



Co-funded by
the Health Programme
of the European Union

**SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND
CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE
717275/SH-CAPAC**



Guidelines for trainees

Module 4. Vulnerabilities



© – 2016 – Escuela Andaluza de Salud Pública. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) under conditions.

This document is part of the project '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020). The content of this report represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

The document uses contents produced under the EU Health Programme (2008-2013) in the frame of service contract nr. 20136209 with the Consumers, Health, Agriculture and Food Executive Agency Unit (Chafea) acting under the mandate from the European Commission: Project "Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma – MEM-TP" carried out by the Andalusian School of Public Health, EASP (Spain) as consortium leader and Faculty of Health and Medical Sciences of the University of Copenhagen (Denmark), Azienda Unità Sanitaria Locale Reggio Emilia (Italy) and Academisch Medisch Centrum bij de Universiteit van Amsterdam (The Netherlands).

Module 4. Vulnerabilities

Module 4 contains three units: U1. Childhood and unaccompanied minors, U2. Gender-based violence and persecution on grounds of sexual orientation and gender identity, and U3. Ederly and disabled refugees. The estimated time required for this module is 4 hours, including contents and compulsory activities.

The following sections provide the details of the learning objectives and activities for each unit. A work plan for navigating the unit is suggested as well.

Unit 1: Childhood and unaccompanied minors

This unit has been prepared by Ainhoa Rodríguez and Olga Leralta (Andalusian School of Public Health). It includes one presentation, one compulsory activity, one optional activity, recommended videos, recommended reading, and complementary reading for further knowledge.

1. Learning objectives

Objectives of the presentation:

- To describe basic characteristics of the refugee children and unaccompanied migrant minors.
- To identify specific risks and health problems of refugee children and unaccompanied migrant minors.
- To identify barriers in access to health care.
- To formulate a health care response to address needs.

Objectives of the activities:

- To identify specific health needs of refugee children and unaccompanied migrant children.
- To formulate a health care response to address these needs.

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Presentation on refugee children and unaccompanied migrant minors.

- **Time:** 20 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2 (CA2): SWOT analysis

- **Time:** 15 minutes
- **Method:**
 1. Write in the wiki matrix at least 5 strengths, 5 weaknesses, 5 opportunities, and 5 threats on health care for unaccompanied refugee/migrant children:
 - Strengths: describe the positive factors
 - Weaknesses: are internal factors that are within your control
 - Opportunities: are the positive external factors that are beyond your control.
 - Threats: are the factors which may put your strategy in jeopardy.
 2. Feel free to modify and organize the other participants' contributions, in order to generate a collective SWOT.

COMPULSORY ACTIVITY 3 (CA3): Recommended videos

- **Time:** 15 minutes
- **Method:** Watch the videos linked in slide 18.

3. Work plan suggested

Time	Objectives	Content
20 minutes	<ul style="list-style-type: none"> • Outline of the session • Migrant children's health • Refugee children: risks and health consequences • Unaccompanied migrant/refugee children • Mental health of refugee children • Migrant children & bullying • More health issues • Migrant Children Vaccination • Substance misuse 	CA 1: Presentation (slides 1-15)
15 minutes	<ul style="list-style-type: none"> • SWOT analysis on health care for unaccompanied refugee/migrant children 	CA 2: (slide 16)
60 minutes	<ul style="list-style-type: none"> • Optional activity: video "Children on the move – Children first". 	Presentation (slide 17)
15 minutes	<ul style="list-style-type: none"> • Recommended videos 	CA 3: (slide 18)
10 minutes	<ul style="list-style-type: none"> • Recommended reading 	Presentation (slide 19)

4. Complementary activities

Recommended reading

UNICEF. Uprooted: the growing crisis for refugee and migrant children. New York: UNICEF; 2016. <http://weshare.unicef.org/Package/2AMZIFQP5K8> (retrieved: September 7, 2016). (pp. 92-97).

Further reading

Angell SY, Cetron, MS. Health Disparities among Travelers Visiting Friends and Relatives Abroad. *Ann Intern Med.* 2005;142(1):67-72.

Bean TM, Eurelings-Bontekoe E, Spinhoven P. Course and predictors of mental health of unaccompanied refugee minors in the Netherlands: One year follow-up. *Soc Sci Med.* 2007;64(6):1204-15. <http://www.sciencedirect.com/science/article/pii/S0277953606005910> (retrieved: July 23, 2016).

Berg RC et al. An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting. *Obstetrics and Gynecology International* 2014; Article ID 542859. <https://www.hindawi.com/journals/ogi/2014/542859/> (retrieved: July 23, 2016).

Brown University. Brains in Crisis: Stress and Resilience in Syrian Refugee Children; 2016. <https://www.youtube.com/watch?v=km3Yb9PYVil> (retrieved: July 23, 2016).

