Vitality Interventions for Migrants

vitalityintervention.eu

Educational guidelines for vitality interventions with migrants

Methodology and recommendations

Co-funded by the Erasmus+ Programme of the European Union

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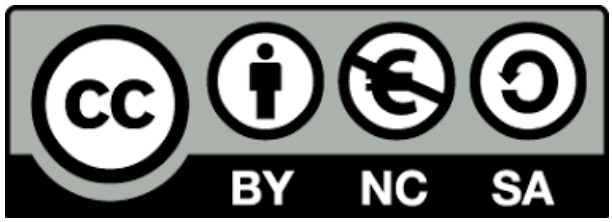

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Preface

VIM stands for “Vitality Interventions for Migrants” and is a two-year project funded by the Erasmus+ Programme. The main objective is to contribute to improving migrants’ health literacy in adult education. For this purpose, the VIM consortium has developed a collection of small learning activities on relevant health issues. We call them “Vitality interventions”. These can be used by trainers and educators in various courses for migrants to address specific health issues in six relevant topic areas. For each of these areas we provide information and concrete training instructions. These enable educators to apply the activities with little preparation and to respond to spontaneous needs in the group, as well as to consciously address specific topics, e.g. to introduce refugees into the health system of their new country.

The educational guidelines supplement the VIM training material. We hope that they will raise interest and serve as a source of inspiration for trainers to include health-related topics in their courses, without losing sight of the different cultural conceptions of body and health and sensitive factors in migrant health education such as religion and gender. A specific chapter provides information on the project's methodological approach to helping adult educators and trainers understand how learning activities can be used in different situations.

In these guidelines we often use the words "they", "migrants", and "refugees". We are fully aware that these words are simplifying and generalising. Indeed, there are many differences in nationalities, religions, cultures and individual characteristics within the target group of this project that must be taken into account and respected in the practical application of VIM material.

1. The importance of health literacy for migrants

Being healthy and having access to health services is an important aspect of migrants' participation and integration in Europe. Culture, and to varying degrees religion, gender and social status, define the position from which people view the world – and people do not leave their culture when they go to a doctor or hospital in a new country.

It is clear that different perceptions of health, the importance and role of doctors and the use of medicines can have serious consequences for the well-being of migrants in a new country. As a result, they may not be able to use existing health services properly, such as not contacting the doctor – or contacting him/her, but not explaining what the problem is. They may ignore vaccination invitations and are unaware of their responsibility for their own and others' health and well-being.

Research shows that the majority of migrants in European countries are affected to some extent and are therefore more vulnerable than other groups in society. There is no doubt among researchers that the average life expectancy and overall health status of migrants is lower than that of the native population (as statistics show). This is not because integration per se is a health threat (although it can be, e.g. the hardships refugees have to endure in war until they reach safe ground). There is a clear link between migration and health, resulting from the combination of different social, economic, political, administrative and living conditions. Large parts of the migrant population find themselves in **low positions in the social hierarchy**, and are comparatively more often **exposed to health risks** at their workplace, e.g. resulting from precarious working conditions, increased risk of accidents and exposure to harmful substances. Lower incomes also mean fewer resources for good housing and nutrition, as well as for health services not covered by the health insurances.

Language barriers and existing **stereotypes** against migrants are additional obstacles. Especially (but not only) newly arrived migrants and refugees struggle with linguistic barriers, lack of health literacy and information about medical services. Their health care habits may vary or contradict common practices in European countries. On the one hand, the language barrier keeps migrants at a distance from healthcare institutions and facilities.

On the other hand, it affects their awareness of their own health status due to the communication gap between patients and medical professionals.

Communication is a critical point, not only to explain a diagnosis, but also to understand the treatment and responsibility of the patient.

Culture and religion also play a major role in the health perspective, and cultural misunderstandings are a big hurdle, especially because they are usually not recognised as such or not named - neither by doctors nor by the patient. Another factor is the real prejudice and discrimination that migrants may experience in medical services. There is no statistical data on this, but it can be assumed that the intensity of the problem varies between ethnic backgrounds, regions, rural and urban environments.

Gender also plays a crucial role in the health of migrants, and its impact must be differentiated according to cultures of origin. The situation is very different for women from Eastern Europe compared to women from Arab countries. In general, and to some extent, women have other health problems than men, e.g. menopause, childbirth, whereas men suffer more from musculoskeletal disorders or cardiovascular problems. This is also related to different lifestyles, as migrant men often do heavy physical work.

