



# Vitality Interventions for Migrants

[vitalityintervention.eu](http://vitalityintervention.eu)

## Transnational Experience Report

### Experiences from the national VIM pilots

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



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**BUPNET**

**dieBerater**  
Human Concern

**cesie**  
the world is only one creature

**kmop**  
KINDLING A NEW FUTURE

**MAGENTA**

**SOSU**  
Østjylland



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## 1. Introduction

VIM stands for “Vitality Interventions for Migrants” and is a two-year project funded by the Erasmus+ Programme. Its main aim is to develop, pilot and disseminate ready-made, easy-to-use micro-learning and information units for health promotion among migrants and refugees that can easily be integrated in various training offers such as integration courses, language learning courses, labour market training, and social activities. The project has been implemented by a consortium of six partners from six European countries: Austria, Denmark, Germany, Greece, Italy and Spain between November 2017 and October 2019.

The Experience Report at hand provides an overview of the practical phase of the VIM Project and is based on the national reports compiled and submitted by each member of the partnership. It provides an overview of the learning outcomes gained through them, on the one hand, and highlights the main points of feedback gathered from the participants, on the other hand.

The practical phase covered a period of about six months starting from January/February 2019 to June/July 2019. It was inaugurated by national workshops aimed to introduce the general concept of VIM and the developed micro-learning units. Subsequently, the involved trainers and multipliers applied and piloted a number of learning activities in various settings in their daily work with refugees and migrants.

The countries that participate in the VIM project (Austria, Denmark, Germany, Greece, Italy and Spain) we can tell that are divided in two main categories – those of the central/northern Europe (Austria, Germany and Denmark) and those of the South/Mediterranean Europe (Greece, Italy and Spain). The countries that belong in each of the two categories share some common characteristics in terms of the health care and social care systems and also regarding the migrants/refugees condition.

Although almost all European countries have experienced the effects of the recent refugee waves, the numbers of refugees cannot be compared with those of Italy and Greece, since these countries are the main entrance of the refugees from Africa and Asia respectively. Additionally, while Denmark is a country in which immigrants enjoy a decent social security service system, we cannot say the same for the countries of the South for various reasons.

Thus the experiences made in the testing of the VIM approach also shed a light on the very different situations and contexts in which migrants and refugees live, learn and have to take care of their health. In the context of the VIM project, all partners conducted an initial research in their national context and proceeded to the development of the VIM small training units, or else the training material that includes activities divided in six categories and was selected based on consultations with the target group:

- ♥ Conceptions of Health
- ♥ Getting to know the Health System
- ♥ Physical Health
- ♥ Mental Health
- ♥ Sexual Health
- ♥ Communication for better Health

Pilot testing of the VIM small training units took place in all the countries that participate in the project. More specifically, workshops with professionals working with migrants/ refugees were organised in all countries, in order to present the VIM small training units and explain to the potential educators the methodology, relevance and scope of the units.

The participants of these workshops managed to pilot a range of different activities/small training units in their classes with migrants/refugees. Each partner then collected the feedback from these pilot tests and prepared a national report with the relevant information and data. In the present transnational report, we collected the feedback from all countries and we present the main findings, obstacles, challenges, lessons learned, conclusions and recommendations, in order to identify the impact, relevance and usability of the VIM small training units in practice.

## 2. Method Statement

### 2.1 Purpose and Objectives of the pilot/practical phase

The basic scope of VIM piloting in all countries was to test the relevance and usability of the VIM small training units in the context of migrants'/refugees' context and environment. The educators who participated in the national workshops had the opportunity to test various VIM small training units in their classes and provide to us feedback and specifically the key outcomes, lessons learned, obstacles, and recommendations.

The desired outcome of this transnational report is to provide to the consortium partners' information on how to improve the small training units and has thus a positive impact on the good quality of products. Moreover, the report aspires to provide future users with valuable experiences and lessons learnt they can build on when using the VIM outputs after the end of project. Thus, the project's sustainability potential is considerably increased with the present report.

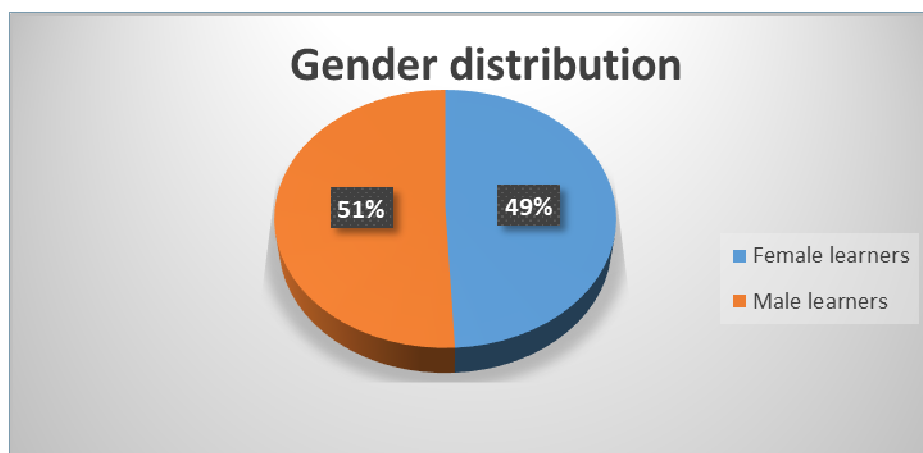
### 2.2 Participants (a description of the target groups + numbers)

In total, 55 educators piloted the small training units in all countries (regarding the demographics 42 are females and 13 males, most of them belonging to the age category between 31 and 40 years old). The majority of educators share a higher education background and most of them have more than three years' experience working with migrants and refugees.

The migrants/ refugees who participated in the pilot tests in all countries were 488 in total and the gender distribution is almost equal (248 males and 240 females). The majority of participants were between 20 to 30 years old (262), while 126 were between 31 to 40, 81 between 41 to 50 and just 19 older than 51 years old. Regarding the country of origin, most participants in all countries were coming from Asian and African countries and only in Spain a number of participants were coming from Latin America.

### Overview of learners and their gender distribution

General information on the learners	Number
Learners engaged (in total)	488
Female learners	240
Male learners	248
Learners between 20 and 30 years	262
Learners between 31 and 40 years	126
Learners between 41 and 50 years	81
Learners older than 51	19



More specifically, in Austria the VIM material was tested by nine adult educators, who work in different training settings with diverse target groups. The VIM material was piloted in four different training contexts and the feedback of trainers was very positive. In total 108 learners were engaged in the VIM piloting sessions in Austria. The educators reported their favourite topics – these were the Health system and Communication. On average, each educator tested about three to five activities.

The VIM approach (hub and materials) in Germany was tested by nine trainers who involved 65 participants in different educational contexts. In four cases the material was applied in course settings, while two counsellors used VIM for their coaching work with individuals. The piloting took place between March and June 2019 in Göttingen, Germany. The activities used were approximately 35, from all different categories.

In Italy and specifically in Palermo, CESIE involved organisations which work with migrants. CESIE conducted workshops and implemented together with 12 educators around 30 different activities from all categories. These workshops, seven in total, involved 70 migrants, all male mainly young men.