Children and War Foundation. Measures; 2016. <http://www.childrenandwar.org/measures/> (retrieved: July 23, 2016).

CMAS. Caring for Syria Refugee Children: A Program Guide for Welcoming Young Children and Their Families. Toronto: CMAS; 2016. http://cmascanada.ca/wp-content/uploads/2015/12/Supporting_Refugees/Caring%20for%20Syrian%20Refugee%20Children-final.pdf (retrieved: July 23, 2016).

Comité Asesor de Vacunas de la Asociación Española de Pediatría. Vacunación de niños inmigrantes y adoptados. Madrid: AEP; 2015. <http://vacunasaep.org/documentos/manual/cap-12> (retrieved: July 23, 2016).

Crockett M. New faces from faraway places: Immigrant child health in Canada. *Paediatr Child Health*. 2005; 10(5):277-81.

EIGE, European Institute for Gender Equality. Female genital mutilation in the European Union and Croatia. Germany: European Union; 2013.

European Migration Network. Synthesis Report for the EMN Focussed Study 2014. Policies, practices and data on unaccompanied minors in the EU Member States and Norway. Synthesis Report: May 2015. EMN; 2015. http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european_migration_network/reports/docs/emn-studies/emn_study_policies_practices_and_data_on_unaccompanied_minors_in_the_eu_member_states_and_norway_synthesis_report_final_eu_2015.pdf (retrieved: July 23, 2016).

European Migration Network. Policies on Reception, Return and Integration arrangements for, and numbers of, Unaccompanied Minors – an EU comparative study. EMN; 2010. http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european_migration_network/reports/docs/emn-studies/unaccompanied-minors/0_emn_synthesis_report_unaccompanied_minors_final_version_may_2010_en.pdf (retrieved: July 23, 2016).

Fazel M, Reed R, Panter-Brick C, Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet* 2012; 379:266-288. <http://www.evidenceaid.org/wp-content/uploads/2016/03/1-s2.0-S0140673611600512-main.pdf> (retrieved: July 23, 2016).

FRA, European Union Agency for Fundamental Rights. Data in Focus n° 06. Minorities as Victims of Crime. EU_MIDIS: European Union Minorities and Discrimination Survey. Vienna: FRA; 2012.

FRA. EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS. Separated, asylum-seeking children in European Union Member States. Comparative report. Luxembourg: Publications Office of the European Union; 2010.

Goosen S, Uitenbroek D, Wijsen C, Stronks K. Induced abortions and teenage births among asylum seekers in The Netherlands: analysis of national surveillance data. *J Epidemiol Community Health* 2009;63(7):528-33.

Gualdi-Russo E, Zaccagni L, Manzon VS, Masotti S, Rinaldo N, & Khyatti M. Obesity and physical activity in children of immigrants. *European Journal of Public Health* 2014, 24(1):40–46.

Hendel-Paterson B, Swanson SJ. Pediatric travelers visiting friends and relatives (VFR) abroad: illnesses, barriers and pre-travel recommendations. *Travel Medicine and Infectious Disease* 2011;9:192e203.

Human Rights Watch. Caught in a net. Unaccompanied migrant children in Europe. HRW; 2012. <http://www.ohchr.org/Documents/HRBodies/CRC/Discussions/2012/Submissions/HRW.pdf> (retrieved: July 23, 2016).

Huemer J, Karnik NS, Voelkl-Kernstock S, Granditsch E, Dervic K, Friedrich MH, Steiner H. Mental health issues in unaccompanied refugee minors. *Child and Adolescent Psychiatry and Mental Health* 2009;3:13. <http://capmh.biomedcentral.com/articles/10.1186/1753-2000-3-13> (retrieved: July 23, 2016).

Internacional Organization for Migration. Foreign-born children in Europe: an Overview from the Health Behaviour in School-Aged Children (HBSC) Study. Background paper. Brussels: IOM; 2006.

Internacional Organization for Migration. Unaccompanied children on the move. Geneva: IOM; 2011. https://publications.iom.int/system/files/pdf/uam_report_11812.pdf (retrieved: July 23, 2016).

Kane J. Violence and School. Daphne Booklets. Brussels: European Commission, DG Justice, Freedom and Security, Daphne Programme; 2008.

Karnaki, P. PROMOVAX: Promote vaccinations among migrant populations in Europe. In: Childhood Immunization, Progress, challenges & priorities for further action. Luxembourg; 16 & 17 October 2012. http://ec.europa.eu/health/vaccination/events/ev_20121016_en.htm (retrieved: July 23, 2016).

Labree LJW, van de Mheen H, Rutten FFH, Foets M. Differences in overweight and obesity among children from migrant and native origin: a systematic review of the European literature. *International Association for the Study of Obesity* 2011;12:e535–e547.

