

community) to make them communicate and eventually integrate them with the medical culture and with health services of host countries. In this way, the social inclusion has been a real bi-directional process based on the valorization of diversity.

**Equal opportunities between Men and Women** Gender balance, both horizontal and vertical, already exists in the T-SHaRE consortium. It is taken into account also when recruiting participants to pilot guidance path and while addressing stakeholders. Moreover, since a high percentage of workers in the sector are women, the improvement and the recognition of health cultural mediator's skills and role will contribute to strengthen women's participation in the EU labor market.

**Sexual Discrimination:** Migrant women risk to be discriminated in Europe especially in crucial moments of their life, like pregnancy, childbirth, birth-paths. This is why T-SHaRE considers women's health a key area in which to intervene. The high percentage of women giving birth in our hospitals highlights the importance of a new training service for health professionals and mediators. Women from different contexts (for example, from rural settings where home birth is still the norm) or carriers of behavioral patterns different from ours (gender relations, religious rulings, moral, etc..) can trigger situations of misunderstanding and difficulties during the approach/use of our health services. A transcultural approach to women's health is necessary to face these delicate and complex questions.

**Racial or ethnic origin discrimination:** one of the main objectives of the T-SHaRE project is to give a theoretical, methodological and operational contribution to the fight against racial or ethnic discrimination in Europe. Testing a trans-cultural approach to care responds to the need of adapting health care models to immigrant users: promoting skills that allow to meet cultural and personal background of users in the care activity is essential to remove forms of exclusion, rejection or misunderstanding that often occur in these services.

**Special Needs:** one of the two main fields in which T-SHaRE develops and tests research methodologies, tools and results is the complex area of mental health, where patients risk often to be discriminated or abandoned due to the difficulty in understanding and framing their condition of suffering on the part clinicians and health services. Our end-users include asylum-seekers or refugees with trauma-related symptoms, victims of torture, victims of trafficking and immigrants with a wide range of psychiatric disorders. T-SHaRE aims to improve the access of these very disadvantaged people to culturally appropriate mental health care by making cultural expertise available to clinicians in mainstream settings.

## Awards

As evidence of good work accomplished by T Share, this project received some awards:

The project was selected from the National Agencies Network Programm LLP “New Skills Network” as 1 of the 20 European best practices selected amongst 400 projects funded by the EACEA and was invited to participate in the final conference Copenhagen 9-11<sup>th</sup> May 2012;

The project received recognition and sponsorship by the Department of Labour, Vocational Training and Migration and Immigration of the Regione Campania for the high level and relevance of themes treated. 18<sup>th</sup> July 2011 ;

In Norway the partner NAKMI – p9 - have been given funding for continuation of the training program (carried out in WP9) recognised as significant and important from the general public funding.