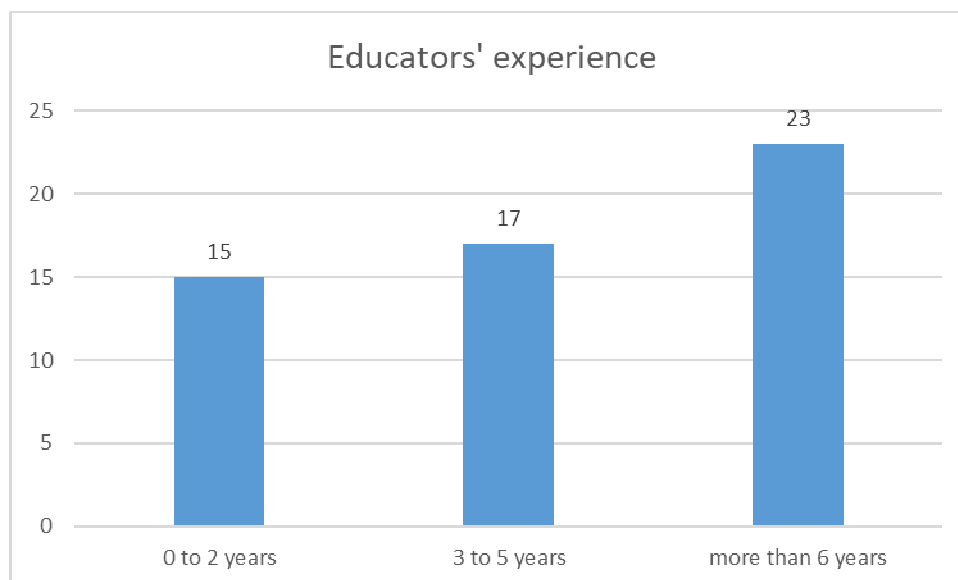
In Spain, the piloting was carried out by different organisations in different autonomous communities: Asturias and Andalusia. ten educators implemented 18 different activities to 49 migrants in total.

In Denmark the material was tested with 118 participants with a refugee/migrant background from various countries around the world. The testing took place in three cities (Aarhus, Silkeborg and Gretna) in the context of language schools and social and health care colleges and implemented by ten educators in total, who used about 40 activities from the small training units.

Finally, in Greece the pilot trainings took place in Athens where 5 five professionals (all female) tested around 40 different activities from the small training units with 78 participants in total. The educators were professionals who work in Melissa, an NGO that works exclusively with migrants/ refugees. The pilot tests of the units took place in the context of language lessons and also during a social service info session. The vast majority of the learners were female from Asian and African countries.

### Overview of educators and their experience

General information of the educators	Number
Educators engaged	55
Female educators	42
Male educators	13
Educators who have been working with migrants between 0 and 2 years	15
Educators who have been working with migrants between 3 and 5 years	17
Educators who have been working with migrants for more than 6 years	23



### 2.3 Processes involved (e.g. teaching methods, training tools, equipment)

The pilot tests took place in various contexts, mainly in language courses for migrants/ refugees, but also during welcoming sessions, workshops and events organised exclusively for the VIM project. The VIM small training units are designed in such a way, that the methodology, tools, timeline and processes are very clear and thus they are easy to be implemented

by the educators. However, the educators in some cases could adapt the activities according to their needs and choose the ones they liked better, in order to provide a useful health literacy material to their learners.

In this context, in some of the groups where the Danish language level was not so high, the teachers carefully selected the units to be used and adapted them to the target group. In a few cases, the general description of the categories served as inspiration for the trainer to develop his own material. The teachers also used Danish websites as additional material.

In Austria, we can see from the reports of educators that the two favourite topics during the pilot phase were "communication" and "health care system". This is due to the fact that trainers - and especially those who take part in so-called "Competence Check Courses" - have to inform their participants about the Austrian health system. It was therefore no surprise that they concentrated on the activities of this chapter. The language course facilitators used the communication activities to practice dialogue and the new vocabulary with their students.

In Italy, the piloting was carried out in contexts related to the reception of migrants. The so called reception centres where the VIM testing was carried out concern the area of the first reception, where there is a scarce training offer. Therefore the intervention of VIM was very useful. The context in which piloting took place was therefore the one of workshops and trainings with the aim of raising awareness of health education and prevention, the Italian health system and, through non-formal activities, to increase the language skills of the migrants involved. During the piloting, the focus was on educational processes aimed at learning by playing and learning by doing. This created an atmosphere of active learning, trust, listening and fun that contributed to the achievement of a high level of awareness and learning for the participants.

In Spain, a workshop was organised that specifically focused on domestic violence against women. The audience was composed of Latin-American women, most of them coming from Venezuela. One of the workshops' main aims was to encourage the target group to improve their lifestyle, changing from bad habits to healthier ones; not only to the benefit of the mothers, but also for the benefit of the children. The facilitators in Granada mainly wanted participants to acquire knowledge on topics related to body parts, health and food.

### 3. Key Outcomes (the results)

#### 3.1 Achievements and Successes

Overall, the feedback from the educators in terms of the relevance and usability of the VIM small training units was very positive. The tailor-made activities aimed to promote health literacy of migrants and refugees were the key success indicator, even if adaptability was required in many cases.

In Germany, for example, the greatest success of the VIM material reported by the educational institutions was the alignment of the small VIM training units with the language courses, i.e. the educators used the activities to teach German to the migrants/refugees through the health-related terminology of the units. In addition, it became evident that the health care system is highly estimated by most migrants who are aware of the value of the



German health care system compared to the mostly rudimentary health care systems in their home countries.

In Austria, VIM activities allowed educators to enhance the knowledge of the learners by discussing health related topics in small groups or in plenary sessions. Additionally, just like in Germany, the learners in language courses were encouraged to explain terms to each other and were supported by the trainers to find the right vocabulary. The informative part of the activities was supportive for the ÖIF examination (compulsory value and integration course) of the participants in the languages course and in the Competence check courses - and therefore of high usage.

In the Spanish context and in particular during the piloting of Gijón, the participants acquired a greater awareness of domestic violence and, at the same time, knowledge of local and communal resources to help them in this issue.

In Italy, educators have experienced different ways of creating a non-formal educational environment in order to increase the competences of migrants to orient themselves in the medical and health field on the basis of moments of confrontation, also related to different cultural visions and experiences. Furthermore, the migrants who participated in the piloting learned how to communicate with a doctor and the different health concepts that influence their culture and the culture of the host country, in this case Italy.

In Greece, it is a fact that the current population of migrants/refugees faces too many challenges every day and that it is impossible for some of them to follow healthy lifestyles. However, educators believe that these kinds of activities are useful as long as they are repeated if we want to see real results in lifestyle.

Finally, in Denmark the educators, who piloted the small training units characterise the material as “inspiring” and “relevant” for the migrants/ refugees.

### 3.2 Obstacles and Challenges

The main obstacles reported from the educators who piloted the VIM small training units in all countries were language and time.

Although the activities were translated into all national languages, most migrants/refugees are not very familiar with the language of the country in which they live, especially the newcomers. As for the level of language used for the small training sessions, although definitely not academic, medical terminology cannot be avoided and can be difficult for people with no background in health literacy. However, trainers can anticipate any language barrier as they know the language level of their learners and can adapt activities accordingly or select suitable activities through the use of non-verbal methods.

In Austria the participants of the courses "Competence check" had an advantage because their educators could communicate with most of them in their mother tongue - so the language was no problem here.

Time was another barrier because most of the pilots were implemented in the context of language classes or other training environments. Time to prepare and implement extra activities is limited and in some cases non existing.

A very general observation was that the time factor can also be a general obstacle for potential learners and especially for women to participate in training altogether - because spending more time in training means less time for family responsibilities. In Greece, for example, it has been reported that the biggest obstacle, in particular for women, is that they do not have free time for training because they have to look after their children.

Another challenge in the German context was the factor of financing, which is rather scarce in migrant courses. The curriculum is quite dense and thus a lot of work has to be done there in a short time.

Finally, one obstacle reported in Denmark was the fact that for some learners the required level of reflection and IT skills was not sufficient and therefore the learning methods had to be adapted.

