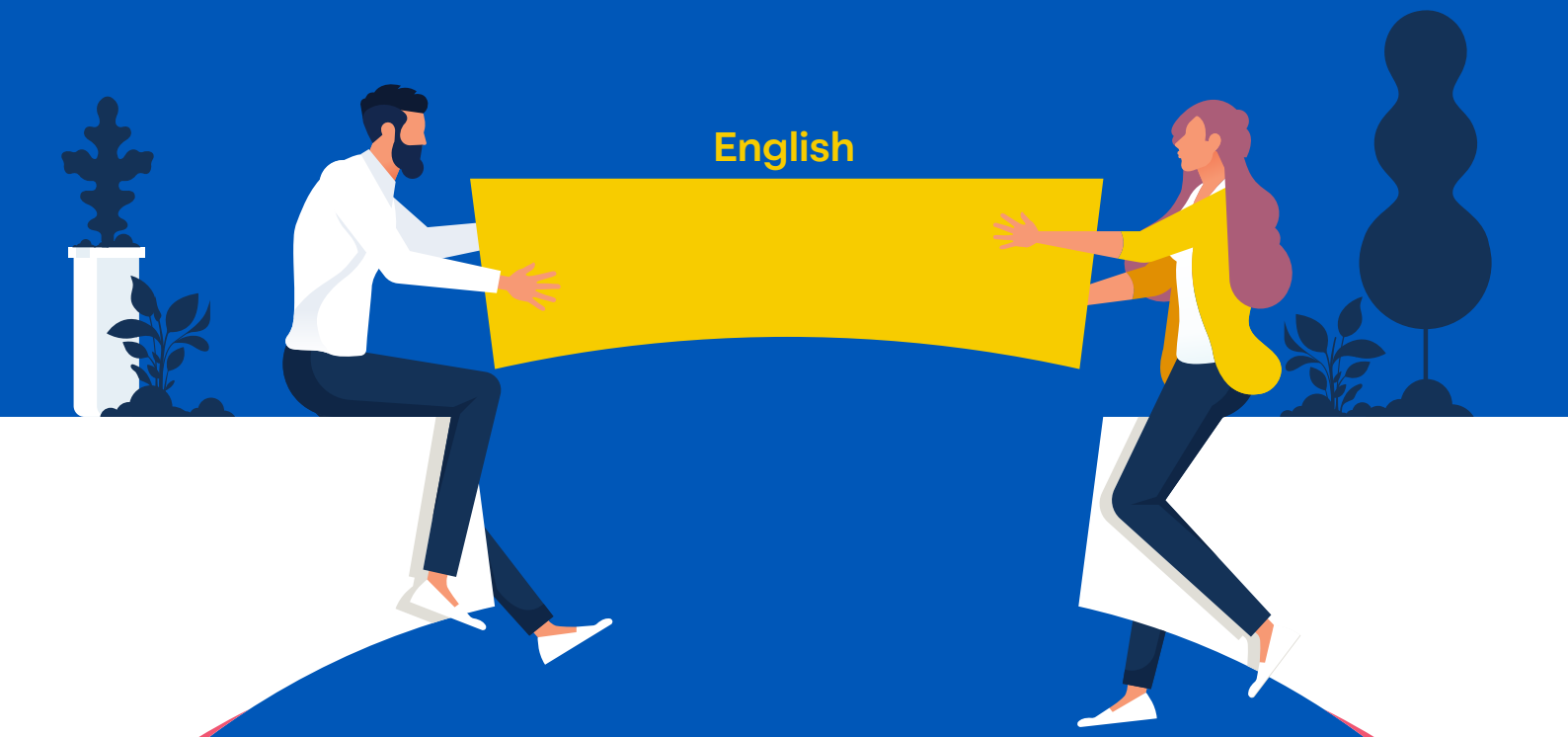
puenteproject.eu

English



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CONTENT

01.

Introduction

Preamble

The Russian invasion of Ukraine has led to almost 6 million refugees across Europe. These individuals are at risk of mental health disorders and social exclusion due to the trauma caused by the war, posing a major challenge to public health and social integration. Access to education can play a vital part in helping Ukrainian refugees to rebuild their lives, equipping them with lifelong skills and creating opportunities for social and professional integration. However, refugees often prioritise immediate needs, such as obtaining residence permits and securing accommodation, which means they postpone their involvement in educational programmes.

The PUENTE Project aims to create a future where education unlocks new opportunities for refugees, ensuring autonomy, dignity and equal access to a better life across Europe. We believe in the power of non-formal education to empower refugees and build the skills and knowledge needed to thrive. Through innovative training, strategic partnerships and impactful resources, the PUENTE Project paves the way for inclusion, employment and a more promising future.

PUENTE is aligned with key EU initiatives, such as the European Pillar of Social Rights and the European Care Strategy. These policies emphasise the importance of inclusive education and lifelong learning for all, particularly for vulnerable groups such as refugees affected by war.

The project's objectives are:

- To improve the professional skills of adult educators and contribute to the educational path of Ukrainian refugees.
- To make educational centres more inclusive in order to respond to the diverse needs of Ukrainian refugees and create an environment that promotes learning and recovery.
- To establish effective guidelines for monitoring the educational progress and social reintegration of Ukrainian refugees affected by war, ensuring they receive adequate support for their social and professional integration.
- To support the recovery of Ukrainian refugees from the trauma of war and promoting their social and professional inclusion in Europe will improve their physical and mental well-being.

The PUENTE project has developed training materials for professionals supporting or who may support refugees, as well as for educational and support institutions wishing to become more inclusive. These materials will improve the training of Ukrainian adult refugees displaced by war, including women and people with disabilities who need support to rebuild their lives.

The course was developed by a European consortium comprising hospitals and social care services run by the Hospitaller Order of St John of God and the Sisters Hospitallers of the Sacred Heart of Jesus, which are distributed across six EU member states (Spain, Italy, Portugal, Austria, Poland and Belgium), and are involved in the Erasmus+ PUENTE project (2024-1-ES01-KA220-ADU-000243485). The project and the partners' consortium were promoted and launched by 'Hospitality Europe AISBL', which operates as the representative and liaison office of the Order and the Sisters Hospitallers' network to EU institutions in Brussels.

All the materials developed can be found in English, Spanish, Portuguese, Italian, Polish and German. Additionally, materials related to the European Way of Life have been translated into Ukrainian and Russian to ensure accessibility for displaced people.

You can find out more about the partners and the PUENTE project at https://puenteproject.eu/.

Contextualisation

The war in Ukraine has caused a humanitarian crisis, presenting significant social, educational and emotional challenges in terms of welcoming, understanding and supporting the thousands of refugees who have arrived in our country seeking safety, protection and new opportunities. In this context, the role of educators and caregivers is essential not only as providers of support, but also as emotional, cultural and human reference points for individuals facing loss, displacement and uncertainty.

The aim of this course is to equip educational and social care professionals with the necessary tools to carry out sensitive, informed and effective interventions. To this end, we have set out the following general objectives:

Training objectives

The main objective of this training is to strengthen the capacities of professionals working directly with refugees, particularly those from conflict and displacement contexts.

The specific objectives are as follows:

Provide professionals with an in-depth understanding of the migration process and the challenges faced by refugees.

Cover the stages of the asylum process in detail, as well as the emotional and psychological impact of forced displacement and the structural barriers that refugees may encounter in host societies. The goal is to provide a contextualised and sensitive understanding of the complex realities that refugees face as a basis for effective and respectful intervention.

Equip staff with practical and effective communication and emotional support strategies.

The training will provide tools and techniques to improve verbal and non-verbal communication with individuals from diverse cultural and linguistic backgrounds. The training will include trauma-informed approaches, intercultural mediation, active listening and emotional validation — all of which are essential for building trust and offering real support.

Promote empathetic, ethical and professional attitudes in social intervention.

The course will foster respect, empathy and non-judgement towards refugees, while emphasising the importance of maintaining healthy professional boundaries without losing the human connection in the helping relationship. This will enable professionals to provide effective support without risking emotional burnout.

The course will provide up-to-date information on resources, services and institutional support networks for refugees.

A map of key resources (housing, health, education, employment, and legal support) will be shared, along with practical guidance to help refugees access their rights. The aim is to improve professionals' capacity for referral, guidance and accompaniment.

The training will develop essential personal and professional skills for working with vulnerable populations.

The training will strengthen skills such as cultural sensitivity, emotional self-regulation, adaptability, resilience, teamwork and the ability to build trusting relationships. These skills are fundamental for effective intervention in complex and emotionally demanding contexts.

Training module overview

This course should be conducted in a warm and participatory atmosphere. Trainers should motivate the group and provide context for the training. The initial contact with the trainees should include a brief welcome from the trainer, followed by a group introduction. If the group is small, this could take the form of a short round of names and related experience. To open the session, the following question could be posed: 'What image or word comes to mind when you think of Ukrainian refugees in our country?'

This training goes beyond merely sharing content. It is about improving our practices, viewing things from a different perspective, and providing sensitive and responsible support in the face of a challenging daily reality.

The following thematic blocks will be covered within chapters:

Sociocultural and historical context.

This module will explore the causes and consequences of the conflict in Ukraine, the most common profiles of displaced individuals, and the cultural values that influence their communication, parenting styles, and social interactions. Understanding 'where they come from' is essential to avoid judgement and assumptions.

Legal aspects and integration policy.

This module will examine the legal framework that protects refugees in Europe, including temporary protection, access to rights, and regulations concerning education and social care.

Health, psychological and social aspects.

This module will address common healthcare needs and the psychosocial impacts of displacement, such as trauma, anxiety, insecurity, loneliness and feeling 'in transit'. It will also discuss community health, sense of belonging, social networks and identity to help us better understand behaviours, absences or emotional blockages that are often misinterpreted.

Inclusion Awareness and Empathy.

The aim of this module is to refresh course participants' knowledge of the most important aspects of inclusion and empathy, and to promote empathy and raise awareness of Ukrainian refugees.

To this end, the module begins with theoretical input covering the most important definitions and concepts, as well as providing tips and practical examples for fostering an inclusive and empathetic environment. Finally, practical exercises are provided to strengthen participants' self-reflection, empathy, and inclusive behaviour, as well as demonstrating how the module can be implemented.

Language and intercultural communication.

This session will focus on strategies for communicating with individuals who do not speak the local language, such as using clear language, non-verbal communication, translators or mediators, and visual aids. We will also explore how to build trust despite linguistic and cultural barriers, which is an essential competency for professionals working in multilingual and multicultural settings.

Inclusive pedagogical practices.

This session will emphasise the importance of adapting teaching methods and content to the specific needs of Ukrainian refugee students. This includes considering their life stories, sociocultural context and possible traumatic experiences. This includes flexible approaches, visual and accessible materials, individualised support and inclusive practices that ensure real equity in learning.

In contexts where the language of instruction is not the students' mother tongue, specific language-teaching methodologies are crucial. These include the communicative approach, task-based learning and using visual, digital and contextual resources to support gradual language acquisition and production.

Trauma Approach.

This module will train participants to recognise signs of trauma and apply basic emotional containment strategies. The goal is not to become therapists, but to provide safe, non-harmful support. Participants will learn to identify warning signs, respond with empathy and understand what actions are appropriate and inappropriate during an emotional crisis.

Case studies and practical exercises.

Real-life cases will be analysed and professional situations simulated. Additionally, we will evaluate the training together to improve the experience and share key lessons learned.

02.

Socio-cultural and historical context

Introduction

The module's primary objective is to familiarise students with the socio-cultural and historical context of the war in Ukraine, including its causes and the impact on families and refugees.

The course covers the fundamentals of Ukrainian history, geography and politics, as well as cultural values, traditions and customs, to encourage respect and empathy in an intercultural setting. Students analyse the situation of refugees, the challenges of adapting to a new environment, and the impact of the socio-cultural context on education and the labour market. The module aims to develop sensitivity to cultural diversity and foster attitudes of openness and solidarity.

Teaching methods include lectures, discussions, group work, case study analysis and multimedia materials. Achievement of the objectives is assessed through Kahoot quizzes, open-ended questions and brainstorming sessions about Ukrainian culture.

The geographical location of Ukraine

Students will familiarise themselves with the most important information about Ukraine, including the main values of Ukrainian culture, history, and socio-political changes.

Ukraine is the largest country entirely located in Europe (approximately 603,700 km^2). It borders Poland, Russia, Belarus, Hungary and Romania, among others. It has access to the Black Sea and the Sea of Azov.

Its capital, Kyiv, is a city with over a thousand years of history and is considered the cradle of East Slavic civilisation. As of 2022, Ukraine had a population of approximately 36 million, although this number has changed as a result of war and migration.

About 95% of Ukraine's territory is located in lowlands and plains, and it has a continental climate with seasonal rainfall. It has some of the best soil types in Europe and is therefore known as the 'granary of Europe' due to its high agricultural potential. The country's natural zones include the forest-steppe, which is an area of mixed forests and steppes ideal for farming, the steppe in southeastern Ukraine which is dry and grassy, the northern forests, and the Carpathians. These features influence the country's structure and the dominant agricultural sector. Besides its mineral resources, Ukraine is renowned for its fertile soils, making it a major producer and exporter of agricultural products such as grain, oil and sunflower seeds.

The country has rich natural resources, including vast deposits of hard coal in the Donets Basin and iron ore in the Kryvyi Rih Basin, as well as manganese, uranium, titanium, rock salt and mercury deposits throughout the country. The country is also rich in rock minerals, lignite, lithium, and other rare earth metals.

Historical summary

Ukraine's history is incredibly complex. Highlights include:

- Kievan Rus' (9th–13th centuries): one of the first states in Eastern Europe, founded by Vikings and adopting Christianity in 988;

- A period of feudal fragmentation and foreign influence: after Kievan Rus' fell, Ukrainian lands came under the influence of Lithuania, Poland, and the Ottoman Empire, among others;

- Hetmanate and Cossackdom (17th century): a strong Cossack movement led by Bohdan Khmelnytsky fighting for the independence and rights of the Ruthenian population;

- Partitions and the 19th century: Ukraine was divided between Austria-Hungary and Russia;

- 20th century: tragic events such as the Great Famine (Holodomor) in the 1930s and World War II. Ukraine's history includes collaboration with the Third Reich during World War II, the "Volhynian massacre" and Stepan Bandera, as well as the period of Soviet communism.

- 1991: Ukraine regains independence after the collapse of the USSR. It became a sovereign state.

- 2004–2005: The Orange Revolution – Mass protests against rigged presidential elections culminated in democratic changes.

- 2013–2014: Euromaidan – Protests against rapprochement with Russia and the breakdown of negotiations with the EU. These protests led to the overthrow of the pro-Russian president, Viktor Yanukovych.

- 2014: the 'little green men' annexed Crimea and a war breaks out in the Donbas region. Russia occupied Crimea and fighting with pro-Russian separatists broke out in the east of the country.

- 24 February 2022: full-scale war in Ukraine.

These events have had a huge impact on national consciousness, social unity, and the direction of the country's development.

Ukrainian culture encompasses values, language and identity

Ukrainian culture is a rich mosaic of folk traditions, spirituality, music and literature which together shape national identity. Among the most important cultural values are freedom and independence, which are deeply rooted in Ukraine's history and are evident in the contemporary struggle for sovereignty. A strong sense of national identity, reinforced by the Ukrainian language, history and cherished traditions, also plays a vital role. Family and community, as well as hospitality and solidarity, play a particularly important role in the daily lives of Ukrainians, both in times of peace and in times of crisis and war.

The most important element of Ukrainian culture is the official language, Ukrainian, a Slavic language closely related to Polish yet with its own distinctive character. Russian is also spoken in some regions, but since 2014, there has been a clear revival of the Ukrainian language as a symbol of

independence and national identity. Art and literature occupy a special place in Ukrainian culture. Among its most notable authors are Taras Shevchenko, widely regarded as the national poet of Ukraine, and Lesya Ukrainka. Other important elements of our cultural heritage include folk music, embroidery (vyshyvanka), dance, cinema, and visual arts, which strengthen the sense of community and cultural continuity.

Ukraine has been represented internationally by many renowned creators, artists and athletes, including Taras Shevchenko, Ivan Franko, Mykola Lysenko, Bohdan Stupka, Serhiy Bubka, Andriy Shevchenko and the brothers Vitali and Volodymyr Klitschko. Other notable figures of Ukrainian descent active internationally include Mila Kunis, Milla Jovovich and Marina Luchenko.

Ukraine Today

Source: https://pl.wikipedia.org/wiki/Ukraina#/media/Plik:Ukraine_CIA_map.gif

The most famous cities in Ukraine are:

- **Kyiv** – the capital of Ukraine and one of the largest and oldest cities, probably founded in the 5th century. It is the cradle of Kievan Rus and Christianity in the East Slavic lands. Monuments: Saint Sophia Cathedral, Kyev Pechersk Lavra and the Golden Gate. Today: Ukraine's political, economic, scientific and cultural centre. It plays a vital role in the country's defence during wartime.

- **Lviv** (now in western Ukraine) is a city with exceptionally strong ties to Poland – until 1945, it belonged to the Second Polish Republic. It was an important centre of culture, science, and multiculturalism, with Poles, Ukrainians, Jews, and Armenians living together. Monuments: The Old Town is listed on the UNESCO list, as are Lychakiv Cemetery and the Armenian Cathedral. Today: The capital of western Ukraine and perceived as the most 'European' city in the country. It is a strong centre of Ukrainian patriotism.

- **Kharkiv** is the second most populous city in Ukraine and is located in the east of the country. Significance: Former capital of the Ukrainian SSR (1919–1934); today, it is an

important industrial, scientific, and educational centre. Monuments: Liberty Square (one of the largest in Europe) and Constructivist buildings. Today: A city that has been severely damaged by the Russian invasion since 2022. It is a symbol of resistance.

- **Odessa** is a port city on the Black Sea known for its beautiful architecture and multicultural past. Significance: A key centre of maritime trade, culture and tourism. Monuments: The Potemkin Stairs, the Opera and Ballet Theatre and the historic city centre. Today: Despite the war, it remains an important port and a symbol of Ukraine's maritime character.