Labree W, Lötters F, van de Mheen D, Rutten F, Rivera Cavaria A, Neve M, Rodenburg G, Machielsen H, Koopmans G & Foets M. Physical activity differences between children from migrant and native origin. *BMC Public Health* 2014;14:819.

Marsiglia F, Kulis S, Luengo MA, Nieri T & Villar P. Immigrant advantage? Substance use among Latin American immigrant and native-born youth in Spain. *Ethn. Health* 2008;13(2):149–170.

McKenzie M. Racial discrimination and mental health. *Psychiatry* 2006;5(11):383–387.

Missing Children Europe conference: Towards a coordinated strategic approach on missing unaccompanied migrant children. <http://missingchildreneurope.eu/news/Post/536/Missing-Children-Europe-conference-Towards-a-coordinated-strategic-approach-on-missing-unaccompanied-migrant-minors> (retrieved: July 23, 2016).

NSW Refugee Health Service. Fact Sheet 8: Refugee Children. Liverpool; 2009. https://www.swslhd.nsw.gov.au/refugee/pdf/Resource/FactSheet/FactSheet_08.pdf (retrieved: july 23, 2016).

Pfarrwaller E, & Suris J-C. Determinants of health in recently arrived young migrants and refugees: a review of the literature. Italian Journal of Public Health 2012; 9(3):e7529-1–e7529-16.

Professional Forum for Children in Andalusia. The refugee crisis, effects for children; 2016.

RESILAND. Orientations for professionals and officials working with and for children on the move. Athens: KMOP and Defence for Children International; 2015. http://www.resiland.org/files/small_booklet_res.pdf (retrieved: july 23, 2016).

Sirin S & Rogers-Sirin L. The educational and mental health needs of Syrian Refugee Children. Washington DC: National Center on Immigrant Integration Policy, MPI: 2015, october. <http://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children> (retrieved: July 23, 2016).

Svensson M, Hagquist C. Adolescent Alcohol and Illicit Drug-Use in First and Second Generation Immigrants in Sweden. Working paper n° 8. Örebro University, Swedish Business School; 2009.

UNICEF. Blue Dots that keep refugee and migrant children safe in Europe. UNICEF; 2016, 18 march. <https://blogs.unicef.org.uk/2016/03/18/refugee-migrant-children-europe-blue-dot/> (retrieved: July 23, 2016).

UNICEF, France. Ni sains, ni saufs: enquête sur les mineurs non accompagnés dans le Nord de la France. Paris: UNICEF; 2016. <https://www.unicef.fr/contenu/espace-medias/ni-sains-ni-saufs-enquete-sur-les-mineurs-non-accompagnes-dans-le-nord-de-la-france> (retrieved: July 23, 2016).

UNICEF. Uprooted: the growing crisis for refugee and migrant children. New York: UNICEF; 2016. <http://weshare.unicef.org/Package/2AMZIFQP5K8> (retrieved: September 7, 2016).

WHO. Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen: WHO Regional Office for Europe; 2010.

Optional activity

- **Description:** Video screening and discussion
- **Time:** 60 minutes
- **Method:** Discuss on forum the content of the video "Children on the move – Children first" produced by the European Network of Ombudspersons for Children (ENOC): <https://vimeo.com/75947923>

Unit 2: Sexual and gender-based violence and persecution on grounds of sexual orientation and gender identity

This unit is structured in two parts. Part I has been prepared by Ines Keygnaert (Ghent University - International Centre for Reproductive Health) and Part II by Amets Suess Schwend (Andalusian School of Public Health). The estimated time for this Unit is two hours.

Part I Sexual and gender-based violence

This part I includes one presentation, three compulsory activities and eight recommended readings.

The estimated time required for this part of the Unit is one hour, including the presentation and activities.

1. Learning objectives

Objective of the presentation and activities:

- To discuss whether situations are acceptable and why
- To identify criteria underlying the notion of violence and transgressive behavior
- To identify different forms of violence and terminology used
- To become accustomed to communicating about violence
- To understand the consequences of sexual and gender-based violence (SGBV)
- To have an idea of prevalence of SGBV in Europe
- To become familiar with European policies and regulations on SGBV in the asylum sector

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Presentation on sexual & gender-based violence.

- **Time:** 20 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2 (CA2): “Flag situations”

- **Description:** Individual & Group exercise; power point & forum;
- **Time:** 20 minutes.
- **Method:** The activity “Flag situations” consists of three parts:
 1. Step 1: Look at the following situations and indicate how you would flag each of the situations: what is acceptable and what is transgressive behavior to you and how should we react on that?
 - Green: acceptable behavior
 - Yellow: the behavior should be changed or corrected slightly
 - Red: this behavior should be forbidden
 - Black: this behavior should be punished.
 2. Step 2: go to the forum and compare the answers you have with the other participants: do you all react the same? