

Manifesto for Inclusive Learning Intellectual Output 1 Advocacy Tool Kit

Collection of successful practices of inclusion of migrants through education and training

Description of existing practices (carried out by the partner or within in its network)

The objective of the following grid is to describe existing practices on migrants' and asylum seekers/refugees' integration in hosting societies trough education and training. Each partner should select from 3 to 5 practices that he/she deems coherent and consistent with the principles of the Manifesto for Inclusive Learning (please see below). The practices will be presented at the training in Berlin and they should provide evidences/demonstrate the value of applying an education and training-based strategy in inclusive policies and practices for a welcoming Europe.

The data collection can take place through interviews or asking the interviewee to fill out the form on his/her own. There must be a contact with the practice provider (download from the Internet Is not enough!)

PART I CONTACT DATA	
Name of the organization implementing the action	The Mosaic Art Sound Ltd.
Website/Social Network	www.mosaicartsound.com
Name of Contact Person and Role within the project/teaching programme	Teresa Dello Monaco, researcher/trainer
E-mail	teresa.monaco@mosaicartsound.com
Phone (not mandatory)	+44 (0) 20 3529 4171
Address (Town and Country)	Third Floor Scottish Mutual House, 27-29 North Street, Hornchurch, RM11 1RS UK
Are you part of any national, European or International thematic network	No
PART III INFO ON THE INCLUSIVE EDUCATION & TRAINING PRACTICE	
Number of teachers/educators/trainers/volunteers or other operators involved	150 learner participants 10 trainers
Does it involve: Refugees Migrants in general Operators and educators working with migrants/refugees Local Communities Other (please specify)	Migrant women Operators working with migrants/refugees Local Communities

Characteristics of participants (nationality, age, any other interesting characteristic)	Nationalities: Afrikaans, Armenian, Czech, English, French, German, Greek, Icelandic, Lithuanian, Polish, Russian, Syrian, Thai, Ukrainian, Vietnamese. Age: from 18.
Average number of learners	150
Sex disaggregation of participants (if available)	90% female 10% male
Concise description of the learning experience	<p>Migration and displacement can pose specific health threats, including sexual violence, especially against women and girls. This is particularly significant, since women and girls who are refugees or migrants often face diverse sexual and reproductive health challenges and are most vulnerable to preventable mortality and morbidity arising from lack of sexual and reproductive health services.</p> <p>The Charter of Fundamental Rights of the European Union states that “everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices”. However, legal status has proved to be one of the main formal barriers to migrants' access to healthcare services, and communication and cultural differences the main informal barriers.</p> <p>The project "Migrant Women as Healthcare Mentors" facilitate the access of migrant women and their children to the healthcare services of their host countries by developing innovative language learning tools related to healthcare issues.</p> <p>These tools are made available to adult language educators and to migrants for self-learning purposes.</p> <p>A Multimedia Mentoring Guide is available to adult educators in order to train migrant women to act as healthcare mentors within their communities, providing useful information to their peers about the healthcare system of their host country, and promote a positive attitude towards preventive practices.</p> <p>In addition, healthcare providers have access to innovative tools for their communication with migrant women that will help them through the examination process (application with medical history questionnaire translated in 15 languages, mobile app with e-vocabulary and useful phrases).</p> <p>It was essential to design tools that healthcare providers can easily use to communicate with women migrant patients. Such tools can safeguard the confidentiality of information shared between the doctors and the patients as migrants often tend to use other relatives, friends, even their children as interpreters.</p>
Have you established a satisfactory collaboration with the public service	Yes. Especially medical agencies.

network, including schools, vocational centres and Universities?	
Have you established a satisfactory collaboration with other civil society activists?	Yes. Each project partner has worked with local and national migrant organizations (in Czech Republic, Iceland, Cyprus, Poland and the United Kingdom).
Have you established a satisfactory collaboration with migrant communities representatives, if any?	Yes.
Have you created a link/value chain with local social and educational services?	Yes.
On line platform or app for e-mobile learning, if available	At present, the website is available here: Migrant Women as Healthcare Mentors: www.medicproject.eu A mobile app will be ready by September 2020.
Strengths of the approach	The tools that MEDICE provides are indeed needed and are migrant-centred, designed with migrant women direct involvement.
Weaknesses of the approach	None
Indicators of success	Initial users of the resources have been totally satisfied. The project is still running therefore more information will be added later. Medical staff in the partners' countries have praised the initiative and the quality of the initial products.
Story telling (anecdotes) worth to be reported	
Project Homepage/Social Network if any	www.medicproject.eu
Training kits or tools available online	Yes, on the project website
How is the activity financed (public, private funds, project based)	EU funds
Pictures	

Principle	How is it met?
1. Centrality of education and training, be it formal and non-formal, understood as a relationship that transforms and connects those who teach and those who learn, in every place and time of life.	Trainers and trainees have been working together since the start of the project.

2. Hosting, understood as the recognition of the common humanity of the other person and his/her needs and aspirations, without discrimination	The project responds to this statement in its very nature. It takes care of medical needs of migrant women.
3. Solidarity, intended as an enhancement of sharing, reciprocity and mutual self-help	This is achieved especially through the mentoring aspect of the project. Through the project, migrant women will mentor other migrant women to empower them in the knowledge and use of their host countries' healthcare system.
4. Protection of the weakest, understood as the ability to look at the world always from the point of view of the most fragile, offer them protection first and paths of autonomy than.	The project has taken into primary consideration the weak position of migrant women and has provided tools to address a crucial situation in their life (health management in an unknown country).
5. Confidence in a shared future, intended as the conscious choice to include migrant people, starting from young people and women, first or second generation, in the design of an inclusive society, as the result of the meeting and the <i>metissage</i> between different stories, cultures and interpretations of the world.	In the unfolding of the project a sharing of life stories was brought forward by the team and the learners.
6. Accountability of the Institutions and the Third Sector, seen as an instrument of transparency and security for all citizens and their associations.	Health national institutions and the Third Sector were involved in the project and supervised the accuracy of the products in a transparent and attentive way.
7. Networking to strengthen collaboration and stimulate creative synergy and social innovation	Networking occurred with healthcare practitioners and migrant organizations.
8. Evidence-based approach, understood as the continuous tension towards the scientific analysis of change, based on quantitative, qualitative and mixed tools and methods, to overcome perceptions, stereotypes and information that are often distorted and manipulated.	n/a
9. Centrality of narrative approach, understood as a research method and a tool for respectful dialogue on the "stories" that make "History"	Stories of women always make History.
10. Curiosity and respect for all the diversity of which everyone is a bearer against the culture of hate, xenophobia and any possible expression of intolerance.	Especially respect for migrant women's cultural backgrounds and their life stories.

Please add anything you might see fit

Name of the person in charge of filling out the grid

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Date and Place: London, 15 October 2019 (final version)