- **Dnipro** (formerly Dnipropetrovsk) is a large industrial city in east-central Ukraine. Meaning: Centre of the USSR's arms and space industries. Monuments: Museums of technology and aviation, churches and bridges over the Dnieper. Today: The city has played an important role in organising military and humanitarian aid since 2014.

- **Zaporizhzhia** is a city on the Dnieper that has historically been associated with the Zaporozhian Cossacks. Meaning: A symbol of Cossack freedom and independence. Monuments: Khortytsia Island – the spiritual centre of the Cossacks. Today: An industrial city; the Enerhodar nuclear power plant (Zaporizhzhia NPP) is nearby.

- **Ivano-Frankivsk** is a historic city in western Ukraine, once known as Stanislaviv. Meaning: Strong Ukrainian, intellectual and patriotic traditions. Monuments: Town hall, churches and buildings from the Austro-Hungarian era. Today: A popular student town and tourist destination, close to the Carpathians.

Dishes:

Ukrainian cuisine combines simplicity and intense flavours to create dishes that are both satisfying and delicious. Key ingredients include potatoes, cabbage, beetroot, meat, garlic, sour cream and flour. Dishes are often prepared with a view to ensuring there is enough for everyone.

- **Ukrainian borscht** is a red beetroot soup made with meat or vegetables, cabbage, carrots, potatoes, beans, onions and garlic. Serving: Served with sour cream and often with pampuchy (steamed buns). Symbol: The national dish of Ukraine, it is included on the UNESCO Intangible Cultural Heritage List.

- **Warenyky** – Dumplings with various fillings, such as potatoes, cabbage, cheese, cherries or mushrooms. Serving: With butter, onion, cream or sugar (for the sweet version). Popularity: Widely considered one of the most recognisable Ukrainian dishes.

- **Kyev cutlet** – breaded chicken fillet stuffed with garlic and butter, and sometimes herbs. Serving: Served with potatoes or salad. Fun fact: It is known all over the world, but its origin is disputed – Ukrainians consider it their culinary trademark.

- **Solyanka:** A thick, sour-salty soup containing meat, pickled cucumbers, olives, lemon and spices. Serving: Serve with a spoonful of cream and, if desired, dill. Character: A warming and filling soup, it is especially popular in winter.

- **Salo:** Salted or smoked bacon, often considered the 'national snack' of Ukraine. Serving: Served with bread, garlic and onion, and sometimes with mustard or horseradish. Cultural significance: A symbol of Ukrainian rural cuisine and hospitality.

- **Deruny:** potato pancakes, often served with sour cream. Variants: Sometimes with meat or onions inside. Popularity: Very popular in homes, especially in western Ukraine.

- **Holubci (gołąbki):** Cabbage stuffed with minced meat and rice, stewed in tomato sauce. Serving: Served with sour cream. Variants: Sometimes with buckwheat or mushrooms.

- **Kulesza/corn groats:** a traditional cornmeal dish similar to Italian polenta. Region: Especially popular in the Carpathians and Transcarpathia. Serving: With salo, onion and crackling.

- **Kyiv cake:** a legendary cake made with meringue, hazelnuts and buttercream. Production: Produced in Kyiv since the 1950s, it is a symbol of local confectionery. Uniqueness: It has a very sweet, distinctive taste and aesthetic.

The social policy system in Ukraine

The country began its political and economic transformation in 1991, transitioning from a centrally planned economy to a market model. These changes have significantly impacted the welfare state system, leading to the reduction of many social benefits that existed during the Soviet era. Ukraine's social policy is currently under enormous pressure due to the ongoing war with Russia since 2014, the escalation in 2022, the resulting humanitarian and refugee crisis, inflation and the general economic crisis.

The social security system provides various forms of support, including family allowances, one-off benefits (e.g. for childbirth), housing benefits, and healthcare and rehabilitation subsidy programmes. However, inefficiency remains a major problem, with many people not receiving benefits on time or in full. Another crucial element of the system is the pay-as-you-go pension system, whereby current contributions from working people finance payments to retirees. The minimum pension is low and often insufficient to cover basic living costs.

Meanwhile, Ukraine is implementing education reforms to align its system with European standards, including introducing a twelve-year education cycle and increasing school autonomy. Nevertheless, the challenges facing social policy are enormous. The scale of social needs exceeds the state's budgetary capacity, and poverty remains high, particularly among the elderly, people with disabilities, and children. Support systems are often characterised by excessive bureaucracy and low efficiency, and the country is heavily dependent on international aid, including support from the European Union, the United States and the United Nations. An additional challenge is the need for post-war reconstruction and modernisation of the country.

Despite the enormous difficulties associated with the war, the humanitarian crisis and the devastation, Ukraine demonstrates great determination and self-organising capacity, as well as a strong will to survive. Civil society is currently one of the most active in Europe. At the same time, Ukraine is committed to integrating with the European Union and NATO, and public support for this remains very high.

Causes and Consequences of the Conflict in Ukraine

Causes of the Conflict

- **Russia's geopolitical ambitions:** For years, Russia has sought to maintain influence in the former Soviet Union. As a large country bordering the European Union and aspiring to NATO membership, Ukraine was perceived as a threat to Russian strategic interests.

- **Maidan Revolution (2013–2014):** The overthrow of the pro-Russian president, Viktor Yanukovych, and Ukraine's subsequent shift towards the West (the EU and NATO) prompted a backlash from the Kremlin. In response, Russia annexed Crimea in March 2014 and supported separatists in the Donbas region.

- **National identity and historical disputes:** Russia does not recognise Ukraine's full independence, arguing that Ukrainians and Russians are 'one nation'. Ukraine, on the other hand, is developing its own independent national identity, causing tensions in the process.

- **NATO Enlargement:** Russia has opposed NATO's eastward expansion for years. Although Ukraine was not a NATO member, Russia perceived its rapprochement with the alliance as a manifestation of Ukraine's full independence.

Consequences of the conflict:

- **Humanitarian catastrophe:** hundreds of thousands of casualties, millions of internal and foreign refugees, and destroyed civilian infrastructure. Ukraine has suffered enormous human and material losses.

- **International sanctions against Russia:** The West imposed unprecedented economic, financial and political sanctions on Russia. Russia was partially cut off from global markets, affecting its economy and international relations.

- **Paradoxical strengthening of Western unity:** Russia's invasion has paradoxically strengthened NATO unity and accelerated the process of Sweden and Finland joining the alliance.

- **Energy and economic changes in Europe:** Europe began to reduce its dependence on Russian energy resources, accelerating the energy transition and shifting the direction of energy imports.

- **Political changes in the region:** The war has led to the radicalisation of attitudes in many Central and Eastern European countries, as well as increased defence spending across the region.

Summary

Ukraine is a country with a thousand-year history, a rich culture and a deeply rooted national identity. It is currently experiencing dramatic times, but it is also setting an example to the world of courage, solidarity and the fight for freedom.

Understanding Ukraine is not just about knowing the facts, but also about trying to see things through the eyes of its people – experiencing both pride and struggle, but also hope.
The conflict in Ukraine is not just a local war; it is a clash between two worldviews: authoritarianism, represented by Russia, and democracy, supported by the West. The consequences of this war will be felt for generations, both in Ukraine and across Europe.

LET'S PRACTISE

- **Small group discussion on the topic:** 'What actions can help promote intercultural respect and empathy in our daily work, school, and neighbourhood?'

- **Application of case studies:** discussion of selected conflict situations in which a lack of cultural understanding has led to misunderstandings.

03.

Legal aspects and policies of inclusion

Introduction

The module's primary objective is to familiarise participants with the fundamentals of law and the various forms of assistance available, with a particular focus on the right to education and social integration.

The course includes discussions on refugee protection regulations in selected European countries, integration policy principles, and the importance of psychosocial support for children, young people, and their families. Participants will develop their knowledge of asylum law and inclusive policies, learn to identify institutional and local forms of assistance, and learn to adopt attitudes based on equality, social justice, and human rights.

The course uses a variety of teaching methods, including lectures, legal analysis, discussion and group work, supported by multimedia presentations and case studies.

Who is a refugee? Let's start with a basic definition.

According to the 1951 Geneva Convention relating to the Status of Refugees, a refugee is a person who:

'...due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of their nationality, and is unable or unwilling to avail themselves of the protection of that country; or who, not having any nationality, is outside the country of their former habitual residence as a result of similar events, and is unable or unwilling to return to it' (point 3).

The European Union defines refugees as:

'Refugee' means a third-country national who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, political opinion, or membership of a particular social group, is outside the country of nationality, and is unable, or unwilling owing to such fear, to avail themselves of the protection of that country. It also means a stateless person who, being outside the country of former habitual residence for the aforementioned reasons, is unable, or unwilling owing to such fear, to return to it. Article 12 does not apply to them.

(Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted).

'Person eligible for subsidiary protection' means a third-country national or a stateless person who does not qualify as a refugee, but for whom substantial grounds have been shown to believe that, if returned to their country of origin (or, in the case of a stateless person, their country of former habitual residence), they would face a real risk of suffering serious harm, as defined in Article 15. Article 17(1) and (2) does not apply to them, and they are unable or unwilling to avail themselves of the protection of that country owing to such risk. (Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted).

This means that a refugee is not an economic migrant, but someone forced to flee due to a serious threat to their life or freedom.

The scale of the problem

Migrants are people who leave their place of residence and move, both within and outside their own country, for short or long periods and for a variety of reasons. There is no single, universally accepted international definition of this concept, so the term refers to people in a wide variety of situations.

The UNHCR defines forced displacement as the involuntary movement of people from their homes or regions due to conflict, persecution, violence, human rights abuses, disasters or climate change. The key factor is the lack of choice or consent. This includes people who move across borders (refugees) and those who are displaced within their own country (internally displaced persons, or IDPs). This encompasses both fleeing and being forcibly removed, with the absence of willing choice being central.

According to the UNHCR (the United Nations High Commissioner for Refugees), there are projected to be over 120 million forcibly displaced people living in the world by 2025, of whom over 40 million are refugees.

Behind each of these numbers lies the tragedy of an individual: someone who has had to leave their home, family and job to save their life.

Sources of refugee rights protection

International law.

Main documents:

- The 1951 Geneva Convention and the 1967 New York Protocol are the fundamental legal instruments that govern the status of refugees worldwide.
- The Universal Declaration of Human Rights (1948) – Article 14 recognises the right to seek asylum.
- The International Covenant on Civil and Political Rights protects the rights of individuals, including those in the asylum procedure.
- Key principle: non-refoulement – the prohibition of expelling or returning refugees to countries where they are at risk.

European Union law.

In 2013, the EU adopted a number of regulations under the Common European Asylum System. Among the documents updated under this system are:

- Directive of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection.

- The Dublin III Regulation, which determines which EU country is responsible for examining an asylum application;
- The EU Charter of Fundamental Rights, which ensures the protection of fundamental rights for all, including foreigners.

What rights do refugees have?

Refugees have the right to:

- protection against forced return (non-refoulement);
- fair and equitable asylum proceedings;
- access to legal, medical and social assistance;
- education and work (under certain conditions);
- living in dignity and security.

These are not privileges – they are human rights, guaranteed by international and national law.

Why are these legal norms so important?

- They protect individuals from arbitrary treatment by states.
- They oblige states to respect the principles of humanity.
- They create a framework for international cooperation, which is essential in the face of global refugee crises.
- They prevent impunity and abuses, including illegal deportations and border closures.

Despite the existence of extensive protection systems, the system is not free from flaws.

- Politicisation of the topic – migration and refugees becoming a tool of political struggle.
- Lack of solidarity between countries, especially within the EU, due to differences in national interests.
- Asylum systems are overloaded.
- Inhumane conditions in refugee centres.

Summary

Refugee rights are not only a legal issue, but also a moral one. This is why they can be difficult to implement effectively. International and national legal norms form the basis of this protection, but their effectiveness depends on political will, effective institutions and social empathy.

Understanding the educational rights of refugees, both internationally and nationally.

Let's start with a fundamental reflection: education is a human right, not a privilege.

For refugees and their children, education plays several important roles:

- It gives them a chance to rebuild them life in a new country.
- It enables personal and professional development.
- It supports integration into the host society.
- It reduces the risk of social and economic exclusion and helps in overcoming traumatic experiences.

According to recent UNHCR data, over 50% of refugee children worldwide do not attend school and only around 5% of young refugees have access to higher education. This huge disparity threatens not only their future, but also social stability.

The right to education is firmly anchored in international law, including the following documents:

1. The Convention on the Rights of the Child (1989).
   - Article 28: Every child has the right to education, regardless of legal status.
   - Article 22 states that states must provide special protection to refugee children.

2. 1951 Geneva Convention relating to the Status of Refugees
   - Article 22 obliges states to ensure that refugees have equal access to education as citizens.

3. Universal Declaration of Human Rights (1948)
   - Article 26: 'Everyone has the right to education. Education should be free, at least at primary level.'

4. UN Sustainable Development Goals (2030 Agenda):
   - Goal 4: 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.'

UNHCR recognises education as a fundamental element of refugee protection. It collaborates with governments, non-governmental organisations, and educational institutions to enhance educational access.

The European Union also guarantees the educational rights of refugees, including through:

- Asylum Directives, including the Directive on the reception of asylum seekers, impose an obligation to provide access to the education system for children.
- Member states must enable foreign children to attend public schools on the same terms as nationals, at least until a decision on their status has been made.

Despite existing laws and declarations, refugees still face many difficulties in practice:

- Language barriers: lack of knowledge of the host country's language is the main obstacle to learning.
- Trauma and stress: children who have experienced war or forced migration often have difficulties with concentration and social relationships.
- Lack of access to documents, e.g. school leaving certificates from the country of origin.
- Discrimination and isolation, both from peers and institutions.
- Lack of places in schools due to staff shortages and overloaded education systems, especially in countries receiving large numbers of refugees.

Good practices and directions of action

To make refugee education a real right and not just a statutory provision, specific actions are needed:

- Language support, e.g. preparatory and remedial classes.
- Training for teachers on how to work with children who have experienced migration and trauma.
- Integration with peers through intercultural activities and joint projects.
- Recognition of foreign certificates with simplified procedures.
- Collaboration with non-governmental organisations that support refugee children and their families.

In summary, the right to education for refugees is not only the responsibility of a nation, but also an investment in the future of society as a whole. Education provides opportunities for a better life, supports integration and builds intercultural bridges.

Who are refugee students, and why do they need support?

A refugee student is someone who has been granted refugee status, subsidiary protection, asylum, a humanitarian residence permit, or another form of protection in Europe, and is studying at higher-education level. Refugees often have to rebuild their lives from scratch. For students, these challenges include a lack of documentation confirming prior education, language barriers, financial difficulties, limited knowledge of the education system and the need for rapid cultural adaptation.

Types of support for refugees from Ukraine

Institutions and organisations have offered, and continue to offer, support in many areas:

- Legal and administrative assistance, such as help with legalising their stay and obtaining an ID number.
- Housing: allocating places in municipal premises, shelters and with host families.
- Financial and social support, including benefits, allowances and food stamps.
- Educational: access to schools, teacher support and language courses.
- Psychological and health support, including therapy and assistance in accessing doctors.
- Professional assistance: career counselling, training and job placement.

LET'S PRACTISE

Topics to discuss in the group:

- **Psychological help:** The role of psychologists, therapists and psychotherapists when working with refugees.
- **Support groups**: What support groups are available for refugees, e.g. for women, children and people with disabilities?
- **Crisis intervention centres:** Which centres offer emergency care for severe post-traumatic reactions?
- **Social assistance and social welfare:** What support do state institutions and non-governmental organisations provide?
- **Child support programmes:** Specialised psychological programmes, occupational therapy and relaxation classes.

Group work: Identifying refugee needs and forms of support.

Group work and case analysis.

Task: Participants will be divided into groups and presented with specific cases of refugees in need of psychosocial support. They will then be asked to identify the needs of these individuals and propose forms of support.

- Case 1: A refugee child who survived war and is struggling to adapt to school. What forms of support would be appropriate for them?
- Case 2: A refugee woman who is struggling with the trauma of losing loved ones. What forms of psychosocial support could help her?
- Case 3: A male refugee who has experienced war trauma and is struggling with interpersonal relationships. What forms of support could help him?

- Presentation of results: Each group presents its conclusions and discusses the proposed solutions.

Summary of the issues discussed.

- Refugees are people fleeing persecution. Their rights are protected by international law (including the Geneva Convention), EU law and national law (e.g. the Constitution of the Republic of Poland and the Act on Foreigners).

- Education is a fundamental human right, including for refugees, and is the key to their integration and independence.

- Refugee students have the right to study in Poland, but they require systemic support to exercise this right effectively.

- In response to the war in Ukraine, many institutions and organisations in Poland are providing refugees with support in terms of accommodation, education, health, and integration.

04.

Health, psychological, and social aspects

Introduction

Since the outbreak of the war in Ukraine, millions of people have been forced to flee their country under conditions of extreme vulnerability, presenting European host countries with not only a logistical challenge, but also a profound human, ethical, and professional responsibility. In this context, professionals working on the front line—such as educators, healthcare staff, social workers, and volunteers—must be equipped with basic tools that enable them to understand the situation of refugees from a holistic perspective.

This module is framed within an approach to comprehensive care for refugees, focused on the key elements of physical health, psychological well-being, and social integration, and aims to outline the main factors involved in these areas, offering a pedagogical and practical proposal that is accessible to professionals from diverse sectors and promotes sensitive, respectful, and transformative care.

Health: Impacts and Basic Care

The health status of refugees cannot be analysed in isolation, but rather as the result of multiple accumulated risk factors. Often, those arriving in host countries do so after undergoing extremely harsh experiences: long journeys, exposure to extreme cold or heat, overcrowding, lack of access to clean water and food, and, in many cases, after spending days or weeks in shelters, stations, or makeshift camps. All of this directly impacts physical health and can exacerbate pre-existing illnesses.

Among the most common conditions are respiratory infections, gastrointestinal problems, skin conditions, untreated wounds, and symptoms related to physical exhaustion. For pregnant women, there is particular vulnerability due to the lack of medical care during pregnancy or the postpartum period. Likewise, the lack of follow-up on chronic conditions such as hypertension, diabetes, or asthma can lead to severe complications.

