



Transcultural Skills for Health and Care

Progress Report

Public Part

Project information

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Executive Summary

T-SHaRE project intends 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 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 State 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 area 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 an higher index of neonatal mortality and preterm / 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 relationships, which potentially represent an opportunity for innovation and improvement of European health models for all European citizens. T-SHaRE will then bring out different visions and practices in the field of health and care, with a view to make them talk.

The main aims of the project is 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 a non-formal and informal settings both from practitioners and from cultural mediators.

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Project Objectives

T-share intends:

- 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 interprofessional teams which provide support to users arriving from different social and cultural contexts, as a "community of practice", that's 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 the 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 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 are all involved in different ways in management and providing of health care services and/or in trans-cultural issues. Thus, the project arises from 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 migrants communities about health.
- 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.
- Define more clearly necessary intercultural approach/training of each practitioner involved in the teams working in the health care services addressed to migrants.
- Acknowledge skills and competences learnt of the job by cultural mediators in health care system.

In the development of the project approach we have considered partners involvement as a strong point, so the whole project is structured as an action research, in order to investigate anthropological and transcultural 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 reveals 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; promotes the recognition of competences learned in non-formal and informal settings; designs, tests and evaluates blended learning paths for training on the job.

T-SHaRE brings 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 involves, 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 pick key-operators for multi-professional team-building, motivating participants to adhere to proposed activities. Each one elaborates his/her own knowledge and participates in the elaboration of others' knowledge, developing a common knowledge. This allows 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 combines 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 will include thematic and narrative analysis.

Anthropological and transcultural approach to treatment

T-SHaRE promotes a transcultural 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 revises the encounter between cultures and, more generally, the relationship between doctors and patients, and allows 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 will have to encompass 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" stimulates critical reflection on some paradigms of bio-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. Transcultural approach to the care offered by T-SHaRE allows instead taking into account and sharing the perspective of the other (practitioner, health professional, mediator, user), forecasting on 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 is 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 is based on a constructivist and decentralized approach. Learning is perceived as a process based on experience. In this sense it is a social practice in which is highlighted the character of relational and situational nature of knowledge and the negotiated character of meaning. It is 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 facilitates this process by enabling "environments" of collaborative and blended learning in offering courses in health services involved in each country. The courses are divided into different phases. The first phase of orientation and training on site is addressed separately on one hand to mediators and on the other to doctors, nurses, psychiatrists, psychologists, obstetricians, paediatricians. The second phase involves the entire team (professionals and intermediates) in each partner country. The third phase, with the activation of a helpdesk, FAQ and remote monitoring will be carried out during the activities of delivery of services dedicated to immigrants in the field of mental health and

women. The fourth and final stage, will involve teams in a process of self-assessment of service and path, and of comparison and exchange with colleagues in other countries.

T-SHaRE foresees the following key activities:

- First of all an assessment of the state of art in the countries directly involved in the projects through:
- Comparison of immigrant access to the health care systems in countries involved (a desk research in each country/region involved)
- 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)
- 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)
- 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)
- 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)
- Design and stipulate 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 will be prepared using results of the previous action-research. In each country/region involved will be stipulated one protocol between T-SHaRE partner and authority in charge for management of health care services addressed to migrant users.
- 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)
- Test innovative protocols for building and guiding inter-professional and intercultural team working in the healthcare services for migrant users. Each protocol will regard mental health services and/or women health services. Protocols stipulated in the previous stage foresees not only guiding inter-professional and intercultural team working but also carrying out innovative services. Both the guiding path and the innovative services will be assessed by persons they are targeted to, in the action-research approach to quality
- Adjust Guidelines to 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 is 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 need and expectations of each target group.

T-SHaRE is 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 develops 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., are actively engaged in the Development and Exploitation stages: Analysis of the visions, cultural performances, competences and needs of immigrant communities in health and care, from the perspective of beneficiaries (WP4); Identification of competences for cultural mediation in the health sector with the involvement of users, cultural mediators, health care professionals (WP5, WP6); 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 foresees to achieve a specific brochure in each country/region, addressed to immigrants users during the pilot testing (WP9).

The goal of WP 12 – Transfer in daily practices and W13 – Mainstreaming, is to 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 at guarantee the spreading and the effective utilisation of the project outcomes by all people interested, and their sustainability.

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 is monitored by *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 is assured by logical framework matrices.

Quality of intermediate and final outputs is under checking of the Scientific Committee, created to promote coherence and validity of intermediate and final results of the project, and so help dissemination of the project results within Universities, research and education Agencies, health managers and policy makers. The quality of research is assured by the professional peer review (typical process of action-research where production of knowledge is considered as a social product coming from interaction of different members of

communities) The external quality is assessed by beneficiaries of the external activities. In particular the whole stage dedicated to test protocols is also a stage where the quality of t-share outputs will be assessed by a sample of persons that should use these outputs when and if they will be inserted in the health care systems daily practices.