#### 4. Lessons Learned

The pilot tests and feedback provided valuable insights into the user-friendliness and relevance of the small VIM training units, also with regard to their sustainability. The feedback in general was very positive, and the implementation of the small training sessions enabled us to identify some important points.

Concretely, we found that information about the health care system is particularly relevant for migrants who have only recently arrived in the host country. In Germany, for example, trainers have found that migrants in Germany quickly learn to use the health system and appreciate the free services offered. Therefore, it is better to address the units with basic information about the health care system to newcomers.

Another significant point comes from the Italian report and highlights the importance of a relationship of trust between the educators and participants. Obviously, a familiar and warm training environment created by the educator, can multiply the benefits of the VIM small training units to the participants.

In the Spanish pilot some of the participants were motivated by the learning activities to exchange experiences or personal stories that helped the group to further analyse the discussed topic. In Austria the results of the test reports show that there was a big difference in the didactic experience of the trainers involved in the VIM pilot project. While the trainers in the language and qualification courses had no problems integrating the VIM training approach into their sessions, the competence check trainers found this more difficult - despite the fact that they had a real formal framework for working on health issues. Finally, we could see from the Greek pilot projects that the material is even more useful if it is used regularly and small activities are continuously implemented.

The most important finding is certainly that the small training units should be adapted to the needs of trainers and learners. Overall, we can deduce from the pilot phase that it is advisable to adapt the small VIM training units to the needs of the learners if necessary. For ex-

ample, in activities that require a certain level of digital literacy or language skills, it is essential to take into account the learners' characteristics and background. In this context, there are educational guidelines in all activities that provide additional support and recommendations on training methods. Each partner has also set up a case study that gives a concrete idea of how the VIM materials can be used in practice.

## 5. Conclusions

VIM small training units are tailor-made, rich health literacy training materials addressed to trainers and educators who work with migrants and refugees in Europe. The educators and learners who participated in the pilot tests in all partner countries reported and confirmed its relevance and usability. Though language and time were barriers to the whole process, educators in all countries managed to pilot the activities and provide positive feedback as a whole, together with some important results and recommendations.

In this regard, the impact of the small training units is higher and more efficient through the adaptability of the activities to the relevant context. From the feedback of the pilot tests, it is recommended to use the VIM small training units, according to the needs and characteristics of each case. So, it is important for the educator to adapt the activities accordingly and create those circumstances that can harness the VIM training material in the best possible way.

Although the actual impact of the small VIM training units cannot be measured within the timeframe of a two-year Erasmus plus project, the feedback from the pilot trials in all countries has given consortium partners confirmation that they have developed a valuable source of health literacy activities for migrants. VIM's small training sessions can be used by various organisations and individuals to facilitate the integration of migrants/refugees in Europe and improve their lifestyles.

## 6. Recommendations

In this section we present selective recommendations from all national reports

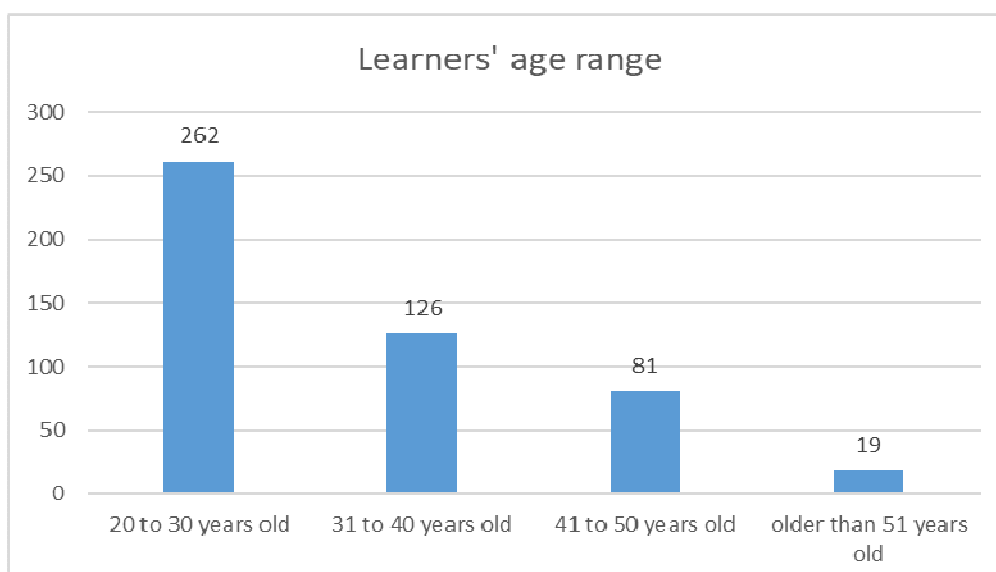
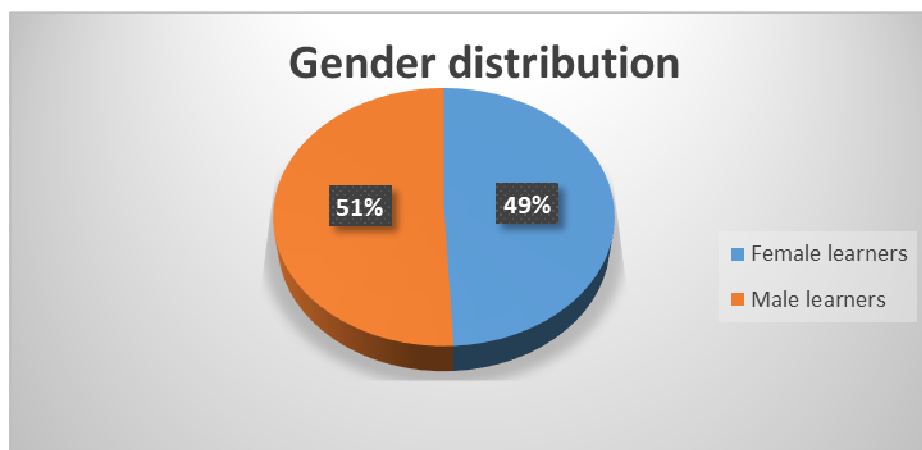
- ♥ To keep the language level in mind as limiting factor for certain types of activities is really important, and may be even more difficult in heterogeneous groups of migrant learners.
- ♥ To carry out the VIM activities, educators have to be open and familiar with forms of social and cooperative learning in the classroom.
- ♥ It is highly recommended to create sessions with trainers and operators working in the field of migration who can see the implementation in practice as it is not obvious that the simple presentation of the activities is sufficient to understand their actual functioning.
- ♥ Trainers should be aware of the target population so to prepare the activities according to the needs and capacity of the learners.

- ♥ It is most likely that the full programme with all its many activities will not be used in total with the same group of migrants. The trainer can pick out the relevant topics and activities and can even develop new material using the structure we have used in the VIM Hub.
- ♥ Carrying out the activities in a familiar environment may lead to better results for the learners.
- ♥ A review on the activity's content/ theory first can give a general idea to the participants, and proceed easier to the activities.
- ♥ To carry out the VIM activities, trainers have to be open and familiar with forms of social and cooperative learning in the classroom. The more experienced trainers are in using this methodology, the easier it will be for them to implement VIM activities in their courses.