Additionally, many people often refrain from seeking medical help due to ignorance of their rights, language barriers, or fear of rejection. In this context, the role of educators or social professionals as supportive figures is essential. Facilitating an understanding of how the healthcare system works, helping to manage appointments, or explaining medical recommendations in simple terms are small actions that can make a big difference.
Promoting self-care is also a key tool. Teaching hygiene habits, encouraging rest, ensuring access to appropriate clothing or healthy food, and promoting vaccination are not tasks exclusive to healthcare professionals, but shared actions by all those who work with refugees.

Common Conditions in Refugee Contexts

Refugees often suffer prolonged forced displacement in adverse conditions. In the case of the Ukrainian population, many have travelled by land or rail for days or weeks, facing extreme weather conditions (in some cases, severe winter), limited access to nutritious food, drinking water, basic hygiene, and ongoing medical care. These circumstances exacerbate the onset or imbalance of pre-existing diseases. In our experience, in addition to the journey itself, Ukrainians have suffered adverse conditions in their own country because, to protect themselves from bombing, they hid in basements and underground areas for days on end, where they were

exposed to unsanitary conditions of cold, damp, rats, no light, and no drinking water. In many cases, they were carriers of latent tuberculosis, so they were urged to take the Mantoux test.

Main Physical Health Problems in Refugee Populations.

The following conditions are highly prevalent in the early stages of arrival:

- Acute Respiratory Infections: Such as bronchitis, tuberculosis, and pneumonia, resulting from prolonged exposure to cold, overcrowding, and lack of adequate shelter.
- Gastrointestinal Diseases: Diarrhea, vomiting, and parasitic infections, linked to poor sanitation or consumption of contaminated food.
- Dermatological Problems: Dermatitis, skin infections, scabies, or lice infestations (pediculosis) are common in collective shelter situations without regular personal hygiene.
- Musculoskeletal Pain: Strains, joint injuries, or chronic pain from walking long distances, carrying heavy loads, sleeping on inadequate surfaces, or continuous physical stress.
- Decompensation of Chronic Diseases: Such as diabetes mellitus, hypertension, epilepsy, and heart diseases, which require continuous treatment that is difficult to maintain in displacement contexts.

Healthcare professionals who receive refugees should prioritise triage to identify cases of acute decompensation and life-threatening risks, even if there is no apparent emergency.

Care for Especially Vulnerable Groups

It is essential to apply a differential approach that takes into account the specific needs of certain groups within the refugee population:

- Pregnant Women or Breastfeeding Mothers: They need obstetric monitoring, proper nutrition, vitamin supplements, safe access to childbirth, and postnatal support. Many are unaware of how to access local healthcare services, or fear going to centres due to language or administrative barriers.
- Children with Incomplete Vaccination Schedules: It is common for children not to have received all the vaccines in the national schedule, or their medical history may not be documented. Vaccination against measles, polio, and COVID-19 is a priority.
- Elderly People with Chronic Conditions: Physical fragility, isolation, and the loss of their family networks increase their vulnerability. They require emotional support, adherence to treatments, and specific geriatric care.
- People with Functional Diversity (Physical, Sensory, or Intellectual): Architectural, communication, and attitudinal barriers may create multiple forms of exclusion. It is crucial to ensure accessibility, interpreters, and appropriate technical assistance.

Recommendations for Professionals:

- Conduct a comprehensive initial assessment, not only physical, but also psychological and social.

- Promote equitable access to healthcare, considering the universal right to health services.
- Work with cultural interpreters or mediators to reduce language barriers.
- Coordinate with primary care services, public health, and social organizations for a comprehensive approach.
- Maintain an empathetic and non-paternalistic attitude, understanding that many refugees were self-sufficient and active in their countries of origin.

Legal Framework and International Protection.

Refugees have the right to access healthcare under the laws of the host country. In the case of the European Union, the Temporary Protection Directive (2001/55/EC) has been activated, guaranteeing access to healthcare, education, and social services for people displaced by the war in Ukraine.

Barriers to Accessing the Healthcare System

Although in most European countries, refugees are recognized as having the right to access basic healthcare, the actual exercise of that right is often hindered by multiple barriers, which can be structural, personal, or cultural.

Main Barriers to Access:

- Difficulty understanding the local language, both in conversations with healthcare staff and in understanding prescriptions, medical instructions, or forms.
- Lack of professional interpreters, often leading to the use of minors or family members as translators, which can create ethical and clinical risks.
- Low health literacy, which makes it difficult to understand basic concepts of health, prevention, and treatment.

Fear, Distrust, and Misinformation:

- Some refugees are unaware of their healthcare rights and fear that seeking medical care may negatively affect their legal situation.
- There are cases where the fear of being deported, even when unfounded in the context of international protection, can discourage contact with institutions.
- Distrust may increase if they have experienced corruption, discrimination, or negligence in previous healthcare systems.

Administrative and Bureaucratic Barriers:

- Lack of documentation, such as official ID, health card, or fixed address, which can delay or prevent access to medical services.

- Complex processes that are not adapted for people who do not speak the language, especially when it comes to making appointments, referrals, registering in the system, or managing prescriptions.

Cultural Differences Regarding Health:

- Diverse cultural models of illness and treatment: Some people may prefer traditional remedies, avoid physical contact with medical staff of the opposite gender, or express pain in ways that differ from the norm in the host country.

- Stigmas related to mental health, especially in some communities, where seeing a psychologist or psychiatrist may be viewed as a sign of weakness or madness.

Role of Educational, Community, and Social Personnel.

The support provided by non-medical professionals (educators, social workers, mediators, volunteers) can be crucial in overcoming these barriers. Some key functions include:

- Explaining the basic functioning of the local healthcare system (e.g., the difference between primary care, emergency services, specialists, pharmacies, etc.), always with their express consent and respecting their privacy.

- Accompanying individuals to medical appointments to provide translation, emotional support, and help with following medical instructions.

- Promoting health awareness campaigns in reception areas (schools, shelters, community centres).

- Acting as cultural bridges, helping healthcare professionals understand certain behaviours, beliefs, or expressions of discomfort.

In a school community hosting Ukrainian students, professionals in schools may notice signs of physical or psychological distress in a child, and refer them to the healthcare system, explaining to families in their language what steps to take, with empathy and without causing alarm.

Best Practices to Reduce Barriers:

- Implement professional interpretation services, especially during initial healthcare contacts.

- Create visual or translated materials about healthcare rights and how the system works.

- Train healthcare professionals in cultural competence and intercultural communication.

- Include intercultural mediators in health centres and hospitals.

- Coordinate with NGOs and social entities working directly with refugees to ensure a comprehensive approach.

Warning Signs and Health Education

Refugees may display subtle or obvious signs of physical, mental, or social health problems that can go unnoticed without a trained and empathetic perspective. Detecting these early indicators allows professionals to activate support networks and preventing the worsening of their situation.

Warning Signs to Look Out For.

These signs may not always indicate a disease, but can be indicators of physical, emotional, or social vulnerability:

Visibly Deteriorated Appearance or Signs of Malnutrition:

- Significant weight loss, extreme paleness, dry skin, sunken eyes, muscle weakness.
- In children: low weight for their age, short stature, lack of energy, or developmental delays.

Chronic Fatigue or Frequent Somatic Complaints:

- Persistent headaches, abdominal or muscular pain without an apparent medical cause.
- Difficulty sleeping, constant exhaustion, irritability, or easy tearfulness.
- These complaints may be related to mental health disorders (post-traumatic stress, depression, anxiety) manifested somatically.

Neglect of Personal Care or Childcare:

- Prolonged lack of hygiene, inappropriate clothing, not attending medical or school appointments.
- Children with unmet basic needs, malnutrition, school neglect, or social isolation.
- This may reflect extreme exhaustion, mental health problems, or family disintegration due to displacement.

These signs must be interpreted within their cultural context, avoiding judgment, and considering the precarious conditions in which many refugees live.

Basic Health Education as a Protection Tool

In addition to detecting warning signs, professionals in contact with refugee populations must promote healthy practices as part of daily support. Health education in this context is based on:

Promoting Personal Hygiene and Environment Care:

- Handwashing, wound care, oral hygiene, waste management in shared spaces.
- With children, this can be done through games, routines, and positive reinforcement.

Encouraging Self-Care and Rest:

- Respecting sleep hours, recognizing signs of exhaustion, and developing healthy habits.

- Teaching that rest is a right, not a luxury.

Balanced Nutrition Based on Local Resources:

- Guidance on how to obtain a basic and nutritious diet with available resources.

- Education on hydration, avoiding excessive sugar or processed foods when possible.

- Preventive Health:
  - Promoting vaccination (childhood, COVID-19, flu).
  - Providing information about sexual and reproductive health, infection prevention, and access to contraceptive methods.

- Normalizing Mental Health as Part of Overall Well-Being:
  - Discussing stress, sadness, or fear as normal reactions.
  - Destigmatizing seeking help from mental health professionals.
  - Incorporating activities that promote emotional expression: art, sports, writing, conversation.

Recommendations for Professionals:

- Respect their timing in general, and, in particular, on days when, for example, there has been a bombing in their city of origin, as they are concerned about what has happened and need to communicate with their families. In such circumstances, it is difficult to cope with the distress and attend to work or academic activities.

- Observe without intruding, listen without interrogating, and accompany without imposing.

- Include health education across various settings, such as schools, dining areas, reception centres, or community spaces.

- Use visual materials, simple examples, and participatory techniques.

- Coordinate with healthcare personnel to reinforce key messages and facilitate access to resources.

Psychological: Trauma and Resilience

Common Emotional Reactions.

Forced displacement —such as the one experienced by many Ukrainian refugees— is a potentially traumatic experience with an intense emotional burden. The situations that can generate trauma include:

- Direct or indirect exposure to extreme violence, such as bombings or armed attacks.

- Loss of family members, friends, or neighbours, often in tragic circumstances.

- Forced family separation, with members left in conflict zones. In addition to leaving their families behind in conflict zones, most of the refugees assisted have relatives fighting on the front lines and sometimes do not hear from them for long periods of time.

- Sudden abandonment of home, work, educational and social environments. This may also involve the loss of their homes and personal belongings, since, in many cases, after the bombings, they have lost everything.

- Adverse conditions during the migratory journey, often dangerous, uncertain, or inhumane.

These experiences not only cause immediate psychological distress, but can leave a deep impact on a person's emotional, cognitive, and social functioning.

Most Common Emotional Reactions.

It is important to highlight that emotional reactions to trauma are not 'abnormal,' but human responses to extreme situations. Some of the most frequent reactions include:

Generalized Anxiety and Hypervigilance:

- Constantly being on alert, being startled by loud noises or sudden movements.

- Difficulty relaxing or sleeping.

- Persistent worry about personal safety or the safety of loved ones.

Deep Sadness and Anhedonia:

- Loss of interest or pleasure in activities that were previously meaningful.

- Feelings of emptiness, hopelessness, or uselessness.

- Social withdrawal and isolation.

Guilt and Shame:

- "Survivor's guilt" (feeling guilty for escaping while others stayed behind or died).

- Feeling undeserving of help, or as though one is burdening others.

Irritability or Anger Reactions:

- Abrupt mood changes, disproportionate reactions to minor stimuli.

- Sometimes aggressive expressions that conceal deep emotional pain.

Cognitive Difficulties:

- Problems with concentration, frequent forgetfulness, mental confusion.

- Impaired decision-making or poor school/work performance.

These reactions can vary by age, gender, personal history, and coping resources. In children, symptoms may be expressed through regressive behaviours (such as bedwetting), repetitive play with traumatic content, or fear of separation from attachment figures.

When to Be Concerned? Indicators of Potential Mental Health Disorders.

While many individuals adapt over time, some may develop psychological disorders that require specialized referral, such as:

- Post-Traumatic Stress Disorder (PTSD): Symptoms such as constantly reliving the trauma (flashbacks, nightmares), avoidance of related places or conversations, and exaggerated emotional reactivity.
- Severe Depression or Anxiety Disorders: These conditions impair daily functionality and do not improve over time.
- Severe or Prolonged Sleep Disorders: These prevent rest and exacerbate other symptoms.

Self-Harm Behaviors, Suicidal Thoughts, or Uncontrolled Aggression: These require immediate intervention.

Recommendations for Responding from a Psychosocial Perspective:

- Validate the distress without minimising it ("It's normal to feel this way in your situation").
- Avoid labelling or pathologizing from the first contact.
- Offer safe spaces for expression without judgment.
- Promote routines and a sense of predictability to help rebuild the feeling of control.
- Stimulate internal and community resilience resources.

Psychosocial Trauma.

Psychosocial trauma refers not only to the impact of the initial traumatic event (such as a bombing or the loss of a family member), but also to the subsequent conditions that exacerbate or prolong this suffering, especially in refugee contexts: uprooting, family separation, uncertainty, loss of cultural or religious references, social exclusion, and material precariousness.

Manifestations of Psychosocial Trauma in Children.

Trauma in childhood is not always expressed verbally. Often, it manifests in behaviours, changes in the body, or social relationships:

- Behavioural Regression: Reappearance of behaviours from earlier stages, such as thumb-sucking, speaking like a baby, or bedwetting (enuresis).
- Disruptive or Challenging Behaviours: Irritability, frequent tantrums, disobedience, or unusual hyperactivity.

- Selective Silence or Withdrawal:
  - Not speaking in certain contexts, refusing to participate, avoiding eye contact.

- Repetitive Play with Traumatic Content: Games focused on war, death, escape, or fear, which allow the child to relive or symbolically attempt to control what was experienced.

These reactions should not be interpreted as bad behaviour, but as forms of adaptation to trauma. Intervention should focus on support, not punishment or forced correction.
Aspects related to trauma will be addressed in greater depth in later chapters.

Protective Factors and Promoting Resilience:

Resilience is the ability of a person or community to positively adapt to adversity, without denying the pain, but without being paralyzed by it. In refugee contexts, it is crucial to identify and strengthen protective factors that cushion the impact of trauma and foster healthy development.

Key Protective Factors:

Stability in the Immediate Environment:

- Maintaining predictable daily routines (bedtime, meals, school attendance).

- Establishing clear rules with consistent emotional boundaries.

Presence of Caring and Available Adults:

- Caregivers who listen, validate, and contain without dramatising.

- Consistency between what they say and what they do (emotional security).

Participation in Meaningful Activities:

- Games, sports, art, music, community or school tasks.

- Spaces where they can feel useful, recognised, and active.

Access to Emotional Support and Safe Spaces:

- Places to express emotions without judgment.

- Contact with professionals, peers, or significant figures.

In educational and community practice, resilience is fostered more by the environment than by individual 'willpower.' Creating safe and humane environments is, in itself, a form of intervention.

Psychological First Aid (PFA).

Psychological First Aid (PFA) is a basic tool for immediate psychosocial intervention after crisis situations. It does not replace psychotherapy, nor does it aim to force a narrative, but rather contains, calms, and guides people in acute stress situations.

Fundamental Principles of PFA:

Listen attentively and without judgment:

• Be present, giving space without pressure.

• Avoid invasive or overly direct questions.

Validate emotions without forcing the traumatic narrative:

• It is not necessary to relive the trauma to heal.

• Phrases like: "What you're feeling makes sense," "It's not your fault," or "Reacting this way is completely human."

Provide calmness and a sense of safety:

• Use a calm tone, convey serenity.

• Avoid expressions of alarm or distress.

Practical and clear guidance:

• Provide useful information ("Where is the health centre?" "Who can you talk to?").

• Facilitate access to social and family support networks.

Examples of respectful and effective interventions:

• "You're safe now. You're not alone."

• "It's normal to feel this way after what you've been through."

• "I'm here to help you with what you need right now."

• "If you ever want to talk, I'll be nearby."

Anyone trained —not just mental health professionals— can apply PFA: teachers, educators, volunteers, and frontline staff.

Social: Integration, Dignity, and Networks

Forced Displacement and the Break in Social Fabric.

Forced displacement not only involves a geographical change, but also a profound social, emotional, and symbolic dislocation. The displaced person has lost not just a physical place, but also a network: extended family, friends, colleagues, neighbours, customs, rituals, cultural symbols, and community identity.

This process entails a break in the social fabric, which can trigger multiple forms of suffering, often invisible but deeply limiting.

Most Common Social Impacts of Forced Displacement:

- Loneliness and Isolation.
  - Upon arriving in a host country, many refugees find themselves alone, without a support network or common cultural references.
  - Language barriers, religious or cultural differences, and the lack of common spaces exacerbate this disconnection.
  - In the case of male refugees, isolation is often experienced silently due to cultural pressure to 'not appear vulnerable.'

- Breakdown of Significant Bonds.
  - Separation from loved ones —often without knowing when they will reunite— generates ambivalent grief: there is no certainty about the death or survival of those left behind.
  - The sense of continuity in the family history is lost, generating feelings of identity loss and uprooting.

- Difficulty Redefining Social Role.
  - Highly qualified professionals may find themselves inactive or working in jobs far below their skill level.
  - Mothers or fathers may lose the ability to protect their children as they did before, which can damage their self-esteem and cause guilt. In many cases, this can also lead to a tendency towards dysfunctional overprotection, resulting in, for example, disruptive behaviour in children or truancy.
  - Young people and adolescents may feel disoriented when trying to integrate into the educational, work, or social system.

  Example: A refugee doctor, now living in a collective shelter without work authorization, may experience a deep loss of professional identity and social utility, affecting their mental health and motivation to integrate.

- Vulnerability to Exclusion and Discrimination.
  - Refugees may face xenophobic or racist attitudes, often subtle, such as stigmatisation in the media, suspicion in public spaces, or hostile bureaucracy.
  - Structural barriers (language, documentation, lack of recognition of qualifications) reinforce the feeling of being "outside the system."
  - Women, LGBTQ+ individuals, elderly people, and those with disabilities face multiple layers of exclusion.

Recommendations for Professionals:

- Avoid paternalistic or charity-based perspectives: refugees are active agents, not just recipients of aid.