The way in which migrant women have access to and interact with society is also different. This holds especially true for Muslim women. One example is Turkish women who have been living in Germany for decades but have retained their traditional gender roles and still cannot speak or read or write much German. This, of course, has implications for their interactions with health facilities and their potential to actively contribute to diagnosis and treatment. In some cultures, women even have to get permission from their husbands to go to the doctor or be treated, etc.

Another factor is the legal status and national health rights of migrants: In order to use health services properly, the legal status of migrants becomes a crucial aspect. Although each country examined provides different options regarding the regular or irregular situation of migrants, as a whole, there is a general tendency that migrants are highly conditioned and prevented from using healthcare institutions during the process of obtaining their legal residence. During this transition, counselling on both practical and psychological

issues is highly recommended, as it is certainly a very stressful situation for migrants who are overwhelmed without the necessary legal knowledge.

Another dimension that impacts migrants' access to health services is the **geographic location** they live in. Generally the provision with medical services is better in urban areas than in remote rural regions. The spectrum of services is greater, with shorter waiting times for treatments. Also medical staff has more experience with patients from other countries.

Migrants often have different ideas regarding concepts of illness and practices of healing. A lack of understanding of these backgrounds can lead to wrong anamneses, diagnoses and therapies and mutual prejudices are not diminished but strengthened. Here **intercultural sensitivity is required**. Information about the mentality and medical tradition of migrants can be of great help for medical staff and vice versa, migrants benefit from being aware of these differences.

On the other hand, migrants' cultural perspectives on health are not only an obstacle, but also a resource. Many migrants bring with them practical and traditional knowledge about health and health maintenance, e.g. in relation to nutrition and medical support in the event of illness, even if this depends strongly on the customs in the home countries and social circles.

Obviously, the impact of all these general factors on an individual's life and how and to what extent they affect their health status and overall health literacy varies widely.

But all these factors can play a more or less decisive role that has to be anticipated in regard to the specifics of the target group when preparing training for learners with migration background.

Interventions should anticipate the diversity of individuals and ensure that hidden stereotypes and assumptions are identified and overcome. Information material should be easy to understand and in simple words. Support should be resource-oriented rather than appellative.

2. The methodological approach of VIM

2.1 Aims and objectives

VIM stands for Vitality Interventions for Migrants. This expresses the projects' mission to empower adult educators to raise the health literacy of their migrant learners.

VIM wants to promote and improve the health awareness and self-care competences among migrants by improving their level of information on health related topics and the health system of their host country.

For this purpose more than 60 ready-made, easy-to-use micro-learning and information units for health promotion among migrants and refugees were produced within the project, which adult educators can easily integrate into a variety of course formats for migrants, e.g. integration courses, language courses, labour market training and other social and educational activities.

The basic notion underlying the VIM project is that Adult Education plays an important role for migrants as catalyst for integration. Integration, understood as the ability to fully participate in the new society is closely connected to parameters of indifference. Health is one of them.

That access to health care is a fundamental aspect of integration and that inequality not least is perpetuated through uneven access to health provisions, as identified in numerous

research papers, was the starting point of VIM. In the initial research phase this was further investigated.

The VIM research delivered additional and important details to understand the range of difficulties migrants face when they seek to access health services. For more information on the research results, please read our research report that is available on our VIM-website.

For trainers, who might not be familiar with the issue, it is relevant to have a basic understanding of the difficulties migrants face and what are obstacles for them to develop thorough health literacy and self-care competences.

2.2 How to work with VIM

The VIM training material comprises six thematic areas that were identified in the first research phase as relevant to addressing the most relevant problem areas for migrants.

These are:

- Cultural conceptions of health
- Knowing the Health System
- Mental wellbeing
- Physical wellbeing
- Sexual Health
- Communication

Each topic is presented in one document, which starts with general background information about the topic and highlights why and for whom it is relevant. It then gives an overview of the small training activities. Each module consists of seven to 13 activities.

The VIM training material offers different types of activities and learning methods: Those that

- primarily impart knowledge and information, e.g. about reproduction or the health system

- focus on awareness creation and self-reflection, e.g. on the role of culture in regard to health
- build on self-organised peer learning, like “my healthy places”
- involve practical exercises, e.g. to enhance learners’ immediate well-being, and games

Although the themes of the activities relate to health, the material can also be used to promote other learning objectives such as language learning or basic IT and presentation skills.

The learning activities are structured as follows:

- Brief summary
- Rationale
- Aspired learning outcomes
- Group size
- Equipment
- Detailed description of the activity
- Tips for variations, recommendations
- Where applicable, supplementing material and work sheets are annexed.

The structure enables educators to:

- react spontaneously to health-related problems that may arise in the group by having ready-to-use material at hand that can be applied with little preparation;
- address specific issues, e.g. to introduce refugees into the health system of their new country.

The Hub also presents additional background information, educational resources, and contacts and links to stakeholders and national health initiatives for migrants. Another feature of the Hub is a forum for trainers to exchange experiences.

The Hub and all VIM materials are available in six languages: English, Italian, Spanish, Danish, Greek and German.

The VIM approach includes also tools for self-reflection and assessment of individual learning processes gained through working with VIM, both for migrant learners and trainers. For this purpose VIM has made use of the well established competence validation system LEVEL5. An introduction to LEVEL5 is available in chapter 5. Detailed background information and tools are available on our VIM Hub.

2.3 Exemplary learning activity:

Explaining pain through body language

The field of medicine has its own specific language and the ability to clearly describe ones health problems must be learned. Migrants may lack the vocabulary to do so. But it is possible to describe a medical condition without words, through body language. .....

Learning outcomes


Handout 6.4 : List of medical conditions

Sorted by body areas

Head

Headache
Blurred sight/Eye problems
Toothache
Earache
Hearing loss
Sniffles
Sinus problems
Sore throat
Cervical pain/neck aches

Arms

A broken arm
Pain in arm joint
Pulled muscle
Dislocated shoulder
Sprained finger
Tennis elbow

Legs

Sprained knee
Bounced hip
Twisted knee
Twisted ankle
Broken toe
Torn ligaments

Learners will be able to:

- to describe a certain health problem through body language
- learn words for different ailments and health problems

Training method

- Pantomime game

Equipment

- List of terms

Number of learners

- Min. 4

Duration of activity

- Approx. 5 min. for each presentation incl. finding the solution in the group

Description of activity

This activity is a simple game in which learners describe their health problems only through body language. ... . You should select these prior to the activity. ... . One participant is selected for acting out a term that is given by the trainer and the group has to guess it.

- Select the terms you want to work with from the Handout 6.4 “List of medical conditions” having in mind the group and the time available.
- Present the terms to your group. Give them some time to become familiar with the words.
- Introduce the pantomime game: ask who volunteers to pantomime in front of the group.
- If you want to stress the competitive aspect of the game (e.g. in a group of younger learners), you can form two teams playing against each other. Finally you can award the winning team or both teams for their effort.

Tips for the educator

- Make sure the group is comfortable with each other, so they can bear to laugh about each other without taking it personally. Some of medical conditions have the potential to produce a laugh. And laughing is good for learning.
- You may exemplify the activity yourself first, so learners know clearly what is expected from them. By exposing yourself in acting out a term, the threshold for participation can be lowered.
- This activity has teambuilding qualities. Depending on the composition and chemistry of the group you should decide on the format to carry out the game (e.g. entire group, no competition, no prices or two competing teams, or pairs of two,...

2.4 How to use the VIM material

Generally the aim was to offer training activities which can be applied without any further preparation. Depending on the specific group of learners, especially in regard to their language proficiency and degree of acculturation, it may be necessary for trainers to adapt the instructions or work sheets to better fit to the needs and capacities of the group. Also the context and topic of the course, pre-requisites, time available, location etc. have to be taken into consideration before using the VIM activities.

In the following chapter, we offer a series of suggestions on how to deal with aspects that require special attention in the training of migrants on health issues, as well as tips for trainers.

3. Recommendations for trainers

The following recommendations and tips to implement VIM into training with migrants were gathered during interviews and the national pilots involving 120 trainers across Europe that tested the material with a wide range of migrant learners.

The recommendations are structured along main themes that play a decisive role for social interaction. These are:

- Language barriers
- Culture, stereotypes and group atmosphere
- Training methods and skills

3.1 Language barriers

One of the most common characteristics of adult learning for migrants is language barriers or heterogeneous language skills in a group. The following tips will make it easier to deal with them:

- Let the participants speak as much as possible. Even if this is difficult in the beginning, don't give in on it because of the limited vocabulary. Always signal that it is ok to make mistakes. There are a number of VIM activities that support language learning
- To practice words and phrase, let them speak in a choir.
- Use the European Reference Framework to identify your learners' level of proficiency, but also to see which language levels are required for the VIM activities
- Seek cooperation with multipliers and parallel agents who are able to speak the mother tongue of migrants and/or come from their culture. In this sense, the appointment of cultural ambassadors or community leaders can be of great help to promote health education.
- Information on health topics needs to be adapted to the needs and requirements of the target groups.
- In mixed groups consisting of proficient speakers and new language learners, you could assign language mentors/translators to work together with those that do not understand so much.

- Use visualisation, like pictures or posters for relevant terms and topics and keep the task description simple. In cases where discussions are suggested, you can switch to creative methods of expression, e.g. let participants draw what they think or cut out images from magazines, use pantomime. In ethnically homogenous groups, you could let the participants discuss in their own language and translate back to you.
- Anglicisms and technical terms should be reduced as much as possible.
- Crafty exercises: let participants create something with their hands, e.g. a poster, learning materials, and give them the credit they deserve when they present it to the group. This stimulates their creativity and raises the capacity and motivation for learning. It can be drawing, cutting and pasting, wood work, ...
- Work with objects. e.g. a box with material that matches the theme, images that represent different aspects, etc.
- Use gestures and mimics yourself.
- Address several senses and use music, scents, songs, dances.
- Use peer-learning principles

3.2 Culture, stereotypes and group atmosphere

- Note that migrants are not a homogeneous group - they are people coming from different countries. It is important to consider the particularities of migrants as individuals, but also their cultural backgrounds.
- Note the importance of empathetic and unbiased attitudes of trainers. This includes an awareness of how to be careful with communication aspects, how to value the skills of migrants and how to avoid cultural prejudice and assumptions.
- Introduce democratic teaching and working methods, e.g. by involving the participants and their experiences in the teaching processes, facilitating group work and equal treatment of men and women.
- We have experienced during the piloting phase that it often depends on the group atmosphere which topic trainers can deal with, e.g. delicate topics such as sexual health can certainly not be raised in every group – as a trainer, you have to assess the extent

to which such topics can be addressed. Here pure groups of women or men have proven to be successful.

- You as a trainer should always feel comfortable with the topic you choose.

3.3 Training methods and skills

In principle, general adult education methods are suitable for working with migrants, even if sometimes it may be necessary to give time to the participants to get used to certain methods (e.g. role plays), as they may not be familiar with them when coming from a culture with more traditional classroom cultures.

Concretely this means:

- The principle of participant orientation is very relevant for introducing and involving participants in health and other issues that affect their inner beliefs, norms and values. Therefore, start new topics by asking about their personal experiences and from there go deeper into the topic.
- When dealing with topics with a rather high degree of abstraction, it is recommended that these be introduced on the basis of practical examples (principle of practice orientation).
- By using different media and addressing different senses the instruction becomes alive and engaging. Variations in work and social formats ensure that the participants are partners in the learning process and can actively help to shape it.
- Many of the teaching and training methods we work with in Europe, participants with migrant background may not be familiar with or willing to participate in. Especially people from countries with rather traditional education systems can sometimes be reluctant towards participatory methods and at first might hesitate to participate in activities that involve physical exercise or discussions. Do not force anyone to participate in such activities, but rather give them time to watch and open up. By experience most participants quickly overcome their worries when they watch other participants.
- As far as the selection of VIM activities for your course is concerned, in some cases the proposed methods may not fit the needs or abilities of your learners. However, in order

to address the issues, we suggest that you consider alternative methods that you consider more appropriate.

- Implement participatory and interactive working methods that foster a proper interaction between both professionals and migrants and among migrants themselves, the latter coming from diverse cultural backgrounds.
- Before planning an activity where computers are used, e.g. for research purposes, make sure you assess the ability of your learners. If the group includes people with advanced skills, they can act as mentors for the others.
- Online resources are helpful but only as complementary tool. They should not substitute personal and collective dynamics.
- Generally you can adapt the methods to the time available, the interests in the groups or additional topics.

4. Good practice examples from practical implementation

This chapter presents practical stories that illustrate how VIM was used and what its impact was.

Italy: “A bridge between traditional and folk medicine”

In a reception centre, the theme of diversity in the conception of health and care in the different cultures, specifically the Italian and Senegalese one, is discussed. Among the participants there is a boy who says he does not want to talk about these issues because he is afraid of being mocked. Once the atmosphere is calm and open, the boy explains that in his village herbs were used to treat illnesses and some rituals were performed. After this story, the Italian trainer tells that in her home town in Sicily very similar methods exist that belong to the culture and tradition of this place. The fact that the educator has similar experiences to the boy created a "bridge of trust" that allowed the boy to participate in the following activities and discussions. Then a very open and profound discussion began, asking if traditional medicine and folk medicine could coexist. There was common agreement that it is important to trust the technology and experience of professional doctors but at the same time it is important not to forget the origins and ancient methods for the care and well-being of the person.

Austria: How VIM activities can support language learning

Maria is a language trainer. She has been working with migrants, teaching them German in various groups, for more than six years. More by chance she heard about the VIM project and thought that this could be a good complement to her „normal“ language teaching.

The language course she teaches in is a preparatory course for the Austrian ÖIF[1] German examination A2 for migrants, with eleven participants between 19-45 years from different countries.

Maria‘s group is very diverse in terms of culture and educational levels. Some of the learner are showing good progress, but especially two learners seem to have difficulties,

[1] Österreichischer integrationsfonds

they are also very shy and do not speak a lot. Maria often thought about ways of how to involve them in a more active way without forcing them.

Working through the VIM material, she was inspired to test a completely new approach in her group based on group and partner work. She found this approach particularly suitable for teaching German, as it offers participants not only the opportunity to practice the new language interactively, but also to achieve specific learning goals and learning content in the appropriate high-performance groups. Following this idea, she tried out four different VIM activities with her learners:

- Getting to know the new Health System
- Doctors Visit
- Right or false?
- Cool down

Apart from the fact, that the activities provided her learners with important practical knowledge on the Austrian Health system, Maria realised that the group activities showed a lot of benefits for the learners: They do not put pressure on the weaker, while the better learners had an additional challenge and were motivated to support the weaker participants. There was good interaction and mutual support through the learning process. Also the atmosphere created during the learning session was more relaxed and this helped the shy learners to participate actively in the discussion. Of course this effect can be created by any group activities. Since the VIM activities also provide relevant knowledge about the Austrian social and health system, this information was also relevant for the learners, since the ÖIF examination also covers the topic of health. Thus, there was a double benefit in improving language and learning facts.

Spain: Empowerment in the field of gender-based violence

The piloting was carried out in Gijón, Asturias (Spain) with ten Latin-American women, most of them coming from Venezuela. They all were very eager to know about the project and its different contents, and they were very interested in talking about gender-based violence. As a matter of fact, Latin-America has a severe problem with this kind of violence.

These women left everything behind, and many were separated from their families. Although they already had some basic ideas on the subject, they learned new definitions about gender-based violence, new ways to prevent it, and also where they can seek help if they ever suffer from this kind of violence. Their previous knowledge in this matter helped the women to speak more confidently about the topic and to discuss some situations and events with the other participants and the moderators in a supportive and open environment.

The moderators involved in the piloting concentrated on giving them sufficient information and on ways to communicate with each other. The pilot project took place in a collaborative, non-judgmental environment where women intensified their relationships and supported each other. The women ended the piloting empowered, as they learned new things and resources that prepared them to overcome difficult situations that may arise in the future. They felt that had been given room to express themselves and share their personal experience. They all felt that the activities gave them opportunity to deepen their knowledge, and to learn new things. They also had different perspectives on the same topic because each woman came from a different background - and they all contributed something different.

Denmark: “My body and my pains”

In a language class with ten migrant women from the Middle East learning the Danish language, the participants often had complained individually to their teacher about pains. They had also told her that they had been at the doctor to be checked – and some of them even to the hospital – but there they had been told that nothing was wrong with them. The women in the class had little or no school background, it was not easy for them to learn a new language and from time to time, they lost motivation and told their teacher that maybe they were just too stupid to learn anything. In this situation the teacher decided to pull out one of the VIM

activities which is called „My body and my pains“. The class was already working on the topic before, learning the names of the different parts of the body. How do we say arm, leg, ears etc.

The teacher had prepared an A-4 paper with a drawing of a female body for each learner. They were now asked to draw their pains on the body, individually and in silence with a pen in a colour they liked. After some giggling about the naked women on the paper, they started drawing and quickly got busy and concentrated with their task. The feeling of limitation in communication abilities, they usually felt because of poor language skills, was gone!

Having finalized their drawings, the women compared with each other – first two and two – then five and five – and finally they put all the drawings on the wall. It was very surprising to everybody that the drawings showed that the women had most of their pains in common: headache, stomach-ache, shoulder pains and some of them had also painted pains in their heart.

It was a revelation to the women how much they had in common and they were very motivated to communicate about it – even the more silent ones. They told each other about what they had done to get rid of their pains and there was an atmosphere of openness and solidarity – and also of release, because many of the women had been afraid they were suffering from cancer and other deadly diseases. It was also an interesting detail for the women that they had chosen different colours for painting their pains.

Without using the words “psychosomatic illnesses”, the teacher told the women that repeated physical symptoms can be due to a mental condition – even though it is of course not always the case. And that the symptoms can persist despite the doctor's repeated assurances that the person does not suffer from a somatic disease.

Before the women went home – all in an extraordinary good mood - they discussed if they should show their drawings to their doctor or maybe even to their husband.

Germany – How taboos can be fun

This is the story of how VIM has enriched a career-oriented course with 12 migrant women, some of whom have been living in Germany for a long time, while others have only recently come here, with fun and motivation.

As the focus of the course was on improving employability, only a small part of the course time was devoted to language learning. The different language skills of the women also made it difficult for the trainer to offer a programme that was interesting for everyone.

In the VIM collection of small learning activities the trainer found something to meet this challenge: the Taboo activity from the physical health module. This activity made it possible to overcome the differences between the women by introducing new terms and words that were important to all, while the ladies learned from and with each other, new words, but also new facts about health.

Example for taboo cards:

Front of the card – Searched Word	Back of the card – Taboo words
SPORTS	Name of sports disciplines e.g. "Football", "Tennis", "Swimming"

Front of the card – Searched Word	Back of the card – Taboo words
JUNK FOOD	Mac Donalds Hamburger Pizza French Fries

Prior to the session the trainer had prepared a number of taboo cards, which had a health related term to be guessed on one side, and the words that were not allowed to be used for explanations on the other. The game was introduced as a team competition.

When the trainer first had asked the group to play the game, the women were hesitant. Aren't games something for children? She explained the rules and split the group into two smaller groups composed of stronger and weaker speakers that could help and learn from each other.

It took two rounds until everyone was totally engaged and laughing. The ones who had to describe the taboo word struggled to find words to describe what they mean, and they

were not allowed to use the most obvious and simple ones. They not only described in words but used their whole body to bring across what they meant. For the other team it was similar. They discussed what could be the answers eagerly, everyone taking part.

The first two rounds were a bit slow and difficult, but once everyone had understood the game and opened up, they kept playing till all cards were used up.

The following week the ladies asked the trainer if they could play the game again, but there were no cards anymore. So they decided to make new ones. Each team secretly developed five new taboo cards on moderation cards that were available in the training room. Once both teams were equipped with new self-made taboo cards the game was started and the fun carried on.

In the following weeks this became a little ritual. Whenever there was a sparse half hour the trainer would give a topic to the women ladies and they would start to write their taboo cards with words fitting to the topic.

The taboo game became a booster for the language lessons.

Greece: “Health literacy through language lesson”

M. is a Greek teacher and works in an NGO that cares for refugees. She participated in the VIM workshop in May 2019 and was informed about the small training activities of the VIM. She thought about introducing some new training methods in her class with the refugees and the VIM activities gave her a good idea. So she used the module "Communication" and in particular the activities 1 (preparation for a doctor's visit) and 2 (role play on communication dynamics), in which she used some basic Greek words and phrases necessary for communication with a doctor/nurse in Greece. The language teacher managed to combine the Greek language course with information on health literacy, which brought a double benefit to the learners. After the lesson, M. was confident that most learners would be able to use some basic Greek words when visiting a hospital or doctor.

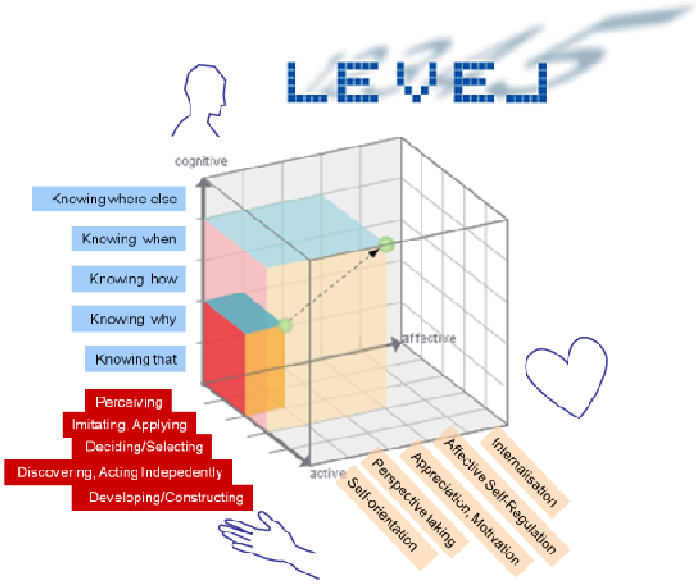
5. Making informal learning visible – Validation of competences with LEVEL5

... because learning happens everywhere!

When we learn, we develop our competences, i.e. our capacities and potentials to meet challenges and to solve concrete tasks. Meeting these challenges, we grow – we are constantly evolving and become more capable. Since the age of the enlightenment we know by the works of the Swiss pedagogue Pestalozzi that learning happens with “head, heart and hand”. In recent years neurobiological (brain) research has again clearly demonstrated that the non-cognitive dimensions are of special importance for learning.

The LEVEL5 methodology is based on these notions. In a three-dimensional model, the so-called LEVEL5 cube, developments of knowledge, skills and attitudes are visualised on five quality levels for two points in time, at the beginning of a learning activity and at the end. This way the cube visualises competence developments at a glance. The levels of a competence are defined through so called reference systems in which a competence is described on five levels in each competence dimension.

In the context of our VIM project you have the opportunity to use LEVEL5 to reflect on your own learning and to reflect together with your learners on their learning and progress.



The LEVEL5 Cube

5.1 Validation of competences – for what and for whom?

Validation can be defined as 'the process of identifying, assessing and recognising skills and competences acquired in non-formal and informal settings'. Non-formal and informal learning and their validation aim at several demonstrable benefits – one is to promote motivation for development through recognition of learning. Validation can contribute to make learners more self-aware and critical and to engage in further learning. Another aim is to offer evidence of learning achievements gained outside the formal education system to be communicated to other stakeholders, e.g. to employers, and to promote the employability of persons with no or little formally recognised degrees.

Valuable competences, frequently developed through informal and non-formal learning, are rarely validated and certified by learning providers. This leaves a huge amount of progress and development that cannot be demonstrated or proven to potential stakeholders. Therefore, validation represents a considerable opportunity for vulnerable target groups and those people working with them.

One approach to validate competence developments is LEVEL5 – a system developed and piloted in a series of European-funded projects since 2005.

5.2 LEVEL5 to validate health literacy competences in the VIM context

The LEVEL5 approach is based on a five-step procedure, starting with a description of the learning project and ending with the evidencing of learning outcomes and the validation of learners and learning projects by means of the LEVEL5 software.

In the context of VIM LEVEL5 can be applied on two levels:

- to assess and recognise the competences developed by the involved trainers in terms of embedding health related topics into their training offers
- to identify learners' competence developments and impact of health education, e.g. through the vitality interventions offered by VIM.

For this purpose, the LEVEL5 approach was customised and contextualised to the project context. Reference systems for both target groups have been developed where these competences are described in a tangible way.

Trainers can assess their competence to "*Facilitating learning processes to promote health awareness"* and learners can be assessed and validated in regard to their "*health care competence"*.

5.3 The LEVEL5 procedure

The LEVEL5 procedure for trainers follows these steps:

- Reflect about your learning context and identify your learning objectives in the given context – we will call this „learning project". (If you strive for a certificate, you will have to describe your learning project briefly in the provided template that is available on the VIM Hub.)
- Select a competence you wish to further develop and/or reflect on from the list of competences.
- Do a first assessment at the beginning of the learning phase: Read the competence description and the reference system and identify your competence level in each of the three dimensions. Give reasons or examples that prove your rating.
- Pursue your learning objectives in the given context.
- Do the second assessment at the end of the learning phase: Read the competence description and the reference system and identify your competence level in each of the three dimensions again. Give reasons or examples that prove your rating. If you wish to receive a certificate, also write a summary of the learning process for each dimension.
- If you wish to receive a LEVEL5 certificate which evidences and visualises your learning progress in your selected competence field, please document your learning activity and the outcomes of your assessment. For further information please contact our LEVEL5 office: info@level5.de.

Applying LEVEL5 with learners basically follows the same steps, only the assessment scenario may be different.

6. VIM Quality Badge

The VIM Consortium has developed a label – the VIM Quality Badge – for trainers and training providers who have integrated elements of health prevention and health education into training courses with migrants according to the VIM approach and want to show their commitment to others.

Five good reasons to get the VIM Quality Badge:

- Organisations that support migrants' health education can easily be recognised;
- Show other people of your community what your organisation's values are;
- Get in touch with new European organisations working with refugees and migrants;
- Promote a positive image of integration;
- Enrich your competences!

How to get the VIM Quality Badge?