Project Outcomes & Results

The main expected findings of the research are:

Innovative Protocols for the establishment and training of interprofessional 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 supervision in blended e-learning; - self-assessment of the pathways with the active involvement of participants;

Dossier on the necessary competences for intercultural and interprofessional 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. Are 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 transcultural 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.

Apart from the main outcomes here above, the **most visible result** according to the project objectives at present is the www.tshare.eu. 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 will be available in the upcoming months on the platform of the e-learning site. For the policy for the utilization of results, go to the Legal information within the T-share website.

In order to give a track for orientation in the outcomes delivered up to the end of October 2010, here below you'll find a short introduction to each deliverable available on the website: In the page **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 (DRAFT) –
- 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
- 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 for the national report

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

- the slides about the management tasks presented by partners during the partnership meetings in Naples and in Paris
- the complete project form
- The Minutes of the partnership meetings in Naples and in Paris
- The mailing lists of the researchers, the managers and the administrative teams
- Version 3 of Budget management instructions

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 Report kit: template for the Dissemination activities report, Acronyms to identify the target groups, the Dissemination Plan, by ARACNE
 - the Dissemination reports by each partner
 - the Dissemination Report for the first year of the project by ARACNE
- (Please note: The T-Share public Dissemination products and tools are available in the Public Section “Project” of the website, where you'll find to free download:
- The T-Share leaflet in ENG/ITA/ POR/FRE/ NOR/SI
 - The T-Share Brochures in ENG/ITA/ POR/FRE/ NOR/SI)

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)
- Martix 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

The page **Mainstreaming** will be activated soon (probably in the next February) .

Partnerships

The T-SHaRE project involves nine high profile bodies with special expertise in the field of research and higher education, VET and elearning, 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 provincial territory. Its expertise regards the coordination and the management of an high number of services, in order to guarantee every kind of medical assistance 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 program to address the needs of migrants and refugees in France and continues to be regularly cited as a model in planning new services. It has introduced new forms of consultation that reflect the changing nature of recent waves of migration. These partners' main tasks are relating specially to the research and development activities. In particular: WP2 Comparison of health care systems in countries involved is coordinated by CRIA; WP3 Individuation of Cultural Mediation Practices and Related Skills Officially Requested, Actually Used in Healthcare is 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 is 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) is coordinated by Fanon; WP10 adjustment of outcomes according to experimentation results is coordinated by CRIA. Furthermore, they'll give 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 will write the Training Guidelines for health professionals and health cultural mediators and Minkowska with the support of CRIA will write 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 trough pilot experiences focused on the valorization of complementary medical practices. Due to its specific expertise, its main task is 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 is the coordination of WP5, focused on giving value to the immigrants users point of view and promoting their active participation. Gmajna participates to all the project Wps, and will organize two national public workshop. **Folkeuniversitetet** is Norway's largest organization of adult education. Its activities are deeply rooted in Norwegian tradition and his aim is to make leisure courses and further education accessible to all adults, regardless of social background. It strictly cooperates with NAKMI to carry out the project activities, focusing its contribution especially on dissemination activities in Norway. It is the coordinator of 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 is 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 is responsible not only for the external communication, but also for the internal communication tools.

Plans for the Future

At the time of preparing this report the Workpackage 4, related to the Analysis of cultural representations, skills and needs of migrant communities relating to the field of health and care, in the key-sectors, has been developed for the 80%, and the WP5 methodology and tools has been developed by the WP coordinator. The delay (the foreseen deadline was the 15th of September, 2010 for WP4) is due to several factors: the general delay of the project development, the period for carry out the focus groups (during summer) and to adapt the focus group grid delivered by Shen to their national and local contexts, finally a problem of different meanings of terms and categories given from different partners (as in the previous WP2 and WP3 developing). This is why the next partnership meeting that will take place in Paris in the first days of November 2010 will be a fundamental occasion to discuss about problems occurred and find shared solutions in order to improve the quality and the effectiveness of the project workplan. Anyway, the general orientation emerging from the many skype and e-mail interaction among the partners is to continue to work hard to deliver high quality and effective results, useful to develop in the best way the coming research, development and exploitation activities. So in Paris it will be proposed to delay a bit more the deadline of WP4, WP5 (Analysis of therapeutic mediation skills the involved professionals should have/acquire/improve from the immigrants' points of view) and WP6 (Analysis of training needs in the field of therapeutic mediation, from the cultural mediators and the health care operators points of views) in order to have worthwhile and exhaustive data to use in the next WPs. For example two of the main emerging need are the definition of a common vocabulary among partners (specially better clarifying the health cultural mediator's role, functions and name), and the possible role of the complementary and traditional medical practices from third countries in the next steps of the project development. Nevertheless, thanks to the peer review the WP5 coordinator started to work on its topics before the starting date. The WP6 is closed linked to the WP5: this way probably the Project will be able to spend less time to accomplish the related tasks.