- Promote spaces for listening, participation, and cultural expression, where they can share their stories, knowledge, and resources.

- Facilitate horizontal support networks, not just vertical ones (professional help), to foster a sense of belonging.

- Work from an intercultural perspective, recognizing diversity as a value, not as a difficulty.

Education and Inclusion.

The school —and, by extension, any educational or training space— is not only a place for academic learning, but also a key socialization space in the integration process for refugee children, adolescents, and adults. It can become one of the first environments for safety, belonging, and identity reconstruction, if managed with intercultural sensitivity and an inclusive approach.

Social Function of Educational Spaces in Refugee Contexts.

For those who have experienced the loss of their home, community, or country, school may be the first place where they are recognized as part of something. Its value goes far beyond curricular content:

- It provides structure and routine, generating a sense of control and predictability.
- It facilitates the creation of new emotional and social bonds.
- It offers spaces for emotional and creative expression.
- It can serve as a gateway to support services (social, health, psychological).

Key Recommendations for Educational Professionals:

- Create a Predictable, Safe, and Respectful Environment
  - Make rules and routines clear and visual.
  - Avoid sudden changes, humiliating punishments, or public comparisons.
  - Pay attention to potential trauma effects on behaviour: interpret reactions with empathy.

Example: A child who jumps at a loud noise may be reacting due to a past experience (bombings, air raid alarms). Yelling at or ridiculing them will worsen their insecurity.

- Adapt Materials to Linguistic and Cultural Diversity:
  - Incorporate bilingual or multilingual signage.
  - Translate basic instructions and communications for families.
  - Use visual resources or pictograms to aid understanding.

Idea: Work with traditional stories from both the host country and the country of origin, creating intercultural dialogue.

- Promote Mutual Respect and Cooperative Work:
  - Encourage activities where teamwork and diversity are valued.
  - Avoid segregation by language or nationality in groups.
  - Highlight stories of overcoming adversity, migration, or resilience in school content.

Activity Example: In a tutorial or language class, have each student share something from their place of origin (food, favourite word, traditional celebration).

- Prevent Bullying and Stigmatization:
- Train teachers and students in intercultural coexistence and emotional education.
- Establish clear protocols for dealing with discrimination or racism.
- Involve refugee families in the educational community.

Warning signs: Constant isolation, teasing related to accent or origin, long silences, refusal to participate.

Community Support Network

The social inclusion of refugees is not an individual process, but rather a deeply communal phenomenon. The reconstruction of a sense of belonging and dignity depends largely on the social fabric that is built or strengthened in the host place.

Role of the Community Network:

A strong community network:

- Facilitates social and cultural integration.
- Provides emotional, practical, and symbolic support.
- Reduces feelings of isolation and vulnerability.
- Enhances autonomy and active participation.

Strategies to Strengthen the Community Network:

Involve local associations and neighbors in the reception process:

- Foster partnerships with social organizations, NGOs, religious groups, sports clubs, cultural and neighborhood centers.
- Encourage neighbors to act as cultural mediators and companions, helping break down language and cultural barriers.
- Promote community involvement so that the reception does not fall solely on official entities.

Create Intercultural Meeting Spaces:

- Organize social, cultural, and recreational activities that promote the exchange of experiences, traditions, and knowledge.
- Support open events (festivals, cooking workshops, language classes, artistic gatherings).
- Ensure these spaces are safe, accessible, and respectful for all ages and conditions.

Promote Mutual Aid and Citizen Participation Initiatives:

- Support self-managed groups where refugees can lead activities and projects.
- Encourage participation in formal and informal community processes (neighbourhood meetings, school committees, municipal activities).

• Recognise and highlight the abilities and resources refugees contribute.

Practical Resources for Professionals:

Observe and Record Behavioral Changes or Persistent Symptoms: Identify signs that may indicate unspoken emotional or social distress, such as isolation, anxiety, irritability.

Ask Open-Ended Questions with Simple Language: Examples: "How do you feel in your neighbourhood?" "Is there someone you like spending time with?" "What would you like to do or learn here?"

Provide Clear and Understandable Information About Available Resources: Use translated and culturally adapted materials. Ensure that the person understands and can access basic services (health, education, employment).

Support Refugees' Autonomy: Encourage decision-making, initiative, and leadership in their integration process.

Use Visual Tools:

• Pictograms to explain schedules, rules, or administrative steps.

• Posters representing key services and contacts.

• Emotion charts to help with the expression and recognition of feelings.

05.

Inclusion awareness and empathy

Introduction

The aim of this module is to refresh course participants' knowledge of the most important aspects of inclusion and empathy, and to promote empathy and raise awareness of Ukrainian refugees. To this end, the module begins with theoretical input, covering key definitions and concepts, as well as offering practical tips and examples for fostering an inclusive and empathetic environment. Finally, practical exercises are provided to strengthen participants' self-reflection, empathy, and inclusive behaviour, as well as demonstrating how the module can be implemented.

Terminology and Theoretical Foundations

Various terms and concepts play an important role in the context of displacement. Some of these may already be familiar to participants and serve as a refresher, while others are intended to supplement existing knowledge. The focus is on the terms xenophobia, discrimination, inclusion and empathy, which are particularly important in this module.

Xenophobia vs. racism.

Xenophobia comes from the Greek words xénos, meaning stranger, and phóbos, meaning fear. Xenophobia therefore describes an unfounded fear of or distrust towards strangers. It is important not to confuse xenophobia with racism, which assumes that one race is superior to another.

In research, the terms 'foreignness' and 'stranger' have found great resonance, but there are debates about the construction and dimensions of foreignness. Foreignness is not only understood as a crisis, a problem, or a lack of understanding; it can also be understood as an opportunity or a form of familiarity. A stranger may be seen as a friend or an enemy, as someone who belongs or doesn't belong, as someone who is curious or dangerous.

The causes of xenophobia and xenophobic behaviour are diverse. These are exacerbated by economic hardship, rising nationalism, and the pressure associated with migration. Authoritarianism and experiences of deprivation also play a significant role. Authoritarianism has been scientifically proven to be associated with racism and group-focused enmity, and it is particularly prevalent in xenophobia. One possible explanation is that xenophobic individuals define themselves through their belonging to a group based on established rules while devaluing other rules and norms. Experiences of deprivation, i.e. feeling disadvantaged, can lead to right-wing extremist views. Xenophobic individuals consequently perceive themselves as politically ineffective and believe that their economic situation is worse than that of non-xenophobic individuals.

Another important concept in connection with inclusion and empathy is discrimination, or the barriers encountered by refugees with and without disabilities. Inclusion involves continuous reflection and requires awareness of the possibility that refugees will encounter discrimination and barriers repeatedly as they settle in their destination country. This awareness is necessary in order to break down and eliminate these barriers.

Discrimination refers to the unfair treatment of people or groups based on characteristics such as origin, ethnicity, gender, or religion. Discrimination is not only the result of individual behaviour; it can also be deeply rooted in social structures and institutions. Discrimination can occur either directly and openly, or indirectly through seemingly neutral rules that disadvantage certain groups.

According to Article 2 of the United Nations Convention on the Rights of Persons with Disabilities, discrimination on the basis of disability occurs when persons with disabilities are treated differently, excluded, or have their opportunities restricted in such a way that they cannot enjoy their human rights and fundamental freedoms on an equal basis with others. This applies to all areas of life and includes cases where necessary adjustments or support measures are denied.

What discrimination and barriers do refugees face?

Ukrainian refugees face various forms of discrimination and integration-related challenges. These include:

- **Labour market:** The main reasons for this in Europe are the non-recognition of foreign educational qualifications, language barriers, and difficulties adapting to the European labour market. This issue disproportionately affects women, who report difficulties in balancing work and family life.

- **Social discrimination and racism:** Refugees experience everyday discrimination in the form of racist hostility or social exclusion in areas such as housing, education and contact with the authorities.

- **Educational barriers:** Access to education for children and adults is hindered by a lack of language skills, insufficient recognition of qualifications, and a dearth of support services, particularly for adult refugees and young people. The school system presents structural challenges that make integration difficult.

- **Social integration:** Although social networks are growing, one-fifth of refugees remain without close contacts outside their families. Social prejudices and stereotypes hinder full participation.

- **Legal uncertainties:** Bureaucratic hurdles and uncertainties regarding residence status, family reunification and social benefits lead to psychosocial stress and make it difficult to establish stable roots in society.

In summary, refugees are affected by a complex web of structural, social and legal discrimination, which reduces their opportunities in terms of work, education, housing and social participation, and which impairs their quality of life.

Causes: Discrimination against refugees is primarily based on the perceived cultural and economic threat they pose, with the cultural threat being more pronounced. This is a fear of the unknown, whereas the economic threat relates to competition for scarce resources.

Barriers and discrimination faced by refugees with disabilities:

- Accessibility and accommodation: There are particular problems with regard to accommodation, which can lead to restrictions, stress and isolation.

- Access to the healthcare system and necessary therapies is also challenging due to limited access.

- Disabled refugees are not catered for in the system – they are 'invisible' within it.

- There are hardly any figures or statistics on refugees with disabilities. Political measures and research are needed to determine the actual extent of the situation and give a voice to those affected.

The integration or inclusion of migrants or refugees is very important. The term 'integration' is often used in literature on migration, but it is viewed critically because it implies that migrants must change and adapt culturally to the majority society. Nevertheless, this understanding of integration, i.e. the adaptation of migrants and refugees to majority society, is prevalent in political and everyday discourse.

Integration vs. inclusion

The term 'inclusion' differs from the terms 'exclusion', 'separation' and 'integration'. In the educational context, exclusion means that a person has a right to life but is not part of the educational context. Separation, on the other hand, refers to the right to education but not in the regular classroom context. Integration, on the other hand, refers to people who were previously excluded from social life, activities and opportunities being included in them. Therefore, the term assumes two social groups, one of which must integrate into the other by changing and adapting. For this reason, the concept of integration, which is very common in everyday discussion, is viewed critically.

Inclusion, on the other hand, does not view society as several groups, but as one heterogeneous group characterised by diversity, which unconditionally includes all people.

Heterogeneity and intersectionality form a central framework through which the complex experiences of refugees with disabilities can be demonstrated. They highlight the differences, similarities and overlapping disadvantages that refugees face.

Heterogeneity describes the natural diversity within groups such as refugees with disabilities, arising from differences in culture, degree of disability, generation and escape route. It encompasses social characteristics such as dialects and gender roles, which coexist without hierarchies and require adjustments, as this group is by no means uniform. While refugees share the common experience of fleeing their homes, they are individuals with different needs that must be considered for successful inclusion. The needs of refugees with different disabilities also differ from one another.

Intersectionality examines how factors such as disability, refugee status, gender and origin interact to lead to multiple forms of discrimination. For instance, a disabled refugee woman may experience multiple forms of discrimination, such as racist, ableist and patriarchal exclusion. This makes access to health and education more difficult, which is why a more nuanced approach is needed instead of viewing the categories in isolation.

When it comes to the inclusion of refugees with disabilities, it is important to bear in mind that the concept of disability and how it is dealt with can be culture-specific. Similarly, migration-specific aspects can have a decisive impact on the living situations of those affected due to access to, or barriers in relation to, support systems. Therefore, cross-disciplinary cooperation between the various disciplines dealing with different facets of heterogeneity is important, as is taking intersectionality into account — that is, the interaction of the various dimensions of diversity — in order to capture the diversity of people and enable inclusion.

The ideal goals of inclusion are participation, appreciation, recognition and equal opportunities. However, in practice, other conditions of school education must also be considered. For some pupils, the school's general focus on optimal learning conditions and high performance is

inappropriate and requires adaptation. The main focus would be on increasing pupil participation and providing optimal support.

Important aspects of inclusive education:

- Joint teaching.
- Qualified support services.
- Efforts to promote greater commonality, mutual recognition and appreciation.
- Consideration of special support needs and the resulting temporary special forms of schooling.
- Consideration of key dimensions of diversity.
- Includes not only academic goals, but also social skills and personal development.
- Reduction and elimination of structural and communicative/digital barriers.
- Based on continuous reflection and the further development of all those involved in the learning system.
- The focus is on education and educational opportunities for all.

RIM – Rügen Inclusion Model: The Rügen Inclusion Model (RIM) is an educational support concept which will be described briefly here.

It aims to teach and support children with and without special educational needs together in an inclusive manner. The model is based on the US Response to Intervention (RTI) approach and has been specially adapted for inclusive primary education. The key points are:

- Joint learning for all children: Children with and without special educational needs are taught together in regular Years 1 and 2 classes. There are no separate classes for specific areas of support.
- Regular diagnostics and learning assessments are carried out. At the beginning and middle of each school year, all children undergo testing using screening procedures to identify individual support needs at an early stage.
- Graded support/multi-level prevention: Based on the diagnostic results, children receive graded, personalised support. If success at one level is insufficient, the measures are intensified.
- Cooperation between teachers and special educational needs teachers: Primary school teachers are responsible for teaching and receive support from special educational needs (SEN) teachers, who act in an advisory capacity and recommend and implement specific support measures, e.g. speech therapy or behavioural interventions.
- Evidence-based practice: This concept links diagnostic measures closely with coordinated support and teaching measures.

- Focus on preventive and integrative support: The aim is to prevent the need for special educational provision and to integrate and support children with learning disorders or developmental abnormalities on an individual basis.

- Evaluation and scientific monitoring: Continuous early assessment and monitoring of learning development ensures that support is effective.

In summary, the Rügen model is a cyclical system consisting of the following stages:

- Diagnosis (screening, CBM).

- Assessment of support needs.

- Individual, tiered support.

- Renewed diagnosis and documentation.

- Adjustment of measures.

This multi-stage, diagnostic and cooperative approach to learning support makes the Rügen model an innovative concept for inclusive primary education based on prevention and systematic support.

Empathy

Empathy means being moved by another person's feelings or situation to experience similar emotions. In other words, one person feels what another person feels, or would presumably feel, in a given situation. Empathy is especially important when it comes to moral issues, as it usually involves feeling compassion for people in need. A more advanced form of empathy involves recognising that one's own feelings can be understood and how one or others might feel in the situation of the person concerned. It also involves knowing that a person's outward appearance does not always reflect their actual inner state.

Empathy strengthens cohesion within a group because members are better able to empathise with each other. At the same time, it enables them to confidently represent their own interests without disregarding the concerns and needs of others. Therefore, empathy plays an essential role in dealing constructively with anger and annoyance, and is one of the most important aspects in achieving lasting peace and preventing violence. Empathy has a de-escalating effect: an empathetic person does not usually feel the desire for retaliation when someone has done something unintentionally. They understand that the action was unintentional and are more likely to respond with understanding or assistance than revenge.

Offering help in this way increases the potential for reciprocity, which has a positive effect on community spirit. Empathy is a crucial foundation for morality and ethics. However, it is not enough to simply empathise with others in order to act morally. Empathy alone does not automatically make a person moral. For empathy to be considered morally valuable, it must be combined with caring actions, an appropriate attitude, and an awareness of being part of a community. Without this connection, empathy merely broadens one's understanding of the world, but does not necessarily lead to ethical behaviour.

Measures that schools can take to prevent discrimination and xenophobia.

Sensitisation and awareness-raising:

- Sensitise school staff, pupils and parents to issues of discrimination.
- Offer regular training and education on discrimination, prejudice and equal treatment.
- Promote an open and appreciative school culture in which diversity is normalised.

Developing an anti-discrimination policy:

- Schools should develop a binding policy that includes clear rules and measures against discrimination.
- Involve all stakeholders (teachers, pupils, parents and school management) in developing and implementing the policy.
- The policy should include prevention, intervention and complaint procedures.

Clear rules of conduct and school regulations.

- Formulate clear rules against discriminatory behaviour and language.
- Consistent implementation and sanctions for violations are necessary to ensure a safe learning environment.

Create contact points and complaint mechanisms.

- Establish low-threshold, confidential contact points for reporting discrimination.

Promote empowerment and participation.

- Empower students to recognise discrimination and take active steps to combat it.
- Encourage students to participate in concept development and decision-making.
- Promote social skills and moral courage.

Integrating anti-discrimination content into teaching.

- Addressing diversity, human rights, equal treatment and discrimination in the curriculum.
- Using age-appropriate methods and materials that break down prejudices and promote empathy.

Promoting diversity and inclusion.

- Recognising and valuing the diversity of all people.
- Design learning environments that take into account the needs of all children.

- Use differentiated and inclusive teaching methods.

Cooperation with external specialist agencies and networks.

- Cooperation with anti-discrimination agencies, counselling centres, youth welfare offices, and associations.
- Use of external expertise for further training, prevention programmes and support for the school.

Continuous evaluation and further development.

- Regularly reviewing the effectiveness of measures and adapting them as necessary.
- Obtaining feedback from pupils, teachers and parents.

Training programmes and methods that promote empathy and inclusion for different target groups.

The EPaN 10-16 empathy training programme is aimed at children and young people between the ages of 10 and 16. It helps them to recognise emotions more easily, empathise with others and understand their feelings. The individual modules are designed to be practical, offering many tips for flexible implementation in the classroom. The diverse materials and methods are derived from teaching practice and research, and have been tested and proven to be effective. Overall, EPaN is a programme that brings measurable improvements and is enjoyable for those involved.

'Understanding Me and You' – promoting emotional skills in school classes and children's groups

The programme is divided into three sequential stages:

- Perceiving feelings: Children learn to recognise, understand and express their own feelings.
- Practising empathy: Building on the first phase, children practise putting themselves in other people's shoes, recognising their feelings and needs, and responding to them with empathy.
- Coping with fear and stress: Children learn strategies for dealing with fear and stress using what they have learnt about emotional sensitivity.

In summary, 'Understanding Me and You' systematically promotes the perception of one's own and others' feelings, the development of empathy, and the management of anxiety and stress in children, in a structured, practical, and theoretically sound way.

The 'Faustlos' programme is a support service that primarily aims to strengthen empathy and prevent violence in kindergartens and schools. It helps children and young people to better understand and expand their behaviour and experiences. They learn to empathise with others, manage their own and others' feelings competently, resolve conflicts creatively and without violence, and deal with anger constructively. With the help of pictures and games, children learn to recognise and name the six basic emotions, while also addressing individual differences in emotional experience. Children learn that feelings, desires and preferences can change. They also explore how their

behaviour influences others' feelings. Another focus is distinguishing between intentional and unintentional behaviour, and developing skills such as 'I' messages, empathy, and active listening.

The Roots of Empathy programme is an internationally recognised, scientifically proven school programme that has been shown to reduce aggression and bullying among children, while strengthening their social, emotional and empathetic skills. Aimed at children aged 5 to 13, it is used in many countries around the world, including New Zealand, the USA, Ireland, Great Britain, Norway, Switzerland and the Netherlands.

As part of the programme, a baby and its parents from the local community visit the class several times throughout the school year. Trained facilitators support the children as they observe the baby's development and identify its emotions. Learning is based on this experience: the baby acts as a 'teacher' to help children recognise and reflect on their own and others' feelings more effectively. This improves social interaction in the classroom, making it safer and more caring. Children who participate in Roots of Empathy develop important skills such as executive functions, emotional competence, emotional self-regulation, resilience, steadfastness against cruelty and injustice, and conflict resolution skills, as well as participating in a caring class community.

Cooperative and collaborative learning.

Group work, in which students work together on tasks and take responsibility for the learning outcome (e.g. the jigsaw method or think-pair-share), strengthens team spirit, mutual support and solidarity in the classroom.

Methods such as role-playing or perspective changes enable students to have a say, choose tasks and develop empathy for others.

Team teaching and multi-professional cooperation: two or more teachers (possibly from different professional groups) work together to better respond to individual needs.

The KoKids material package provides practical, skills-oriented support for inclusive teaching. It is aimed at all children and combines special educational and general educational knowledge to effectively support heterogeneous learning groups.

Key features include:

- Competence orientation: KoKids uses competence grids and learning objectives to record and promote pupils' individual development.
- Individualisation and differentiation: The material provides personalised support for the learning process, taking into account different abilities and preventing exclusion.
- Linking special and general education: This creates inclusive learning opportunities that respond to diverse needs.
- Practical relevance: The clearly structured materials enable teachers to easily implement inclusive teaching methods with minimal additional effort.
- Inclusive attitude: KoKids promotes an appreciative teaching culture that recognises the value of diversity.

- Portfolio work: The materials are suitable for documenting and reflecting on individual learning progress.

- Overall, KoKids offers teachers a flexible and well-founded tool with which to design inclusive lessons and take advantage of the diversity of learners as an opportunity.

The methods and training programmes listed here are just a few examples and do not provide a comprehensive overview of all possible methods. They support the use of diversity as a resource, ensuring that all children can benefit from shared, appreciative learning. Inclusive teaching also relies on teachers regularly reflecting on and further developing their methods.

For more inclusive educational practices, please refer to the module "Inclusive Pedagogical Practices".

Examples of interactive group exercises for the module:

Introduction to the Topic/Gathering Prior Knowledge.

To make the introduction to the subject as interactive as possible, and to gain an overview of participants' prior knowledge, there are various options. Some of these are listed below:

Use of digital tools: Mentimeter, Kahoot!, Slido, etc.

The lecturer asks the course participants questions such as 'What comes to mind when you think of inclusion and empathy?' or 'What do you already know, and where would you like/need more knowledge/input?', and collects the answers using technical tools. These tools can then be referred to again during the course.

Video material:

As an introduction to the lesson and the subject matter, it is also a good idea to show an introductory video on the topic.

Headstand brainstorming:

At the beginning of the unit, course participants are asked to create a mind map on the topic 'How can inclusion be prevented?'. Depending on the size of the group, it is advisable to divide it into several smaller groups. At the end of the unit, participants are asked to brainstorm the question 'How can an inclusive and empathetic environment be created?'. This exercise can also be carried out in groups according to different characteristics, for example groups of deaf people or visually impaired people.

The following exercises are suitable for use at the beginning of the module, as well as for reinforcement and relaxation in between, and at the end. They highlight prejudices, motivate participants and make barriers and frustrations relatable. They also reinforce learning so that it can be transferred to everyday life.

Exercises for changing perspectives:

These can be implemented through station learning or role-playing. Examples include a wheelchair obstacle course (if the appropriate materials are available), tasks

involving simulation glasses or noise cancellation to simulate hearing impairment, and reading a text in simple language compared to a complex version. The aim of these exercises is to experience barriers first-hand and thus better understand the frustration experienced by those affected. This is followed by a group discussion in which participants reflect on how the exercises felt, what surprised them and the insights gained for interacting with others.

Empathy Map:

The Empathy Map can also be carried out in groups and is ideal for self-reflection by course participants. Each small group creates an empathy map for a person who is marginalised in social spaces (e.g. due to disability, migration or addiction). The following questions should be addressed: 'What does the person see, hear, feel and think? What barriers do they experience?' The results are then presented to the whole group to identify common patterns and structural barriers. This can also be used as a starting point for reflection: 'What feelings does it trigger to put yourself in this person's shoes?', and 'How can prejudices be broken down?'

Summary

The module aims to explain key concepts and attitudes relating to inclusion and empathy, with the goal of making interactions with Ukrainian refugees more sensitive and thoughtful. It defines basic terms such as xenophobia, discrimination, inclusion and empathy, and demonstrates that xenophobia is frequently rooted in fear of the unknown, authoritarianism, perceived disadvantages, and feelings of economic and cultural threat. Discrimination is defined as the unfair disadvantage of individuals based on characteristics such as their origin, disability, or religion. It encompasses both individual attitudes and structural barriers, for instance in the labour market, education system, housing, health, and legal protection.

It is particularly important to emphasise that refugees with disabilities face multiple barriers and often remain 'invisible', which is why targeted political measures and interdisciplinary cooperation are necessary. The module distinguishes inclusion from integration: while integration usually means that an 'outside group' adapts to the majority society, inclusion understands society as a diverse whole. The concepts of heterogeneity, diversity and intersectionality highlight that different dimensions of discrimination, such as experiences of flight and disability, overlap and must be considered together.

Empathy is defined as the ability to understand and share the feelings of others. It strengthens social cohesion, prevents violence, and promotes peaceful coexistence. Schools can prevent discrimination and xenophobia by establishing clear anti-discrimination rules, promoting a respectful school culture, creating channels for complaints, strengthening social skills, and incorporating topics such as human rights, diversity, and equal treatment into the curriculum. Various programmes and methods are available to help schools achieve this, encouraging them to use diversity as a resource and design learning environments that benefit all children through shared, inclusive learning processes.

06.

Language and intercultural communication

Introduction

Communication is one of the fundamental processes that characterise human beings and, to varying degrees, all forms of life. It is the way in which individuals or groups exchange information, meanings and emotions with the aim of influencing, coordinating or understanding each other's behaviour. Communication is not simply the transmission of words; it also involves gestures, tones, facial expressions, postures and even silences. Every aspect of our social life is permeated by communication, from everyday conversations and street signs to works of art and formal interactions.

According to the Shannon and Weaver model, communication can be viewed as a flow between different elements.

- Sender: The person who produces and sends the message.
- Encoding: The process by which thoughts are translated into signals (words, images or sounds).
- Message: The information conveyed.
- Channel: The medium through which the message travels (e.g. air, paper, telephone, internet).
- Receiver: The person who receives the message.
- Decoding: The receiver's interpretation of the message.
- Feedback: The receiver's response confirming or denying understanding.
- Noise: Anything that interferes with the transmission or understanding of the message, such as physical noise, language barriers or prejudices.

Types of communication:

- Verbal: The use of words, whether spoken or written. It is structured and codified, and follows linguistic rules.
- Non-verbal communication: This includes gestures, facial expressions, posture, eye contact, proxemics (the use of space) and tone of voice. It often conveys more emotional information than words alone.
- Paralinguistic elements include vocal elements that accompany speech, such as intonation, rhythm and volume.
- Visual: Images, symbols, graphics and visual cues that convey meaning.
- Digital and mediated: Communication through social media, email, chat and video conferencing adds new dynamics, such as asynchrony, anonymity and speed.

If you are dealing with communication in an educational context, it is useful to be familiar with the five famous axioms formulated in the 1960s by the psychologist and communication theorist Paul

Watzlawick and his colleagues at the Palo Alto School. These axioms describe universal principles that govern all forms of human interaction, regardless of context, culture, or medium. These axioms are not 'rules' in the normative sense, but rather inevitable conditions that are at work every time we communicate. Keep them in mind when facing intercultural communication.

The first axiom is that you cannot not communicate.

Meaning: Every behaviour, intentional or not, has a communicative value. Even silence, an absence of response, a facial expression or an involuntary gesture conveys a message.

Example: A person who remains silent and stares out of the window during a meeting is still communicating, perhaps conveying disinterest, discomfort or dissent.

Implication: It's impossible to 'stop' communicating; even avoiding contact sends a message.

Second axiom: Every communication has a content and a relational aspect.

Meaning: Every message conveys content (the literal information) and a relational aspect (the sender's attitude towards the recipient). The relational aspect defines how the content should be interpreted.

Example: Saying 'close the window' can be an authoritative order, a polite request or a suggestion depending on the tone and expression used, as well as the relationship between the two people.

Implication: Interpersonal conflicts often stem from problems with the relational aspect rather than the content.

Third Axiom: The nature of a relationship depends on the punctuation of communication sequences.

Meaning: In ongoing interaction, each person interprets and organises exchanges into cause-and-effect sequences according to their own perspective. People tend to 'punctuate' events differently, which can lead to misunderstandings.

Example: In an argument between a couple, one person might say, 'I yell because you don't listen to me,' while the other might respond, 'I don't listen because you yell.' Each person sees their own reaction as a consequence of the other's behaviour.

Implication: Understanding how other people punctuate communication is essential for breaking out of communication cycles.

Fourth axiom: human communication involves verbal and non-verbal modalities.

Meaning: We communicate using verbal codes (words, sentences and written language) and non-verbal codes (gestures, posture, prosody and facial expressions). Non-verbal communication is often more powerful than verbal communication in determining perceived meaning.

Example: Saying 'I'm fine' with a trembling voice and a downcast gaze contradicts the verbal content; the listener will primarily grasp the non-verbal message.

Implication: Consistency between verbal and non-verbal communication increases credibility and clarity.

Fifth axiom: All communication exchanges are either symmetrical or complementary.

Meaning: Interactions can be symmetrical when people are on an equal footing, or complementary when there is a difference in role or status (one person is "in a high position" and the other is "in a low position").

Example: A dialogue between friends tends to be symmetrical, whereas a doctor-patient conversation is usually complementary.

Implication: Problems arise when the type of relationship is not mutual: one person may interpret an interaction as symmetrical, while the other sees it as hierarchical, which can generate tension.

Language barriers

Communication presents many challenges. It is therefore important for educators to learn how to overcome these difficulties. Language barriers play a central role among the obstacles that can compromise mutual understanding. These occur when differences in language, dialect, register or linguistic ability limit the effective transmission of a message. Language barriers can occur not only between speakers of different languages, but also between speakers of the same language who have different levels of proficiency, vocabulary, or cultural references. Language barriers can take various forms, each with a different impact on communication.

- Language difference is the most obvious case: two people who speak different languages (for example, Italian and Japanese) without a common language. In these contexts, communication is only possible through translators, interpreters or technological tools, which can result in a loss of meaning.

- Differences in dialect or accent: within the same language, regional or local variations may exist that make mutual understanding difficult. Certain terms, idioms or pronunciations may be incomprehensible to those unfamiliar with the variant.

- Level of language proficiency: A person with limited language proficiency may have difficulty expressing themselves or understanding complex topics, such as professional meetings or technical texts.

- Differences in register: Linguistic register varies from formal to informal. Overly technical or bureaucratic language can be a barrier to those unfamiliar with the vocabulary, just as slang can be incomprehensible to outsiders.

- Use of metaphors and cultural references: Idiomatic expressions, proverbs, metaphors and cultural references can lead to misunderstandings. For example, a common expression in one country may be meaningless or even offensive in another.

- Language barriers are often the result of a combination of factors, such as:

    - Increasing multiculturalism: Globalisation and migration increase the likelihood of interactions between people with different languages.
    - Language specialisation: In technical, scientific and professional fields, specialised jargon is developing that is unclear to non-experts.
    - Speed of communication: Rapid messages (e.g. in chat rooms or on social media) reduce the ability to clarify doubts.

- Differences in literacy: The ability to read, write and interpret texts varies widely among individuals.

There are various strategies and tools that educators can use to reduce the impact of language barriers.

- Language learning and training: Investing in foreign language knowledge or improving your common working language is essential. Courses, apps and tutors are useful tools.
- Use simple language by adapting it to the audience and avoiding excessive technical jargon or complex sentences.
- Visual support, such as images, diagrams, graphs, and videos, helps convey concepts in a non-verbal manner.
- Translation technologies: although not error-free, tools such as automatic translators, subtitling software, and virtual interpreters can provide support.
- Intercultural training improves communication and reduces the risk of misunderstandings by helping you to understand the cultural codes associated with language.

Teaching language to refugees

Today, language teaching cannot be limited to transmitting grammatical rules, vocabulary lists and standardised conversation patterns. We live in a multicultural, globalised and highly interconnected environment where student diversity is the norm. This means that, in a classroom (whether physical or virtual), we may find learners of widely differing ages, backgrounds, experiences, abilities and needs. Therefore, an accessible and inclusive approach is essential to ensure equal learning opportunities and enhance everyone's potential. Accessibility means that materials, activities and teaching methods are accessible to all, regardless of physical, cognitive, sensory or socio-economic limitations. Inclusiveness, on the other hand, implies a learning environment in which every student feels welcomed, respected and represented, and where diversity is considered a resource rather than a hindrance. Accessible and inclusive teaching is not a 'special method', but rather a set of practices that are integrated into everyday teaching and are designed to reduce barriers and promote active participation.

If you want to teach a language to refugees in an inclusive and accessible way, it is imperative to understand the psychological aspects of language barriers. Language barriers are not just a technical obstacle to the transmission of information; they also have a profound emotional and cognitive impact on those involved. When a person is unable to express themselves in the language of their context, they may perceive themselves as incompetent or unintelligent, even if they are highly capable. This discrepancy between actual skills and expressive capabilities can reduce self-esteem and generate communication anxiety. Effective linguistic communication is closely linked to building trust. If a person struggles to understand or be understood, they are less likely to share personal or professional information, creating a cycle of distance and relational closure. Language barriers increase the risk of misinterpretation. For example, a direct expression in one culture may seem aggressive in another, or a vague statement may be perceived as a lack of interest. Psychologically, these misinterpretations can lead to conflicts based on distorted perceptions. In group contexts, language difficulties can cause some members to remain silent, thereby reducing

the flow of ideas and creativity. Conversely, those who are fluent in the language may assume a dominant role, creating perceived and real power imbalances. Finally, language is closely linked to cultural identity. When a person is forced to communicate in a language other than their own, they may experience a sense of cultural loss or alienation. Conversely, recognition and respect for the mother tongue can strengthen a sense of belonging and inclusion.

The following are the key points for teaching language in this field:

- Student-centredness: starting from the real needs, life context and personal goals of each student.
- Variety of communication channels: providing linguistic input and explanations through multiple modalities — oral, written, visual and gestural — to accommodate different learning styles.
- Adaptability: Modifying pace, complexity and support based on needs without compromising the quality of learning.
- Active participation: Promoting activities in which the student is not just a recipient of content, but a creator of knowledge.
- Constructive and motivating feedback that focuses on progress and strategies rather than just mistakes.

Now we will look at the main strategies for these factors.

Accessibility strategies:

Simplification and clarity.
- Use short sentences, a logical structure and clear terminology in explanations.
- Avoid unnecessary technical jargon in the initial stages.
- Provide concrete, real-life examples.

Visual and multimedia support:
- Diagrams, concept maps, images and videos help to consolidate abstract concepts.
- Subtitles in videos to aid comprehension, especially for those with hearing difficulties or who are non-native speakers.

Access to alternative materials:
- Handouts in accessible digital formats (e.g. screen reader compatible).
- Audio lessons for those with visual impairments or who prefer to listen.

Pacing and segmentation:
- Break lessons into short, manageable chunks.
- Alternate input and practice sessions.

Inclusion strategies:

Promote linguistic and cultural diversity.
- Invite students to share words, expressions or idioms from their native language.
- Use texts, dialogues and materials that represent different cultures, ethnicities, genders and abilities.

Create a safe and respectful environment.

- Establish rules of interaction based on mutual respect.
- Combat linguistic stereotypes and discrimination (e.g. ridicule for accents or mistakes).

Offer choice and customisation.

- Give students the freedom to select conversation topics or types of exercises based on their interests.
- Allow assessment through various methods (oral, written and multimedia).

Cooperative work:

- Group projects and paired activities that foster collaboration and mutual learning.
- Peer tutoring, in which more advanced students support less advanced ones.

Examples of the most commonly used accessible and inclusive teaching techniques.

- Multisensory teaching: combining listening, reading, writing, movement and images.
- Storytelling: Stories facilitate memorisation and create emotional connections with the language.
- Gamification: Transforming learning into a game with points, challenges and symbolic rewards.
- Authentic tasks: Simulating real-life situations such as booking a hotel, ordering at a restaurant or writing a work email.
- Scaffolding approach: providing temporary support in the form of glossaries, diagrams and sentence templates, and gradually removing them to encourage autonomy.
- Technology: E-learning platforms with customizable interfaces and accessibility features; translation and pronunciation apps to support independent learning; educational forums or chats for those who are shy or have difficulty participating in class.

Last but not least:

- Avoid evaluating grammatical accuracy alone; consider the ability to communicate effectively.

- Offer multiple attempts and remediation opportunities.

- Customise exam times and methods for students with special educational needs.

- An inclusive teacher is not just a conveyor of content, but also a facilitator and a motivator. This requires:

- Empathy: listening to and understanding students' difficulties.
- Continuing education: staying up to date with new techniques, tools and approaches.
- Self-awareness: reflecting on one's own prejudices and cultural models.

SUMMARY

Communication is a fundamental human process through which people exchange information, meanings and emotions using verbal, non-verbal, paralinguistic, visual and digital channels. According to the Shannon and Weaver model, communication involves a sender, encoding, a message, a channel, a receiver, decoding, feedback and noise. Watzlawick's five axioms highlight that communication is unavoidable, always carries both content and relational meaning, depends on how interaction sequences are interpreted, involves both verbal and non-verbal elements, and

can take symmetrical or complementary relational forms.

Language barriers.

Language barriers can arise from differences in language, dialect, proficiency level, register, metaphors and cultural references. These barriers are influenced by multicultural contexts, specialised jargon, fast communication formats and varying literacy levels. These barriers affect not only comprehension, but also identity, self-esteem, trust, participation and power dynamics within groups. Misunderstandings may trigger conflict, silence participation, or reinforce social inequalities.

Strategies to reduce language barriers:

Educators can promote clearer communication by:

- Promoting language learning and training.
- Using simple, accessible language.
- Providing visual support and multimedia.
- Using translation and interpretation technologies.
- Providing intercultural competence training to better understand cultural codes and meanings.

Teaching Language to Refugees: Accessibility and Inclusion.

Language education should go beyond grammar and vocabulary to ensure that materials, environments and methods are accessible and inclusive. Accessibility makes learning usable for all learners, while inclusion ensures that every student feels represented and valued. The psychological aspects of language barriers, such as anxiety, perceived incompetence, loss of identity and relational distance, must be acknowledged. Key pedagogical principles include student-centred learning, multimodal communication channels, adaptable pacing and difficulty levels, active participation, and constructive feedback.

Accessibility strategies:

Use clear, simple language and short segments with real-life examples. Integrate visual and multimedia support and provide alternative and digital materials. Structure lessons into manageable units, alternating explanation with practice.

Inclusion strategies:

Promote linguistic and cultural diversity; create safe and respectful learning environments; avoid stigmatising accents or errors; allow choice of topics and assessment methods; and use cooperative learning and peer tutoring.

Inclusive teaching techniques:

Useful approaches include multisensory teaching, storytelling, gamification, authentic real-life tasks, scaffolding support and educational technologies such as e-learning

platforms, translation tools and online collaboration tools.

Final recommendations:

- Evaluate communicative effectiveness rather than grammar alone.
- Allow multiple attempts and adapted exam formats.
- Personalise support for students with special needs. Inclusive educators act as facilitators and motivators, developing empathy and engaging in continuous professional learning and self-reflection on their own cultural assumptions.

07.

Inclusive educational practices

Introduction

The objective of this module is to familiarise participants with teaching methods specifically designed to address the needs and challenges of Ukrainian refugees, particularly those with special educational needs. Given their different starting points and stressors, participants will learn how to adapt their teaching methods effectively and understand why this is important for facilitating the learning process and promoting integration for refugees. This includes the use of assistive technologies and targeted strategies that consider educational levels and possible impairments.

The module also focuses on creating a welcoming environment and intercultural mediation to promote dialogue.

To this end, the course relies on interaction between participants to reinforce the theoretical input through their own research and expand their knowledge.

Review of previous content

A lot of content has already been covered in previous modules. In small groups, participants can divide up the content and review it briefly. Examples include the topics of trauma and inclusion, with possible questions at the beginning of the module.

Trauma:

Refugees are often traumatised and need a safe place to learn. Those affected must always be able to assess situations well, which is why structural transparency is important. A contact person should be designated, as well as an overview of what is on offer. Continuity of caregivers and communication on an equal footing are also important.

- How can I provide safety in my course?
- How can I ensure continuity of caregivers?
- What options do I have within the framework of my course to deal with acute crises caused by trauma?

Inclusion

This part can also be combined well with self-study or work assignments in advance. Here, independent research on the topic of inclusion could be required, or material could be provided (e.g. a video on the topic).

- What does inclusion mean?
- What do you understand by inclusion in education?
- Which inclusive teaching methods do I already know or use?

Language support as a foundation

Educational success is closely linked to language skills. Language skills also contribute significantly to social participation and are an indispensable component of integration work, as well as being an important factor in accessing the labour market and education. For this reason, many countries quickly place refugees in language courses.

For many refugees, a language course is their first educational experience in their country of arrival, significantly influencing their motivation and subsequent steps in their qualifications. The content of the course is therefore essential.

Refugees are a very heterogeneous group. Their educational background depends on sociodemographic factors such as age, schooling and country of origin, as well as the route they took and how long their journey took. While a high level of qualification can be expected, vocational training and career prospects are strongly linked to learning the language of the destination country.

Writing plays an important role and is influenced by various factors. From level A2 onwards, writers tend to use the spelling and pronunciation of their native language, which presents challenges in the writing process. This must be taken into account, particularly with regard to verb conjugation and the use of articles. Therefore, promoting written language skills is particularly important. Attention should be paid to differences in the rules compared with those of the native language.

The legal anchoring of communicative accessibility in the UN Convention on the Rights of Persons with Disabilities has led to a significant increase in the dissemination of easy-to-read texts. However, the target group has expanded significantly in the meantime and has thus also found its way into inclusive teaching settings.

Another aspect is bilingual (two languages) and bimodal (two channels – auditory and visual) language education, which offers added value not only for learners with hearing impairments. Methods and materials must be tailored to learners' skills. One way to differentiate instruction and adapt to group heterogeneity is to offer different presentation formats. Depending on their skills, learners could create a poster or give an oral presentation, for example. Another idea is to provide bilingual worksheets with photos or drawings.

Augmentative and alternative communication provides a useful framework, focusing on visual support options. It is important to use the whole body (e.g. signs from the relevant national sign language) as well as symbols, picture cards and labelled rooms. The possibilities are endless:

- Visual communication aids in the classroom (weekly schedules, recurring procedures, etc.).
- Symbol cards as labels.
- Visualisations.
- Image-based vocabulary teaching (e.g. picture dictionaries).

Audio or listening pens, which can be used to access the content of an image acoustically, are affordable and ideal for language teaching.

One effective idea for young learners is the 'I book'. Here, learners can document the stages of their lives and present their own biography. This can also be implemented digitally. These 'I books' can be used in class to facilitate communication between learners.

Using digital media in foreign language teaching has long been commonplace. The possible applications are diverse and range from voice recordings and video production to learning apps, activating a wide variety of skill areas. Digital media can promote enjoyment and motivation in learning as they allow for diverse, often playful, approaches.

Thematic integration of cultural diversity

Language and culture are closely connected, which is why language acquisition always involves learning about the target culture. In the spirit of cultural globalisation, the concept of culture should be interpreted very broadly and include not only everyday habits, but also symbolic worlds such as literature and art.

Teaching methods that promote intercultural dialogue, incorporate stories of origin and celebrate differences can strengthen social cohesion. This is important not only for academic performance, but also for the general well-being of refugees, as positive social integration improves their ability to settle in and engage with class activities.

Culture has always played an important role in teaching foreign and second languages. However, globalisation has changed the concept of culture, and the homogenisation of national cultures must be questioned. We are moving away from comparing our own culture with foreign cultures, instead adopting a more polymorphic understanding of culture.

Teaching methods that promote intercultural dialogue, incorporate stories of origin and value differences can strengthen social cohesion. This is important for both academic performance and the general well-being of refugees, as positive social integration improves their ability to settle in and their engagement in class.

One example of an intercultural classroom activity is a presentation on 'festivals and traditions'. Each participant presents a festival or holiday from their country of origin, such as Ramadan, Christmas, Nowruz or Holi. This activity's language learning objectives include learning vocabulary related to holidays, verbs in the present tense, and expressions of time, while its cultural objectives are to promote an understanding of rituals, similarities, and differences. This method promotes not only linguistic understanding, but also recognition of cultural diversity, contributing to respectful interaction.

Digression: Displaced people with hearing impairments – special challenges and adapted teaching methods

Displaced people with hearing impairments represent a special group because they need to learn two languages in their country of arrival: the written language and the sign language. The latter is important so that interpreting services can be used, enabling successful communication with the local deaf community.

When selecting language courses, care must be taken to ensure they are either taught in sign language or with interpreters. In many countries, the range of courses available to people with hearing impairments is limited, so it may be necessary to adapt courses for refugees with hearing impairments.

When learning the written language, bear in mind that Ukrainian is written in Cyrillic script, so extra effort is needed to learn the Latin alphabet.

Often, there is no legal basis for specific care provisions for deaf refugees. The rights of people with disabilities are regulated by the Convention on the Rights of Persons with Disabilities. If a country has not ratified the Convention, it is necessary to inquire about specific provisions in the respective country of arrival.

When dealing with deaf people, it is important to consider not only the medical perspective and classification into different degrees of hearing impairment or deafness, but also the social identity of each individual.

People who use at least two languages in their everyday lives are referred to as bilingual. If one of these languages is sign language, this is referred to as bimodality. Hearing-impaired people need more time to learn. Since access to languages is often more difficult in early childhood, learning may take longer.

In the classroom, care must be taken to ensure that everyone can participate. If there is a mixed language group, particularly one that includes both hearing and hearing-impaired people, this presents a significant challenge that requires careful planning. The environment must be designed so that all spoken and signed languages can be easily perceived. This requires good room acoustics and adequate lighting. In addition, hearing-impaired participants must be able to see and understand signed content clearly. Everyday interaction is an important part of the learning process and should be encouraged.

As people with hearing impairments have different lifestyles, it makes sense to involve role models and peers from their country of origin. This can also promote intercultural exchange within deaf communities. If a course exclusively for hearing-impaired people cannot be offered, the integration of small groups into a language course is also useful and should be aimed for.

When teaching, the focus should be on the learner; connections to real life must be made and action-oriented learning should be emphasised. It is important to be mindful of individual limitations and obstacles in order to avoid creating new barriers.

It is important not to under- or overburden learners. This can be achieved by offering a wide range of materials and methods. The following points should be considered:

- Attention must be paid to the connection to the real world. Topics should be interesting and relevant to learners, building on any prior knowledge they may have.
- Materials should be offered at different levels of difficulty to avoid complexity. Designing materials in a clear and concise manner is essential for successful learning.
- Refugees are often traumatised individuals whose emotional state should be considered when selecting topics. Positive examples and sufficient time and space for discussion are needed to positively influence group dynamics.
- Involving learners actively in lessons is beneficial and promotes self-determination. At the end of each learning sequence, learners must be able to apply what they have learned, which has a positive effect on self-efficacy.

- Language that everyone can understand should be used in class, supported by aids such as pictures and symbols. This is particularly necessary for learners with special needs.

Adapting teaching methods

Inclusion can be understood as valuing diversity, whereby differences are seen as opportunities. Diversity and heterogeneity are products of globalisation that open up new possibilities. However, inclusive teaching can present many challenges for teachers. The first step is to identify barriers in the learning process, after which personalised and individualised learning can be enabled by differentiating learning materials. A key aspect of inclusive teaching is the capacity to learn together in a constructive and personalised manner. Furthermore, inclusive teaching is defined by its process-oriented nature and constant search for resources to remove learning barriers.

Inclusive methods require recognition of the individuality of learners, including their learning strategies and specific potential. Existing languages should be consciously linked.

Lessons are usually taught in thematically structured sequences, often in the form of self-contained individual lessons. The focus is on a common learning goal for participants and ultimately on assessing performance. This system has its limitations in terms of inclusion. Inclusive teaching requires lesson planning to be adapted to include tasks at different levels, for example. Lessons must offer different learning paths to accommodate individual learning processes. One way to achieve this would be to use the component model of series planning. The aim is to plan a series of lessons in such a way that they can be delivered in a variety of settings (from guided to open). This type of planning can be understood as a building-block principle, incorporating principles of individual support and linking different didactic models.
One way to adapt lessons for different learning levels is to structure the content. This involves listing basic skills, thematic focal points and development goals.

Inclusive teaching also assumes a shared interest in a learning topic, and a wide range of methods should be available, particularly during longer individualised teaching phases.

Participation is essential for inclusive teaching, so advance planning is crucial. Different cultural and socio-economic backgrounds must be considered, as well as any impairments that may require assistive technologies.

Methods such as free work, project-based teaching, weekly plans or station-based learning are particularly well suited to the classroom. Flexibility regarding participants also contributes to more inclusive teaching. For example, small groups can be formed according to skill levels for certain content. Openness in the classroom allows for constant interaction with learners and enables direct responses to stimuli in the moment. Through inclusive educational practices, teachers can more clearly perceive smaller learning progress. Close networking with cooperation partners is also recommended to create a good interdisciplinary learning environment.

Summary

The module 'Inclusive Teaching Practices' focuses on language support as a prerequisite for successful integration, examining various methods of preparing teaching and learning materials.
It also addresses culture and cultural diversity, both of which have a significant impact on course design and integration outcomes.

A section takes a closer look at the specific target group of hearing-impaired displaced persons. Here, too, the link with teaching practice and the specific requirements is established.

Finally, the module addresses the adaptation of teaching methods in the spirit of inclusion. In order to offer a personalised learning process with adapted learning materials, barriers must be identified.

08.

Trauma approach

Introduction

People who have experienced trauma in their lifetime may face challenges and problems that can affect their well-being and ability to learn and interact positively in social settings. This module aims to refresh course participants' knowledge of the most important aspects of trauma, providing guidance for those who wish to support individuals with a history of trauma, such as Ukrainian refugees, and promoting their inclusion. The consequences of trauma vary depending on many factors, including the age at which it is experienced and its characteristics. The effects of trauma are more severe when it is experienced during childhood, when it is interpersonal, and when it is experienced over long periods of time. Those with a history of trauma generally experience low self-esteem, guilt, devaluation, hatred, shame, sadness, disgust, mistrust, a sense of marginalisation and isolation, and a sense of being different from others, and so can easily develop various types of psychological disorder (from mood and cognitive symptoms with no clinical relevance to severe psychiatric problems).

Recognizing signs and symptoms of trauma

Identifying these signs and symptoms is a vitally important task. Professionals should pay attention to a number of indicators that suggest a person may have experienced trauma. These indicators are behavioural, emotional and physical.

Behavioural and emotional signs.

Abnormal behavioural and emotional responses in people who have experienced trauma are not in line with what would be expected for their age and cannot be attributed to any other known medical, psychiatric or neurodevelopmental condition.

Examples:

- Irritability or aggressiveness.
- Markedly oppositional behaviour.
- Hypervigilance towards the environment.
- Exaggerated startle responses to sound or visual stimuli (e.g. the noise of an object falling to the ground).
- Reckless or self-destructive behaviour, including suicide attempts.
- Persistent body rocking or other rhythmic movements, including compulsive masturbation.
- Problems with memory, concentration or difficulty maintaining goal-directed behaviours.
- Marked social withdrawal.
- Alterations in the regulation of bodily functions.
- Use or abuse of alcohol or drugs.

Physical signs:

People who have suffered trauma are likely to have frequent physical injuries consistent with being punched, choked or knocked down, and they will often give weak or unrealistic explanations for them. It is also common for them to try to hide the signs. The effects of physical trauma can be acute (short-term, relating to present or recent trauma) or chronic (lasting for a long period of time, relating to past trauma).

Special attention will be necessary if the person we are dealing with has:

- Bruises (usually on the arms, neck or face).
- Cuts and burns on the body.
- Vague chronic medical complaints, such as pelvic pain (especially in women), chronic headaches, fatigue and stomach pain.

It should also be considered that physical signs of trauma in Ukrainian refugees can include:

- Outcomes that are clearly consequences of torture.
- Signs of multiple blunt trauma that... are consistent with intentionally inflicted beatings.
- Injuries sustained in the course of sexual violence.
- Outcomes of injuries without specificity, but which, due to their nature, are attributable to situations in which medical care was not provided.
- Signs indicative of a prolonged stay in poor hygienic conditions.

Always consider that the perception of trauma can be susceptible to individual and cultural variations. People escaping war, such as Ukrainian refugees, usually prioritise physical trauma over psychological trauma.

Trauma and adaptation

Ukrainian refugees may be dealing with psychological trauma and loss while adapting to life in a new country.

Migration, in its many forms, is a constant feature of human history. However, in contemporary societies, it takes on an unprecedented level of complexity, particularly when it is not the result of a free choice, but rather a necessity imposed by war, persecution, poverty or environmental disasters. In such situations, migration is not only an event involving geographical and cultural change, but also a potentially traumatic process capable of profoundly impacting the migrant's identity, psychological equilibrium, and quality of life.

Migration trauma is not an isolated event, but rather a complex set of experiences involving multiple phases of the migration process: departure, the journey, and settling into a new context. Departure often involves breaking ties with one's homeland, culture, and emotional connections. This

separation can generate feelings of guilt, nostalgia, and unresolved grief. The journey, especially for forced migrants, can involve violence, abuse, deprivation and extreme danger.

Finally, arriving in a foreign land necessitates a redefinition of identity: migrants confront linguistic, cultural, and social diversity, often in contexts characterised by discrimination, marginalisation, and precariousness.

The migration process occurs across three distinct yet interconnected phases: pre-migration, migration itself, and post-migration. Each of these phases can create a context of psychological vulnerability with significant consequences for an individual's mental health.
Pre-migration trauma

The pre-migration phase comprises the period preceding departure from the country of origin. Often, the decision to migrate is forced upon individuals due to traumatic circumstances such as war, political persecution, famine, environmental disasters, extreme poverty, or threats to life and personal safety. In these contexts, individuals may experience highly stressful and traumatic events such as the loss of family members, detention, torture, sexual violence or the destruction of their social environment. These experiences can lead to the development of significant psychological disorders, including anxiety disorders, depression and post-traumatic stress disorder (PTSD). Furthermore, feelings of helplessness and the breakdown of emotional or social bonds in the country of origin can lead to a profound identity and belonging crisis.

Migration trauma.

The migration process itself is a period of transition that can be equally or even more traumatic than the preceding phase. Migration journeys can be long, dangerous and dehumanising. Many migrants face extreme conditions on their journeys, such as crossing deserts and seas, encountering human traffickers, facing arbitrary detention, and experiencing physical and psychological abuse. Furthermore, the journey reinforces feelings of isolation, uncertainty and vulnerability. A lack of structured support, fear of rejection or repatriation and constant exposure to risk can lead to the accumulation of acute and chronic stress. During this phase, psychological survival is often ensured by extreme defence mechanisms, including dissociation or denial. However, these can become chronic if not subsequently processed.