The VIM Quality Badge shall be awarded to those organisations that can demonstrate they meet some or all of the following criteria:

- Adaptation of the VIM approach: to embed health related issues in adult education training offers for migrants as a mean to promote better health, integration and social inclusion.
- Validating adult educators competence developments to successfully facilitate health education.

The VIM Badge will be awarded through a validated self-assessment process in which organisations present a clear case for how they meet these criteria. Submit your case here: https://vitalityintervention.eu/quality-badge/

7. Annexes

Annex 1: LEVEL5 Reference System: Facilitating learning processes to promote health awareness

	KNOWLEDGE		SKILLS		ATTITUDES	
L	Level Title	Level description	Level Title	Level description	Level Title	Level description
5	Knowing where else (knowledge transfer)	Having a large knowledge background in using different methods and tools for facilitating vitality interventions and knowing how to transfer this to other areas of life.	Developing/ constructing/ transferring	Further developing own expertise in facilitating health education and creating new approaches to promote health awareness among migrants.	Incorporation/ internalisation	Having internalised to facilitate health education using various learning methods and communication styles. Inspiring others to develop their competence.
4	Knowing when (implicit understand-ing)	Knowing when and how to facilitate health education activities for migrants with different objectives and contexts. Knowing how to assess and improve the effectiveness of the learning process.	Discovering/ acting independently	Facilitating health education with a variety of tools and methods for different contexts and competence developments. Supporting each learner to define their own learning strategy. Being able to optimise existing concepts.	Self-regulation/ determination	Being determined to improve own competence to facilitate health education in theory and practice. Finding it important to be pro-active and creative in this respect.
3	Knowing how	Knowing how to facilitate health education activities in a group. Knowing ways and methods how to support migrant learners in applying what was learned.	Deciding/ selecting	Selecting appropriate methods and communication styles for facilitating health education. Monitoring the impact on individual learners in regard to objectives.	Motivation/ appreciation	Valuing health education for migrants. Being motivated to improve own competence to facilitate health education with migrants.
2	Knowing why (understand-ing)	Knowing the benefits of health education for migrants, e.g. that it can improve well being, self-care capacities and autonomy of the learners.	Using/ imitating	Applying methods and communication styles as instructed or imitated by others for facilitating health education.	Perspective taking/interest	Being interested in improving own competence to facilitate health education for migrants.
1	Knowing what/ knowing that	Knowing that support of a facilitator for health education increases awareness and learning impact for learners.	Perceiving	Perceiving that facilitating health education requires a specific set of training skills and contents.	Self-orientation	Feeling that leading learners to more health awareness can be beneficial, without considering to do it.

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Annex 2: LEVEL5 Reference System: Health Care

	KNOWLEDGE		SKILLS		ATTITUDES	
	Level Title	Level description	Level Title	Level description	Level Title	Level description
5	Knowing where else (knowledge transfer)	Transferring knowledge on health, self-care and how to sustain health and well-being to various areas of life.	Developing/ constructing/ transferring	Developing and applying comprehensive health care concepts. Continuously expanding scope of own health care activities.	Incorporation/ internalisation	Having internalised to care for own health with a multitude of activities, adequately applied according to present state of being.
4	Knowing when (implicit un-derstand-ing)	Knowledge about spectrum of influencing factors and possibilities to improve health and well-being in specific areas. Knowing when and how to intervene appropriately in re-sponse to different conditions.	Discovering/ acting inde-pendently	Expanding health care skills. Researching new health care activities and to improve own health and evaluating these.	Self-regulation/ determination	Being determined to improve own health-care competence, setting priorities and adapting one's own behaviour to achieve a healthier lifestyle.
3	Knowing how	Some knowledge of the effects of diet and exercise on health (e.g. prevention of cardio-vascular diseases, diabetes etc.) and how to use this knowledge to improve own well being.	Deciding/ selecting	Selecting and implementing activities to care for own health from set of known approaches.	Motivation/ appreciation	Valuing health. Being motivated to actively take care of own health and to learn about it.
2	Knowing why (understand-ing)	Basic knowledge of physiological relationship between exercise, nutrition and health.	Using/ imitating	Taking care of own health with specific activities as being instructed to, or by imitating others.	Perspective taking/interest	Being interested in health issues and in be-coming better in taking care of own health (still with some inner distance)
1	Knowing what/ knowing that	Knowing that exercise and nutrition positively affect health and well-being.	Perceiving	Perceiving and recognizing health care activities and the need for health care in general without taking action.	Self-orientation	Not taking into consideration to relate well being and health care needs to oneself.

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8. Project Partners

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