## 7. Overview of involved trainers and learners

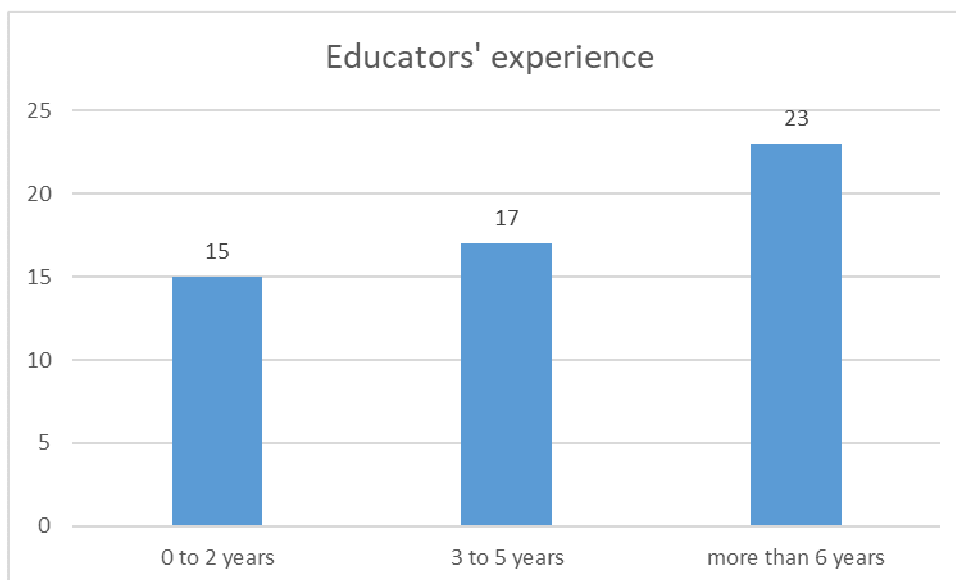
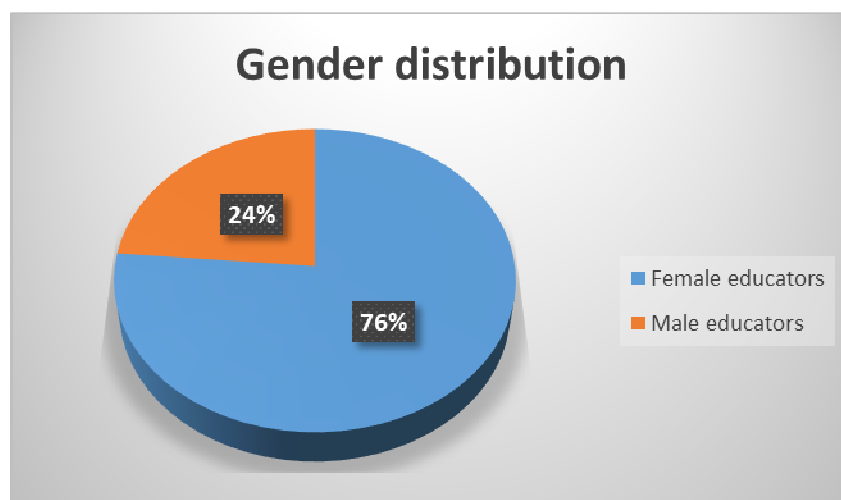
### 7.1 Description of learners in total

General information on the learners	Number
Learners engaged (in total)	488
Female learners	240
Male learners	248
Learners between 20 and 30 years	262
Learners between 31 and 40 years	126
Learners between 41 and 50 years	81
Learners older than 51	19



## 7.2 Description of educators in total

General information on the educators	Number
Educators engaged	55
Female educators	42
Male educators	13
Educators who have been working with migrants between 0 and 2 years	15
Educators who have been working with migrants between 3 and 5 years	17
Educators who have been working with migrants for more than 6 years	23

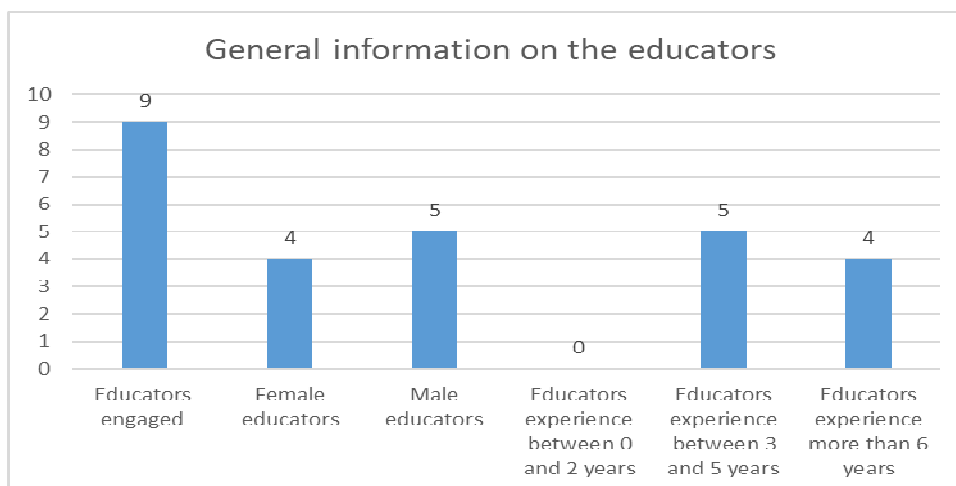
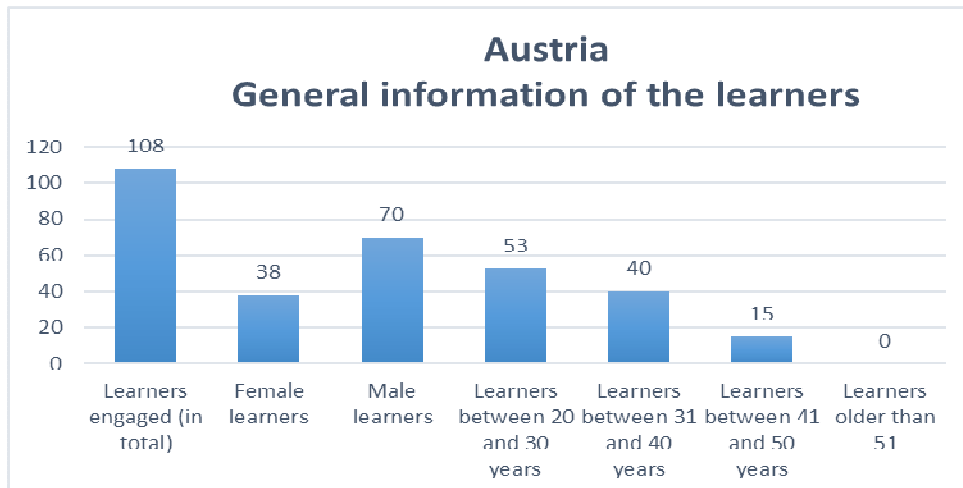


### 7.3 Description of involved learners and educators per country and feedback

#### AUSTRIA

General information on the learners	Number
Learners engaged (in total)	108
Female learners	38
Male learners	70
Learners between 20 and 30 years	53
Learners between 31 and 40 years	40
Learners between 41 and 50 years	15
Learners older than 51	-

General information on the educators	Number
Educators engaged	9
Female educators	4
Male educators	5
Educators who have been working with migrants between 0 and 2 years	-
Educators who have been working with migrants between 3 and 5 years	5
Educators who have been working with migrants for more than 6 years	4



## Overview

The majority of learners has only basic education. It can be estimated that one third of the participants have vocational education and higher education.

All of the involved trainers have higher education or university degree and those who are involved in language courses hold a degree for German language. The majority of the trainers has migrant background themselves, but from very different countries (Syria, Iraq, Egypt, to roots from Hungary, Poland, Russia, Turkey).

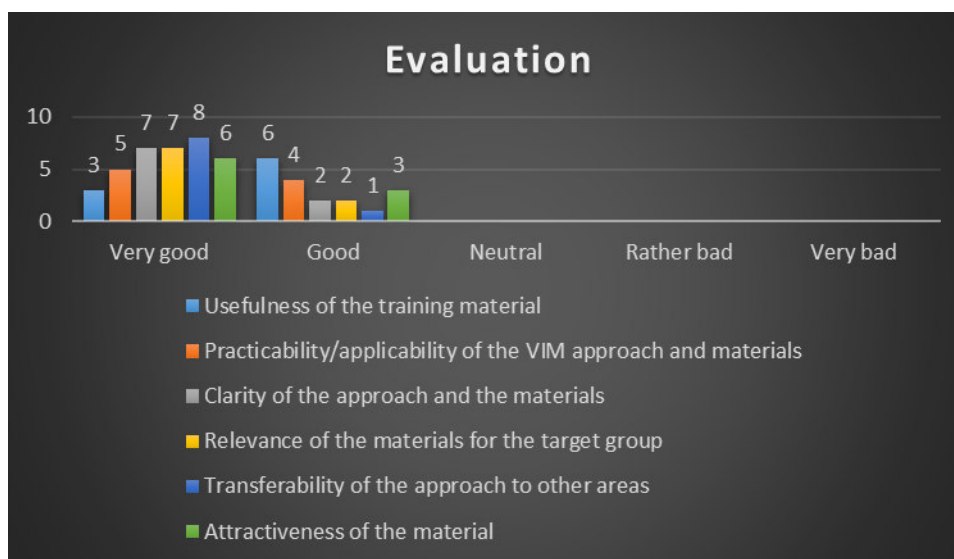
Trainers reported their favourite topics: 4. Health system and 6. Communication

In average each trainer tested about 3-5 activities. They all gave a positive rating to VIM activities (very good and good).

The language level was one of the main challenges to carry out activities. Especially activities that have a focus on discussion and communicative aspects with the group were sometimes too challenging for the given language level.



### Evaluation results of involved pilotees in Austria:

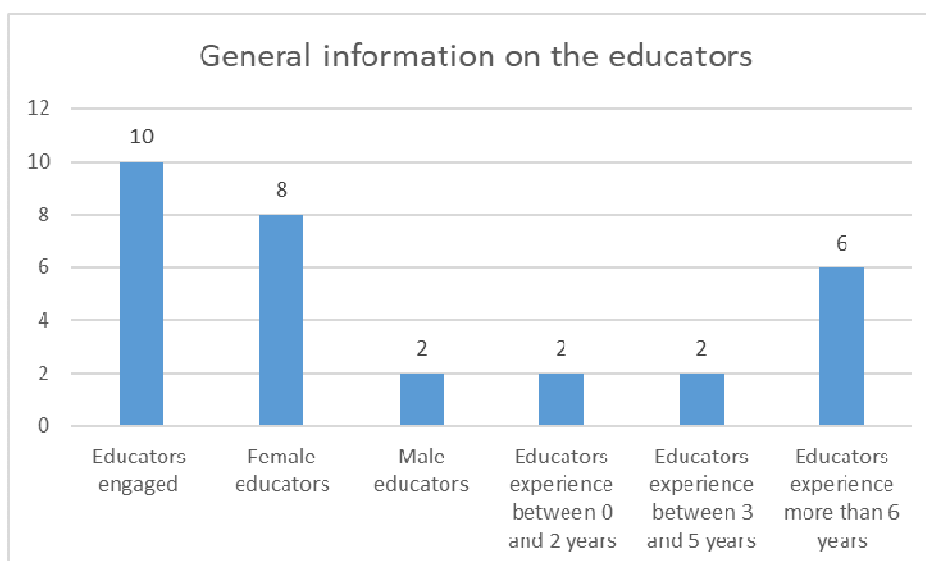
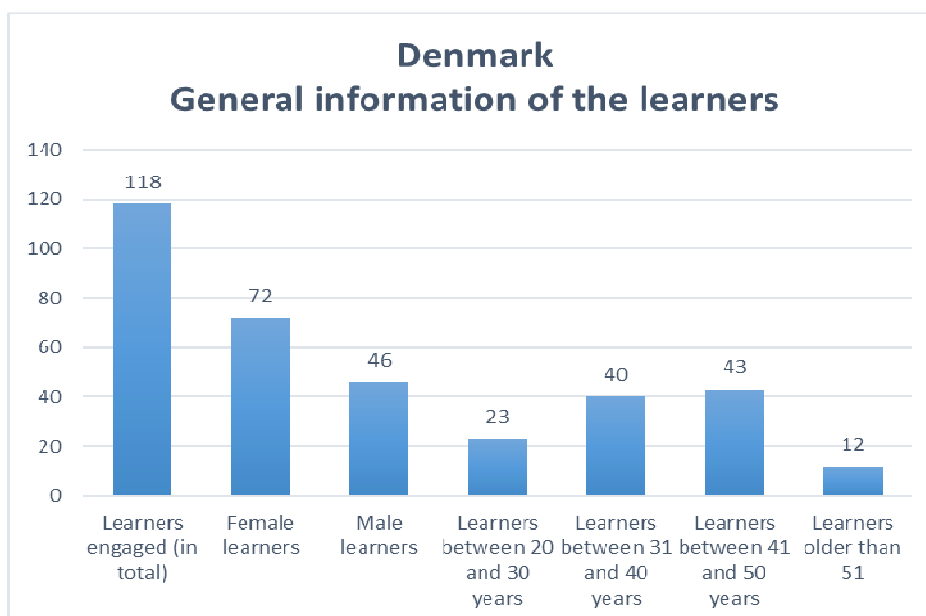


## DENMARK

General information on the learners	Number
Learners engaged (in total)	118
Female learners	72
Male learners	46
Learners between 20 and 30 years	23
Learners between 31 and 40 years	40
Learners between 41 and 50 years	43
Learners older than 51	12

General information on the educators	Number
Educators engaged	10
Female educators	8
Male educators	2
Educators between 20 and 30 years	1

Educators between 31 and 50 years	3
Educators between 51 and 65 years	5
Educators older than 66	1
Educators who have been working with migrants between 0 and 2 years	2
Educators who have been working with migrants between 3 and 5 years	2
Educators who have been working with migrants for more than 6 years	6



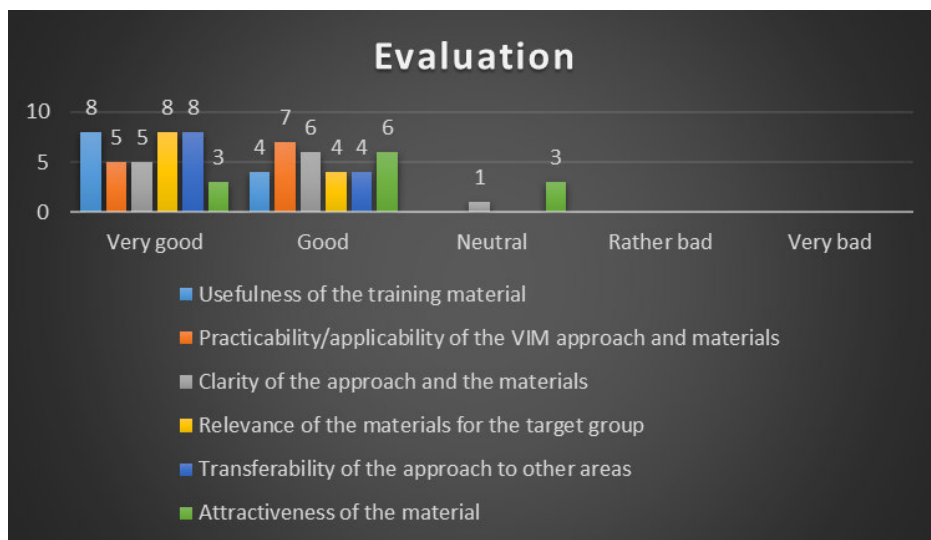
## Overview

The pilot tests were carried out in classes of Danish language for immigrants at different levels, in the social and health care college, and in voluntary work. The educational background of the learners was very varied and those of educators was also broad: languages teachers, special needs teachers to occupational therapists.

The learners in general showed interest for the topics presented in the units, while the overall broad categories of the material gave good inspiration for the teaching.

A basic conclusion was that the material requires not only a certain linguistic level but also a certain level of ability to reflect on own situation and also to reflect in general. The units serve the aim of activating the learners more than traditional classes, while some of the units can be given as homework /for instance those where you interview others.

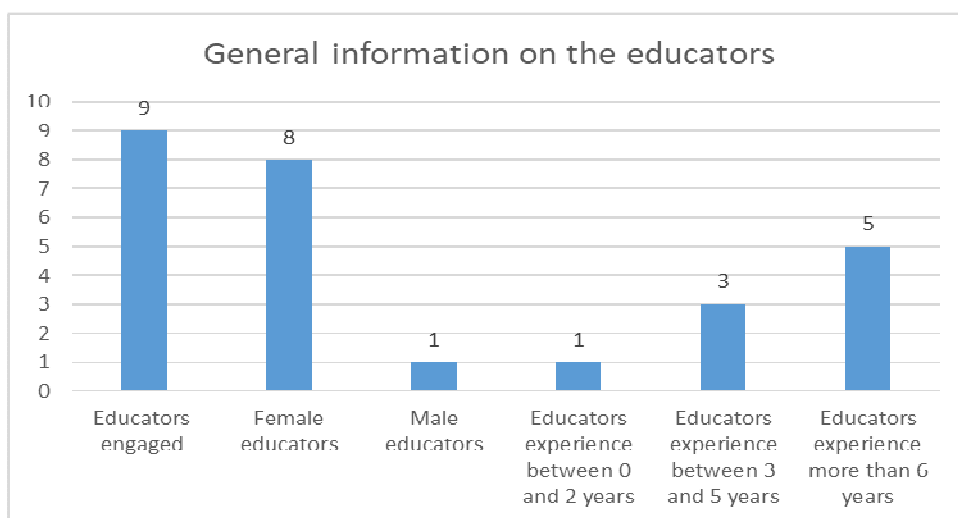
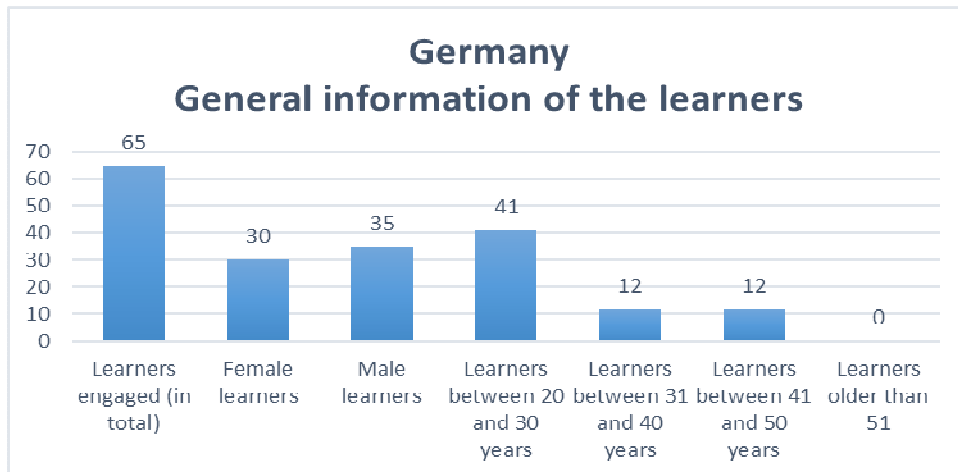
## Evaluation results of involved pilotees in Denmark:



## GERMANY

General information of the learners	Number
Learners engaged (in total)	65
Female learners	30
Male learners	35
Learners between 20 and 30 years	41
Learners between 31 and 40 years	12
Learners between 41 and 50 years	12
Learners older than 51	0

General information on the educators	Number
Educators engaged	9
Female educators	8
Male educators	1
Educators who have been working with migrants between 0 and 2 years	1
Educators who have been working with migrants between 3 and 5 years	3
Educators who have been working with migrants for more than 6 years	5

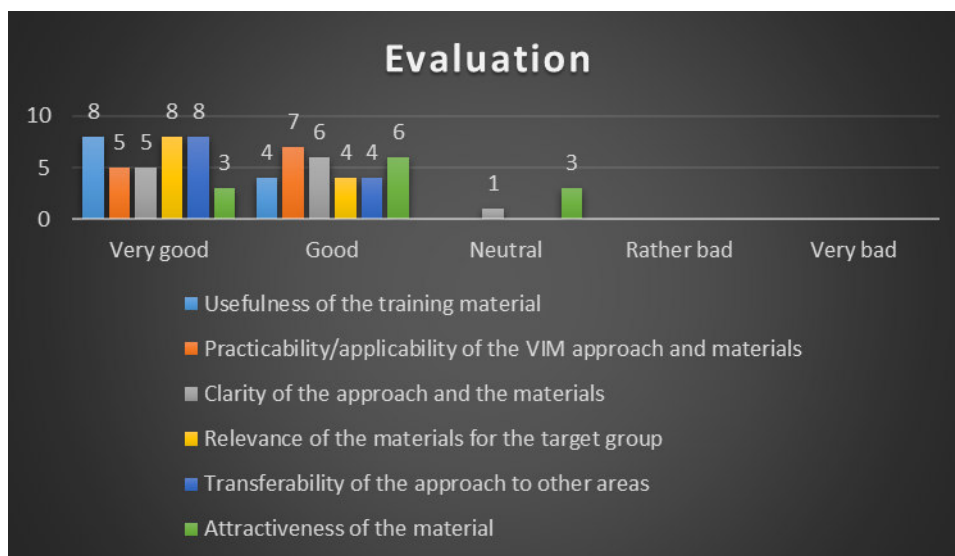


## Overview

All involved trainers have an academic degree, most of them as teachers, in social pedagogy or language studies, and work as social workers, language teachers, or counsellors. Pilots took place in different educational contexts (vocational training, language course, welcome classes).

The biggest success of the VIM material is that it was found valuable and useful by the participating trainers, who received a lot of inspiration from the activities, adapting the methods to the needs of their learners. Especially the activities that included a language learning aspect were appreciated highly.