Post-migration trauma.

Once the destination is reached, the post-migration phase begins, which does not necessarily mark the end of the hardships experienced. On the contrary, many difficulties emerge or worsen during this stage. Migrants must confront new challenges, such as adapting to a new language, navigating the legal system, overcoming cultural barriers, finding employment, accessing healthcare, and often even experiencing housing insecurity. Furthermore, feelings of alienation and discrimination can exacerbate an individual's psychological state. The 'emigration syndrome' or 'Ulysses syndrome' should not be underestimated. This complex clinical picture describes the extreme, yet non-pathological, suffering associated with migration. It is characterised by symptoms such as sadness, insomnia, anxiety, guilt and a loss of existential meaning. In some cases, the post-migration phase can reactivate previous traumas, generating complex symptoms that require an integrated, culturally competent therapeutic approach.

Strategies to create a safe and welcoming environment after the effects of trauma on learning and behaviour.

One of the most complex and often underestimated issues is the impact of trauma on the learning and behaviour of Ukrainian refugees. Refugees' experiences of trauma can affect their academic performance and interpersonal relationships.

From an educational perspective, trauma can manifest as decreased motivation, difficulty sustaining attention, disorganisation, low self-esteem and behavioural problems, making learning and integrating into the school environment especially difficult.

Learning is not an isolated process; it is deeply intertwined with an individual's psycho-emotional well-being. When the brain is constantly on high alert or overwhelmed by unprocessed emotions, it becomes less receptive to cognitive stimuli and less able to process information effectively. This is particularly pertinent for children and adolescents, whose neurological development can be profoundly affected by unmediated traumatic experiences.

A lack of understanding of the connection between trauma and behaviour is one of the main obstacles to creating an inclusive educational environment. It is crucial that teachers, educators and school staff are trained to recognise the signs of trauma and refrain from labelling dysfunctional behaviours as mere acts of disobedience or neglect. A judgemental or punitive attitude can worsen distress and reinforce an existing sense of exclusion.

Furthermore, it is important to avoid generalisations and cultural stereotypes that can further marginalise refugee students. Every story is unique, and empathetic, individualised listening is the first step towards truly welcoming them.
To support refugee students' learning, it is necessary to act on multiple levels by adopting systemic and inclusive strategies.

Some key actions are proposed below:

- Training school staff: Teachers and staff should acquire skills in trauma-informed education and learn to create predictable routines, manage emotional crises and respond with empathy and flexibility.

- Creating safe spaces: The physical and interpersonal environment must convey safety. Orderly spaces, quiet corners, clear rules and trusting relationships are all essential for reducing stress and facilitating integration.

- Psychological support and cultural mediation: Including specialised professionals such as school psychologists and linguistic and cultural mediators can facilitate dialogue between the school, family and student, offering targeted, competent support.

- Promoting socio-emotional learning: Integrating emotional education, conflict management and peer cooperation can help to build more positive relationships and develop resilience.

- Family engagement: Open and respectful communication with refugee families is essential to strengthen the sense of community and belonging.

Assessment and screening techniques:

The systematic implementation of assessment and screening procedures ensures adequate and timely care that respects individuals' fundamental rights. The assessment, or initial evaluation, is a systematic process aimed at gathering essential information about the refugee's health, psychological state, legal status and social and educational background. This process should be initiated during the initial reception phase, ideally within 48–72 hours of arrival at designated facilities, and conducted by an interdisciplinary team comprising healthcare professionals, social workers, cultural mediators, psychologists and, where applicable, legal experts.

The primary purpose is to:

- Identify vulnerable conditions (e.g. pregnancy, disability, psychological trauma, unaccompanied minors, victims of trafficking).
- Detect any active pathologies;
- Recognise psychosocial risk factors and cultural or linguistic barriers.
- Promote inclusion in protection programmes and personalised care.

We can consider three aspects:

- Health Screening.
- Psychological screening.
- Social and educational screening.

Health screening:

Health screening is a fundamental phase of the assessment process and should include:

- General medical history and vaccination status.
- General medical examination.
- Screening for infectious diseases with a high public health impact (e.g., tuberculosis, HIV, viral hepatitis, scabies, pediculosis).
- Assessment of nutritional status and any chronic conditions (diabetes, hypertension, asthma).
- Laboratory tests (where possible), including for silent conditions.
- Sexual and reproductive health assessment, especially for women and adolescents.

These screenings must be carried out with respect for the individual's dignity and informed consent. Where necessary, staff of the same sex should be present, especially in cases of vulnerability related to sexual violence or female genital mutilation.

Psychological screening is also essential, given that the refugee experience is often characterised by multiple traumatic events experienced in the country of origin, along the migration route, or in detention centres. Therefore, psychological screening is essential and must be conducted with particular caution to avoid premature pathologisation or the imposition of clinical labels.

The assessment may include:

- Clinical observation.
- Psychological interviews.
- Validated and culturally adapted questionnaires easily available online (e.g., Harvard Trauma Questionnaire, Refugee Health Screener; RUDAS - Rowland Universal Dementia Assessment Scale);
- Identification of signs of depression, anxiety, post-traumatic stress disorder (PTSD), dissociation, insomnia, irritability, or selective mutism in minors.

If warning signs are present, the individual should be promptly referred to mental health services, or to specialised centres in severe cases. The constant presence of linguistic and cultural mediators who are experienced in trauma treatment is essential.

Social and educational screening.

Social screening builds a comprehensive picture of the individual's situation by considering key elements for developing a personalised reception and integration plan. This includes:

- Family composition.
- Previous housing and working conditions.
- Education level and professional skills.
- Existence of formal or informal social networks.
- Any experience of trafficking, labour exploitation, or domestic violence.

This data collection must be accompanied by a referral plan for local services, such as schools, employment centres, language training and legal assistance, to facilitate the rebuilding of individual autonomy.

Final recommendations.

To ensure the effectiveness of the assessment and screening process, we recommend the following:

- Mandatory and ongoing training for professionals involved, focusing on trauma, human rights, intercultural communication and global health.
- Adoption of shared national protocols that are adaptable to local circumstances and integrate clear indicators, validated tools and referral procedures.

- Centralisation of cultural mediation, which should be considered an integral part of the operational team.
- Use secure, protected IT tools for managing sensitive data in compliance with privacy regulations (GDPR and national legislation).
- Involve migrant communities and associations in co-designing and monitoring assessment practices.

Strategies for dealing with trauma

Teaching relaxation and mindfulness techniques can help students manage stress and anxiety, and avoid re-traumatisation.

The term 'coping' refers to the thoughts and behaviours that a person adopts to manage internal or external demands that are perceived as stressful. Among the leading coping theorists, Lazarus and Folkman (1984) distinguish two broad categories: problem-focused coping and emotion-focused coping. The former aims to modify the stressful situation, while the latter seeks to regulate the negative emotions associated with it. Subsequently, other categories were added, such as avoidant coping and meaning-focused coping, the latter of which is particularly relevant in contexts of forced migration, where the sense of loss and disorientation can be profound.

Coping Strategies Commonly Observed in Refugees.

Active and Problem-Focused Coping.

Some refugees adopt active coping strategies such as learning the host country's language, seeking employment, participating in training courses or integrating into community networks. These strategies are associated with improved psychological adjustment, increased self-esteem and a greater sense of control.

Emotional coping.

Many refugees rely on religious, spiritual, or cultural rituals to manage anxiety, sadness, and feelings of loss. Religion can provide meaning to traumatic events and offer a social support network. However, if these practices are isolated from the host country's social context, they can also fuel alienation.

Avoidant coping.

A significant proportion of refugees adopt avoidance strategies such as social withdrawal, denial, substance abuse or dissociation. While these strategies may offer temporary relief, they are associated with worse psychological outcomes, including symptoms of post-traumatic stress disorder (PTSD), depression and chronic anxiety.

Meaningful Coping.

The concept of meaningful coping is increasingly recognised in academic literature. It involves reprocessing the traumatic experience through identity narratives, cultural values, existential goals, and hope for the future. Acceptance, gratitude and spiritual resilience are components of this strategy, which can transform trauma into post-traumatic growth.

Factors influencing the effectiveness of coping.

The effectiveness of coping strategies varies from person to person and depends on numerous factors, such as:

- Age and gender: Refugee women and children are often more vulnerable, but sometimes demonstrate greater flexibility in relational coping strategies.
- Social support: The presence of family and community networks is a strong predictor of positive coping.
- Education level: Higher education can facilitate access to more effective cognitive resources and strategies.
- Previous traumatic experiences: Multiple exposures to trauma tend to reduce coping capacity and increase vulnerability to psychopathology.
- Socio-political context of the host country: Reception, discrimination, and restrictive policies can directly influence refugees' ability to activate effective strategies.

Coping strategies for trauma in refugees can be particularly effective when integrated with relaxation and mindfulness techniques, which help to manage anxiety, dissociation, and symptoms of post-traumatic stress disorder (PTSD). The main strategies are designed to:

- Reduce symptoms of PTSD, anxiety and depression.
- Promote a sense of safety.
- Restore control over the body and mind.
- Strengthen internal resources.
- Promote adaptation to the new reality.

A. Conscious breathing techniques.

Method: 4-4-6 breathing (inhale for 4 seconds, hold for 4 seconds, exhale for 6 seconds).
Objectives: Reduce activation of the sympathetic nervous system

B. Body scan.

Method: Guide attention to different parts of the body and notice sensations without judging them.
Objectives: Promote the mind-body connection (useful for dissociation).

C. Guided visualisations.

Method: 'Safe Place' – Imagine an environment in which the person feels protected.
Objectives: Reduce the sense of threat and can provide stability in times of crisis.

D. Grounding.

Method: Basic techniques include counting objects, touching surfaces and listing colours around you.
Objectives: Helps with flashbacks or dissociation.

E. Progressive muscle relaxation (PMR) exercises.
Method: Alternating muscle tension and relaxation.
Objectives: Recognising and modulating trauma-related bodily tension.

F. Non-judgemental mindfulness.
Method: Paying attention to the present moment with openness and acceptance.
Objectives: 'Notice and let go' of intrusive thoughts without resisting them.

Cultural adaptations tips:

- Use simple language and culturally appropriate translations.
- Include symbols, metaphors or spiritual practices that are relevant to the refugee group.
- Offer options that respect gender sensitivity and traumatic experiences.
- Short, scalable interventions (e.g. 10–20 minutes) are more sustainable.
- Use cultural mediators if possible.

CONCLUSIONS:

The coping strategies adopted by refugees are varied and complex, influenced by a multitude of individual, cultural and structural factors. Some responses are adaptive, allowing them to face suffering with resilience, while others are dysfunctional and amplify the trauma, impeding adaptation. The challenge lies in understanding these strategies without judgement and offering support that respects the dignity and individuality of refugees. Only in this way can we contribute to true integration and the creation of more inclusive and supportive societies.

SUMMARY

People who have experienced trauma, especially during childhood or through interpersonal violence over long periods, may exhibit psychological, behavioural, emotional and physical difficulties affecting learning, relationships and well-being. Refugees, such as Ukrainians displaced by war, are particularly vulnerable due to cumulative trauma experienced before, during and after migration.

Recognising trauma.

Signs of trauma may manifest as behavioural or emotional symptoms, such as irritability, aggression, hypervigilance, withdrawal, poor concentration, risk-taking behaviour, dissociation, and substance use, or as physical symptoms, including bruises, burns, unexplained injuries, chronic pain, and fatigue. Refugees may also exhibit the consequences of torture, violence, inadequate healthcare, or poor living conditions. Perceptions of trauma vary culturally, with physical trauma often being prioritised over psychological distress.

Trauma across migration phases:

- Pre-migration: exposure to war, persecution, violence and loss, with risks of anxiety, depression, PTSD and an identity crisis.

- During migration, refugees may experience dangerous journeys, abuse, deprivation and uncertainty, and stress and dissociation may develop as coping mechanisms.

- Post-migration: new barriers such as language, legal systems, housing and discrimination may resurface trauma and cause ongoing psychological suffering (e.g. 'Ulysses syndrome').

Impact on learning and adaptation.

Trauma can affect attention, memory, motivation, behaviour and social integration, particularly in children and adolescents. Schools must avoid punitively interpreting distress and instead adopt trauma-informed, culturally sensitive practices.

- Key inclusive strategies.

- Train school staff in trauma-informed education.

- Create predictable, safe environments.

- Provide psychological support and cultural mediation.

- Promote socio-emotional learning and peer support.

- Engage families to strengthen a sense of belonging.

Assessment and screening:

Early interdisciplinary assessment (health, psychological, social/educational) should identify vulnerabilities, health needs, risk factors and integration resources. Ethical practices include informed consent, protection of privacy, cultural mediation and referral to specialist services where necessary.

Coping and recovery strategies.

Refugees use a variety of coping strategies:

- Active/problem-focused coping (e.g. learning the language, finding work, and participating in social activities) is adaptive.

- Emotional coping strategies, such as religion and rituals, can be supportive but may also lead to isolation.

- Avoidant coping (withdrawal, substance use, denial) is linked to worse outcomes.

- Meaning-focused coping (reframing, hope, values) can foster resilience and growth.

Relaxation and mindfulness techniques, such as breathing exercises, body scans, grounding techniques, muscle relaxation and guided imagery, can help to reduce anxiety, dissociation and PTSD symptoms, particularly when delivered in short, culturally adapted formats with mediators where appropriate.

Overall conclusion:

Refugee coping responses are diverse and shaped by personal, cultural and structural factors. Effective support requires a non-judgemental approach, culturally competent, trauma-informed care and systems that promote dignity, autonomy, inclusion and long-term integration.

09.

Case Studies and Practical Cases

The following section presents a series of practical cases developed within the framework of the International Protection Programme. These cases are intended to illustrate real-life situations encountered during the implementation of the programme. In order to safeguard the privacy and security of the individuals involved, all names and personal data have been modified.

1. CASE 1. MIGRATORY GRIEF

SITUATION:

Anna, a 39-year-old Ukrainian woman, lives in a shelter with her 9-year-old son, Danylo. In Ukraine, she worked as an administrative assistant and led a stable life. She arrived in the host country fleeing the war, losing her job, her family and social network, and now displays behaviors of demotivation, sadness, social withdrawal, and daily disorganization. She barely interacts with other women in the shelter, does not participate in group activities, and shows a loss of interest in her life project.

Her son, Danylo, appears sad and confused by the drastic changes they have experienced.

When a social educator tries to talk to her, Anna says:

"I am nothing here. I only survive for my son. But I no longer know how to help him either. I feel empty."

OBJECTIVES:

To develop educational and relational skills for supporting refugee mothers who are facing demotivation, low self-esteem, and life disorientation, by working on emotional regulation and adjusting expectations, without invading their process or pathologizing their experience.

KEYS FOR EDUCATORS AND CAREGIVERS.

What **NOT** to do:

- Do not blame her ("you need to be more active," "you're not doing anything for your son").
- Do not try to "fix" her with paternalism or unsolicited advice.
- Do not pressure her to integrate or demand immediate responses.
- Do not take over the role of psychological or social services when not appropriate.

What **TO** do:

- Offer empathetic presence and respectful, non-judgmental active listening.
- Validate her situation as an experience of loss: "It's normal to feel this way after so much pain."
- Invite her to engage in small, meaningful actions for herself or her son: organizational tasks, supporting newly arrived women, talking about what she's good at or interested in.
- Facilitate dialogue in her native language (or with a translator), if there is a language barrier.
- Connect her to spaces where she can feel useful and valued.
- Be attentive to signs of significant emotional deterioration and communicate with the intervention team (psychologist, social worker, etc.).

PRACTICAL TOOLS FOR EDUCATORS

Active Listening.
Accompany without interrupting or directing. "You seem tired... would you like to go for a walk together?"

Reconnecting with Strengths.
"What did you do in Ukraine? What were you good at?"

Small Meaningful Tasks.
Involve her as support in children's workshops, shared cooking, etc.

Mother–Child Activities.
Offer playful spaces to strengthen the bond with her child and observe needs.

Team Coordination.
Inform without alarming: "I think she needs closer follow-up; she's starting to isolate herself a lot."

ROLE-PLAY PROPOSAL

Characters:

- Educator (a participant in the workshop).
- Anna, refugee mother (another workshop participant).
- Facilitator: moderates and observes.

Setting:

Anna hasn't attended language classes for several days. The educator notices she's becoming isolated. She sits nearby and starts a conversation.

Model Dialogue:

Educator:
— Hi Anna, how are you today? We haven't seen you in class for a few days... is everything okay?

Anna:
— I'm tired. I don't feel like doing anything. I don't see the point in all of this. I just want to go back to my country and for my son to be okay, but there's nothing I can do.

Educator:
— It's completely normal to feel this way when everything has changed so quickly. But you're not alone. And Danylo needs you... and you also need to be well.
— Would you like to come with me to the park this afternoon with the kids? Maybe we could organize something simple. You don't have to talk much. Just be there.

Anna:
— I'm not sure... It's hard. I feel overwhelmed.

Educator:
— You used to work with numbers in Ukraine, right? Maybe you could help us with a game activity for the kids. It might be nice for Danylo to see you doing something like that. But there's no pressure.

Group Reflection and Analysis.

After the role-play, reflect on the following:

- What strategies were used to connect with Anna without invading her space?
- What impact might a non-directive approach have in this moment?
- How does the mother-child bond serve as a gateway to reactivation?
- How can her self-esteem be supported through a respectful, psychosocial approach?

Brief Transfer Exercise:

"Think of a refugee woman you work with. What could help her reconnect with something that restores her self-esteem and sense of purpose? How can you support her without imposing?"

CASE 2. ADAPTATION TO THE EDUCATIONAL SYSTEM

SITUATION

Nazar, a 12-year-old Ukrainian boy, recently arrived in our country with his mother after fleeing the armed conflict in their country. He is enrolled in a public school, but his attendance is highly irregular—he often skips class and, when he does attend, he avoids interacting with other children, doesn't participate, and shows rejection toward the language.