It's important to remark that a very complex and, in the meantime, usable project website has just been developed and published on line: it will be the main tool either for the internal or the external communication, and it will facilitate and give value to all the project activities and results, thank to its shared management and updating among all the T-SHaRE partners. The website environment and tools is the base for activate national and transnational stakeholders' networks, according to the WP11 Dissemination, WP12 transfer in the daily practices and WP13 Mainstreaming transversal stages. Indications about how to start-up and/or accomplish in the best ways these tasks will be discussed during the coming partnership meeting in Paris. In fact, it will be proposed in the Paris meeting to start the activities of WP12 and WP13 before the date planned, probably on February 2011, in order to aware the users' groups before the starting of the WP9 pilot testing. Due to the delay of the project, the foreseen national public report will be scheduled in the next year of work, according to the WP9 pilot testing stage timetable, and also the transnational public workshop should be scheduled according to a new timetable to define in Paris.

Since next WPs are completely based on the outcomes of the WP4,5,6, probably they will start in delay. They are: 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); 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 (with the first draft of the main project outcomes: Guidelines for training and Guidelines for a transcultural approach); WP9 Testing of innovative protocols created by WP7 and WP8 for building and guiding inter-professional and intercultural teams working in the healthcare services for migrant users (focus on mental health and women health) and WP10 Adjustment of outcomes according to the pilot experience results. Nevertheless, thank to the peer review activities the organisation of these

WPs activities have been already started and will be mastered during the next meeting in Paris and, then, in the third one in Lisbon (probably in the June, 2011).

T-SHaRE is a project developed by professionals of the sector, to respond to gaps and training needs that arise during the development of their work activities in connection with the immigrants users: it helps improving the system of Lifelong learning both because it comes from concrete needs and Labor market trends, and also because it is based on learning outcomes and competences. T-SHaRE in fact is also the base for future recognition of competences and qualifications in therapeutic mediation, and for validation, transfer and recognition of learning outcomes acquired in formal, informal and non-formal, in accordance with the EU objectives. Involving policy makers in the fields of lifelong learning, ensures a intermediate and long term impact which will 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 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 of these networks, which are designed as open and flexible, using as main communication tool the project website.
- starting from the second year and after the end of the project, it is expected an increment of: the number of stakeholders according to target group types, 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 will 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). About 6000 participants will be involved as researchers, university students, training courses students.
- at the end of the project, a remote help desk, operated by at least three partners, will be activated taking into account the experience of distance guidance of key activities results "experimentation on the job and orientation". It will be addresses to subscribed users, providing advice and guidance on how to deal with particular cases, both on demand and through the creation of FAQs for easy reference. It will be addressed to health care practitioners, including the health cultural mediators.

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 will not be native English speakers; therefore they will interact 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) will reflect about their learning experiences thanks to self-assessment methodology and tools, which will not only refer to the results, but also to the learning process. In this way they will develop their “learning to learn” competences.

Interpersonal, Intercultural and Social Competences and Civic Competences: will be improved through 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 will comprise such modules as citizens and migrants’ rights and intercultural communication as far as healthcare provisions are concerned.

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

Cultural and Linguistic Diversity: Cultural diversity will be adequately taken into consideration, since it’s one of the main issue of the whole project. Moreover the Master degree in intercultural and societal healthcare studies will devote a special attention to this issue. The language of work will be English, but attention will be 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 base of any effective cultural mediation, the cultural mediators involved in the pilot paths will 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 will be well remarked.

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, relationships help. 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 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 talk and eventually integrate them with the medical culture and with health services of host countries. This way, the social inclusion will be 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 the women participation in the EU labour 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 health a key area in which to intervene. The high percentage of women giving birth in our hospitals highlights the importance of 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 health is necessary to face these delicate and complex questions.

Racial or ethnic origin discrimination: one of the main objective 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 for the difficulty to understand their suffering condition by the clinicians. Our end-users include asylum-seekers or refugees with trauma-related symptoms, victims of torture, victims of trafficking and immigrants with the range of psychiatric disorders. T-SHaRE improves the access of these very disadvantaged people to culturally appropriate mental health care by making cultural expertise available to clinicians in mainstream settings.

Extra Heading/Section