### Evaluation results of involved pilotees in Germany

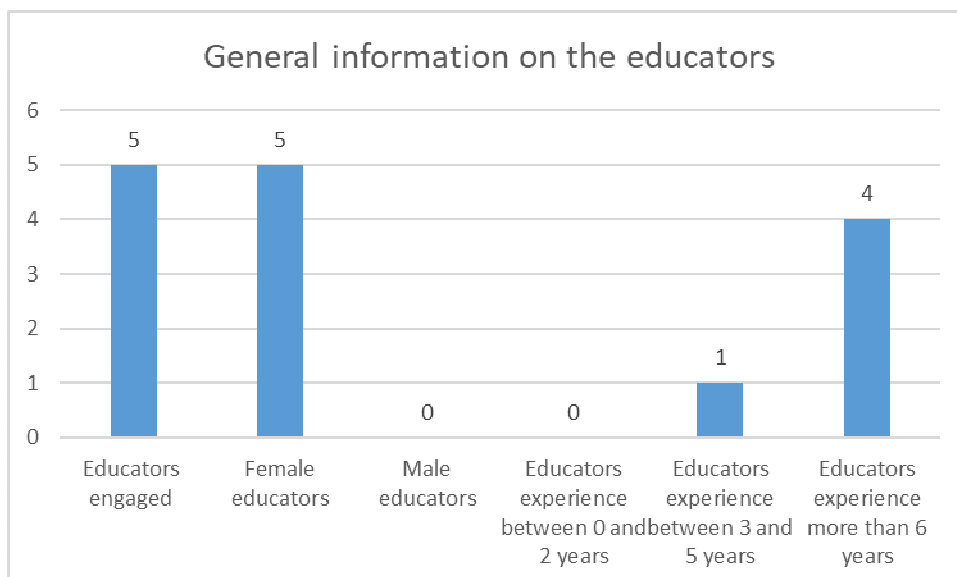
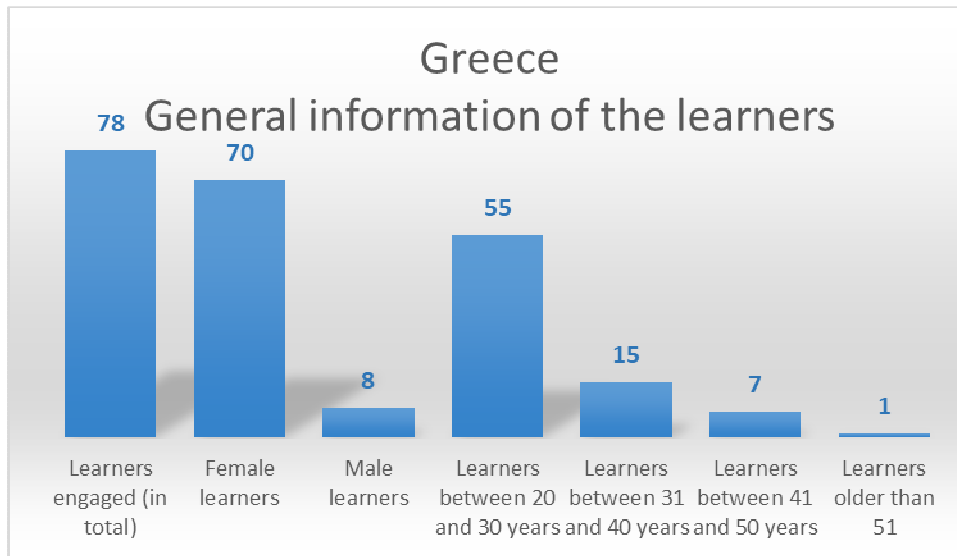


## GREECE

General information of the learners	Number
Learners engaged (in total)	78
Female learners	70
Male learners	8
Learners between 20 and 30 years	55
Learners between 31 and 40 years	15
Learners between 41 and 50 years	7
Learners older than 51	1

General information of the educators	Number
Educators engaged	5
Female educators	5
Male educators	0
Educators who have been working with migrants between 0 and 2 years	0

Educators who have been working with migrants between 3 and 5 years	1
Educators who have been working with migrants for more than 6 years	4



## Overview

In Greece the pilot trainings took place in Athens where five professionals (all female) tested the small training units with 78 participants in total. The educators were professionals who work in an NGO that works exclusively with migrants/ refugees. The pilot tests of the units took place in the context of language lessons and also during a

social service info session. The vast majority of the learners were female from Asian and African countries.

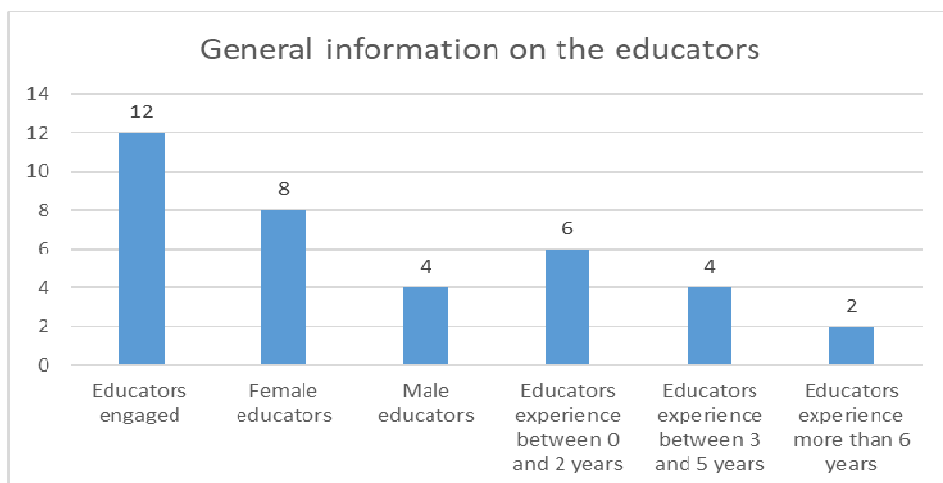
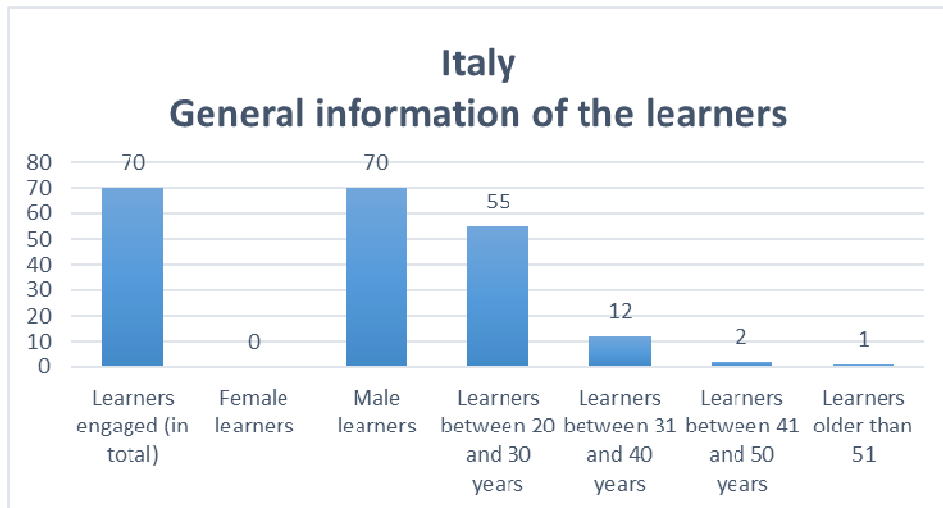
Trainers gave a positive feedback in terms of the usability and relevance of the VIM small training units. They also stated that these kind of activities should be repeated in order to increase the impact on the learners.

## ITALY

General information of the learners	Number
Learners engaged (in total)	70
Female learners	0
Male learners	70
Learners between 20 and 30 years	55
Learners between 31 and 40 years	12
Learners between 41 and 50 years	2
Learners older than 51	1

General information on the educators	Number
Educators engaged	12
Female educators	8
Male educators	4
Educators who have been working with migrants between 0 and 2 years	6
Educators who have been working with migrants between 3 and 5 years	4
Educators who have been working with migrants for more than 6 years	2



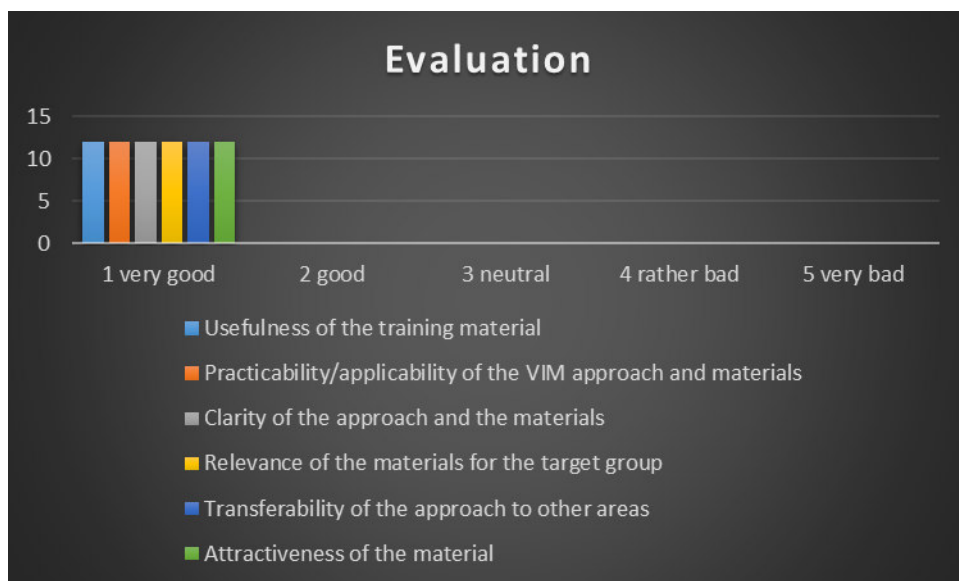


## Overview

In Italy 12 educators/trainers have been involved in the pilots. They all have different backgrounds. During the piloting manager of hosting centres, psychologists and facilitators have been involved. The pilots took place in refugee centres in Palermo where 70 refugees/migrants in total participated, all male and especially young men.

The organisers reported a positive feedback from the participants, as these understood how to communicate to a doctor and in how far different perceptions and concepts of health are influenced by their culture and the culture of the host country. The main obstacles were related to the communication with migrants who spoke languages other than English and Italian.

## Evaluation results of involved pilotees in Italy

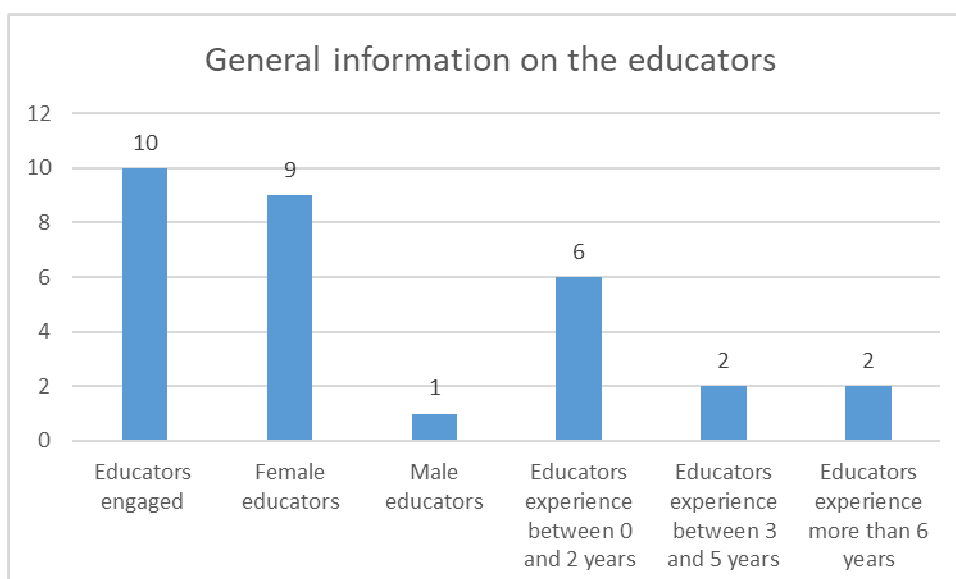
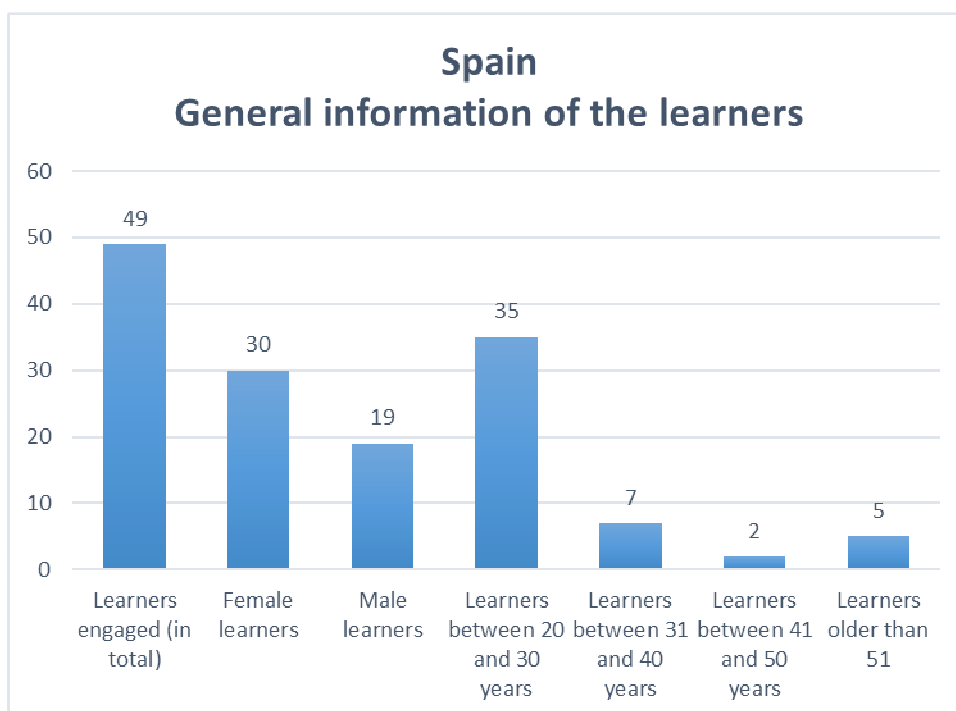


## SPAIN

General information of the learners	Number
Learners engaged (in total)	49
Female learners	30
Male learners	19
Learners between 20 and 30 years	35
Learners between 31 and 40 years	7
Learners between 41 and 50 years	2
Learners older than 51	5

General information of the educators	Number
Educators engaged	10
Female educators	9
Male educators	1
Educators between 20 and 30 years	6
Educators between 31 and 50 years	4

Educators between 51 and 65 years	0
Educators older than 66	0
Educators who have been working with migrants between 0 and 2 years	6
Educators who have been working with migrants between 3 and 5 years	2
Educators who have been working with migrants for more than 6 years	2



## Overview

The majority of learners have a basic education, whereas all involved educators have a University Degree. The majority are professionals coming from the social or educational field. Some of them are also qualified for language teaching. They all are working or collaborating with non-profit organisations with relevant experience in education and social inclusion.

There is a female dominance in the Spanish pilot tests both in terms of learners and educators. In this context, the main topics of the pilot tests were gender issues, together with health and well-being. So the educators had chosen only those activities directly related to these main topics.

The educators underlined the importance of adapting, where necessary, the proposed activities to learners' interests, reality and characteristics. Although language level reported as demanding, the educators said that the activities were very useful as they helped to make the course as a whole more dynamic and to make singular topics more attractive that, at first, are not very attractive and interesting.

## Project Partners

The pilot tests of the VIM learning activities were carried out and documented by the VIM consortium consisting of the following partners:



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