The main concern among the professional team is his high level of absenteeism. His mother doesn't seem worried about his absences, as she keeps Nazar enrolled in online classes with his school in Ukraine and believes that education is sufficient. In fact, she prioritizes Ukrainian online education over in-person schooling in the host country, arguing that "school in Ukraine is much better," "the level here is low," and "there's no point in forcing him to attend if he's already studying well from home."

The mother's attitude is defensive and critical of the host country´s education system. She rarely attends meetings and doesn't respond to the school staff's attempts to engage her.
This generates growing frustration among the teaching team, who feel disoriented and unequipped to handle the situation, with no clear strategies for approaching the mother or motivating the child.

OBJECTIVES:

The intervention aims to prevent chronic absenteeism, the child's isolation, and progressive rejection of the school environment, promoting a compassionate, intercultural approach that builds bridges between the home country's educational system and that of the host country.

KEYS FOR EDUCATORS AND CAREGIVERS

What **NOT** to do:

- Do not label the child as "problematic" or "disobedient."
- Do not blame the mother or confront her aggressively.
- Do not try to force school adaptation without understanding the emotional and cultural context.
- Do not overwhelm the school with demands without providing tools or support.

What **TO** do:

- Observe the child's emotional signals with sensitivity: withdrawal, anger, and rejection as forms of defense.
- Create a safe, non-academic space where Nazar can express himself: artistic activities, play, and intercultural mediation.
- Encourage bonds with other Ukrainian children in structured spaces such as tutoring or leisure time.
- Engage in dialogue with the teaching team from a psychosocial and intercultural perspective: explain migratory grief, the sense of loss, and attachment to the previous school system.
- Seek alliances with key figures to reach the mother: interpreters, intercultural mediators, or community leaders.
- Acknowledge the value of the Ukrainian online education as part of the process, without invalidating it, while gradually introducing the need for local adaptation.

TOOLS FOR THE SOCIAL EDUCATOR

Empathic Interview with the Mother.
Ask without judging: "What do you value about the Ukrainian school?" "What fears do you have here?"

Coordination with the School.
Meeting with the tutor or guidance counselor.

Bridge Activities.
Bilingual workshops, non-verbal games, intercultural mural, dramatization.

Medium-Term Life Project.
Talk with the mother about the child's educational plans here and in Ukraine.

ROLE-PLAY PROPOSAL

Characters:

- Educator (course participant).
- Nazar's mother (another participant).
- Facilitator: moderates and observes.

Setting:

First informal meeting at the school between the social educator and the mother, organized after several episodes of absenteeism.

Model Dialogue:

Educator:
— Thank you for coming. We know this stage hasn't been easy for you, and we want to work together to make Nazar feel more supported. Would it be okay if we calmly talked about what's been happening?

Nazar's Mother:
— I don't have a problem. The problem is this school. He already studies online with his school in Ukraine. He doesn't learn anything useful here. They only stress him out.

Educator:
— I understand that you want to maintain a connection with your country and that you trust its education system. That's totally understandable. At the same time, it's important that Nazar is also enrolled here. It's not just about learning—it's about his emotional and social development and adapting to this new reality. School attendance in this country is legally required.

Nazar's Mother:
— But he doesn't want to go. He feels alone and doesn't understand the language. He cries at night. Why force him?

Educator:
— I'm really sorry he's going through that. What you're saying is very important. It tells us that he's struggling and needs support. That's exactly why school can be a safe and structured place to help him get through this phase. The worst would be for him to become isolated and lose contact with other kids.

Nazar's Mother:
— But if he's not learning well here, what's the point?

Educator:
— He gains a sense of belonging, social contact, and routines that provide stability. Also, little by little he'll begin to understand the language if he hears and uses it daily. It's a process.

Nazar's Mother:
— And that's going to help?

Educator:
— Yes, and you're also key. If he feels that you trust the school and encourage him to go, he'll feel safer. Also, we can connect Nazar with other Ukrainian children who are already adapting. What do you think about starting this way and checking in together week by week?

Key Points of This Approach:

- The educator initiates contact, showing empathy, listening to the mother, and validating her emotions.
- The legal obligation of schooling is explained clearly, without confrontation.
- The connection with the Ukrainian educational system is legitimized, while prioritizing inclusion in the host country's system.
- The mother's role as a supportive and emotionally influential figure is reinforced.
- Emotional and progressive accompaniment is introduced.

Group Reflection after the Role-Play:

- How was the conflict managed without confrontation?

- What strategies were used to validate and reconnect?
- How important is intercultural understanding in this case?
- How can we avoid clashes between educational systems without invalidating either?

Real-World Transfer Exercise

"Think of a child who is caught between two educational or cultural systems. How can you help them transition instead of forcing them to change abruptly?"

CASE 3. SUPPORT AND INTEGRATION INTO THE HEALTHCARE SYSTEM

SITUATION

Daria is a 65-year-old lady from Ukraine.

When the war breaks out in her country, she seeks refuge in the host country and after spending a few weeks in an emergency humanitarian hostel, she is assigned a place in a reception facility belonging to an International Protection Programme.

Due to the exceptional circumstances of the armed conflict in her home country, she is granted Temporary Protection 24 hours after her asylum application.

She has traveled alone to the host country, so she has no family and/or social support and does not know the language.

Upon her arrival at the reception center, she states that she suffers from heart disease, is hypertensive, and also shows symptoms consistent with an anxiety disorder since she appears disturbed and reports sleeping very little.

She takes medication regularly because she suffers from a chronic illness, but she confesses that some days she forgets to take her pills. She has been feeling unwell for a few days, and she informs the staff at the reception facility of this.

OBJECTIVES:

After a first interview, the following objectives are identified to be fulfilled:

- Inform Daria about how the healthcare system works in the host country.
- Process her health card for access to medical services.
- Explain in detail the procedure for requesting medical appointments.
- Offer her support during medical consultations.
- Schedule and monitor current and future medical appointments.
- Agree with her on a system for monitoring and controlling medication.

- Establish routines with her: rest times, outdoor walks, leisure activities, meal times, and medication intake.

- Sessions with the team psychologist to manage her emotional situation.

KEYS FOR EDUCATORS AND CAREGIVERS

What **NOT** to do:

- Do not blame the person for not taking care of their health and/or forgetting to take their medication.
- Do not question their rest and eating habits.
- Do not assume they understand all the information provided at first glance.
- Do not resort to paternalism and quick solutions to all their problems.
- Do not pressure or demand immediate answers.
- Do not force them to carry out tasks or activities.

What **TO** do:

- Provide information in several sessions with translation, ensuring that it has been understood.
- Encourage active listening without making value judgments or questioning the person.
- Offer support for appointments and procedures, gradually promoting the person's autonomy by withdrawing support as they gain independence in carrying them out.
- Encourage them to change their diet to improve their health.
- Establish a system for proper medication intake.
- Respect the response times of the person as they may vary depending on their emotional state at that moment.
- Agree with them on routines that are beneficial for their physical and emotional health.
- Negotiate with the person to carry out activities that are beneficial for social integration, taking into account their likes and interests.
- Encourage spaces where they can feel useful both inside and outside the shelter.

PRACTICAL TOOLS FOR EDUCATORS

Active listening.

Accompany without directing and encourage the person to make their own decisions. "How are you feeling today? Have you noticed any improvement in your health? Do you need to see the doctor again? I can accompany you with the translation service..."

Reconnecting with the home country.

Tell me, how did the healthcare system work in Ukraine? Did you visit the doctor often? Did you usually go alone or were you accompanied by a family member? Did it take a long time to get an appointment with a specialist?

Small meaningful tasks.

Implementation of a weekly pill organiser with the educator and choosing a strategy to remember to take the medication. (Mobile alarm system, placing the pill organizer in a specific visible location for the person).

Search for activities.

Search and selection of leisure activities according to their tastes and needs. If necessary, accompaniment by the professional until the person is confident in carrying them out.

Coordination with the team.

Inform the team of the person's needs, their vulnerabilities, and above all, warn the rest of the colleagues about situations or particularly sensitive information that may affect or harm the intervention if special care is not taken.

Interview with Mrs. Daria.

We conduct a semi-open interview in which we ask her questions about her emotional and health status, respecting her pace and without forcing answers. It is important that it takes place in a quiet, comfortable place where there are no distractions or interruptions.

We make it clear that we request the information to adequately attend to her needs.

It is important to use a reliable translation service, speak slowly, with easy language, without very technical words and good pronunciation so that the transfer of information is as literal as possible.
Since she has a diagnosed illness, we ask for any information she can provide: reports, medication she is taking, etc., so that she can compile it and have it available on the day of the medical appointment.

She is explained how the healthcare system works in the host country and the preliminary procedures to be carried out.

Throughout the entire interview, it is important to take small pauses to provide feedback on the information and to ask Mrs. Daria if she has any doubts or questions.

Finally, an appointment is made with her to go and register in the healthcare system and request a medical appointment at the health center.

EXECUTION OF THE ACCOMPANIMENT

Registration in the healthcare system and appointment request.

Mrs Daria is accompanied to the health center, and during the journey, it can be used to to teach her the route from the reception center to the health center. (She may need several accompaniments until she can move on her own).

Support is provided in carrying out the procedure, trying to involve her in whatever is possible while respecting her pace and providing translation services so that she has all the information.

It is very important, in all interviews and accompaniments, to ensure that the person understands the information we are providing (not to assume that she knows or understands the information).

She is registered in the healthcare system and a medical appointment is requested.

It is important for her to know the medical center, the consultation where you will be attended, the name of the physician, and where the emergency service is located in case you might need it at any time.

Accompaniment to the doctor's consultation.

Before the appointment, several issues should be considered to discuss with Mrs. Daria:

- It would be necessary to remind her to bring her health card and any medical documents she has.

- It needs to be agreed with her whether she considers it necessary or if she wants the professional to stay during the medical consultation or wait outside.

- Have an effective means of translation prepared.

Organization of medication.

After the visit to the doctor's office, it is necessary to ensure that Mrs. Daria has understood all the information.

The professional must explain to her in detail, with patience, and in the simplest way possible her medical situation, the recommendations that the doctor has given her, and the medication she needs to take and how often she should do it.

Suggestion: Prepare the weekly pill organizer with her, agree on where she will store it to avoid forgetting to take her medication, and set up an alarm system on her mobile.

FOLLOW-UP

It is essential to monitor Mrs. Daria by providing the support she needs and gradually withdrawing it as she becomes capable of carrying out tasks autonomously.

Due to her advanced age, her state of anxiety, and her unfamiliarity with the language and the host country, it is likely that progress will be slow, so the professional must be patient and respect her pace.

The most important points in the follow-up of Mrs. Daria are:

- Observation of her general health status.

- Follow-up on medical appointments.

- Medication management.

- Social inclusion: leisure activities, management of free time.

CASE 4. JOB SEARCH:

SITUATION:

Mischa is a 29-year-old Ukrainian man who has a physical disability of 47% due to a birth defect in his left arm, which limits his mobility, but he manages perfectly well in activities of daily living. He has been issued a disability certificate that has been updated and verified in his country of origin. After the outbreak of the war, he was allowed to leave his country as he cannot be recruited as a soldier, and he arrived in Spain seeking asylum along with his partner.

Due to the exceptional circumstances of the armed conflict in his country of origin, he is granted Temporary Protection 24 hours after his asylum application, which allows him residence and work authorisation for one year, with the possibility of renewal. He has been in the reception center for six months and has acquired basic knowledge of Spanish, although he has limited proficiency in the language. He wants to seek employment but believes that his lack of language skills and his disability are very difficult barriers to overcome. In Ukraine, he helped in the family business, a hardware store.

A special employment center has offered him a janitor position in a residential community. He has an interview for the job, but he believes they will reject him because they will think he is not qualified to do it due to being a foreigner and his physical limitation.

OBJECTIVES:

After an initial assessment, the following objectives are identified to be met:

- Inform Mischa about how the labor market works in the host country.
- Inform him about the characteristics of a special employment center.
- Explain to him the tasks performed in the position of janitor.
- Practice the job interview.
- Accompany him to the interview.
- Follow-up at the workplace in case he is eventually hired.

KEYS FOR GUIDANCE, EDUCATORS, AND CAREGIVERS

What **NOT** to do:

- Do not blame the person for not wanting to accept the job if that happens.
- Do not question their fears or limitations.
- Do not assume they understand all the information provided the first time.
- Do not resort to paternalism and quick fixes for all their problems.
- Do not pressure or demand immediate answers.
- Do not force them to carry out tasks or activities they do not wish to.

What **TO** do:

- Provide all relevant information in several sessions with translation, ensuring they understand it.
- Encourage active listening without making value judgments or questioning the person.
- Offer support for appointments and procedures, gradually fostering the person's autonomy by withdrawing assistance as they gain independence in performing them.
- Encourage them to accept employment and promote their independence.
- Highlight their strengths and ability to carry out activities despite their physical limitation.
- Respect the person's response times as they may vary depending on their emotional state at that moment.
- Promote spaces where they can feel useful both inside and outside the shelter.

PRACTICAL TOOLS FOR EDUCATORS

Active listening.

Accompany without directing and encourage the person to make their own decisions. It would be very good for you to accept the job, and I think you could do very well. What do you think? Do you feel prepared to work? What worries you? Can I help you with something?

Reconnection with the country of origin.

Tell me what functions you performed in the family business. Did you feel good collaborating with your family? Did you usually need support to perform your duties?

Small meaningful tasks.
Completing a list of tasks that he performed in his work at the family business, which he liked more or less and which he performed better. Strengthening his self-confidence in task completion.

Search for activities.
Search and selection of leisure activities in accordance with their tastes and needs. If necessary, accompany the professional until the person is solidly engaged in the activities. Acquisition of routines and schedules.

Coordination with the team.
Inform the team of the person's needs, their vulnerabilities, and above all, warn the rest of the colleagues about situations or particularly sensitive information that may affect or harm the intervention if not handled with special care.

PRE-JOB INTERVIEW INTERVENTION

1st – PROVIDE RELEVANT INFORMATION

We conduct a semi-open interview in which we ask him questions about his mood and concerns about the position, respecting his timing and not forcing answers. It's important that the interview be conducted in a quiet, comfortable place where there will be no distractions or interruptions.
We must check that Mischa has all the necessary documentation up to date and in order to avoid the frustration, disappointment, and personal harm that could occur if he is offered the job but cannot take it up due to a bureaucratic issue.

It's very important for Mischa to understand how special employment centers work, since a very high percentage of the people they hire have a disability certificate, they receive workplace adaptations, and they have support technicians available to help them with anything they need.
This information is vitally important, as the fact that the company employs more people with disabilities will give him peace of mind.

Even if he has basic knowledge of the language, it's important to use a reliable translation service, speak slowly, use easy-to-understand language, avoid overly technical terms, and use good pronunciation to ensure the information is conveyed as literally as possible. During the conversation, we should offer the option to ask questions and recap what has already been discussed.

Another piece of information Mischa needs is to understand the duties of a custodian. It's important for him to understand the general responsibilities of this position, although they may differ depending on the specific location, as there may be specific requirements.

Knowing the job descriptions and knowing that he can perform them will increase his self-confidence. If he doesn´t feel capable of performing a particular task, we must remind him that there will be support staff to help him and that we are also available to help him.

2nd PREPARATION FOR THE JOB INTERVIEW

An important factor to keep in mind is whether this is his first job interview, either here or in Ukraine. (This is important information, since the uncertainty of not having gone through this process before is greater).

The interview process will be explained to him, giving you guidelines and recommendations you can use. (It's important to always maintain an optimistic approach without minimizing his fears,

limitations, and uncertainties).

It's also essential to address the negative or frustrating aspects that could arise if the interview doesn't end well. Don't blame or criticize if this happens. Explain that this possibility exists and that there will be more opportunities if it happens.

3rd JOB INTERVIEW ACCOMPANIMENT

Before the interview, we discuss with him whether or not we should accompany him to the interview. We will respect his decision.

If being accompanied will reassure him, our presence won't be harmful, as it's common in a special employment center. We will only intervene when strictly necessary. We must remember that the job interview is conducted by Mischa, not us.

We must have an effective means of translation ready to provide to the employer to improve communication flow. (If Mischa can use it directly, it will help him feel more independent and comfortable, but if it's a challenge or difficult for him, we will offer to operate it for him).

It is important to remind him that they can and should ask questions about anything they don't understand or would like to know.

4th FOLLOW-UP

Whether he gets the job or not, it is important to keep track of Mischa:

OPTION 1: GET THE JOB

- We must reinforce the courage he his in facing has fears and limitations by accepting the job.
- We will review his schedule, workplace, and responsibilities with them. We must make sure they know how to get there and what transportation they should use.
- Suggestion: Prepare the route from the center to the workplace with him and complete it before starting work.
- Once he begins the position, it is important to monitor it with both them and the company to overcome any difficulties that may arise and ensure they maintain it.
- Once he starts developing the position, it's important to monitor it with both you and the company to overcome any difficulties that may arise and ensure you maintain it.
- Important: Consult Mischa before contacting his employer. (We must always inform him and not act behind his back without his consent).
- Don't forget: If we have an interview with his employer, we must translate the entire conversation step by step. (The perception that we are withholding information can translate into mistrust and harm our intervention).

OPTION 2: HE DOESN'T GET THE JOB

- We must reinforce the courage he has in facing his fears and limitations during the interview and emphasize that all the work done around this job offer has served as a learning experience for the future.

- We will analyze with him the difficulties he has faced while building his self-confidence.

- It is important to understand how not being able to access employment has affected him.

- We will continue working with Mischa on any areas where he needs improvement or reinforcement.

- Important: Respect his time and work pace, always encouraging him to move forward, improve, and achieve new goals.

- Remember: We must be realistic and aware of Mischa's real limitations and avoid creating false expectations that could lead to later frustration.

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Co-funded by the European Union

Co-funded by the European Union. The opinions and views expressed are those of the author(s)alone and do not necessarily reflect those of the European Union or the Spanish Service for the Internationalisation of Education (SEPIE). Neither the European Union nor the awarding body can be held responsible for them.

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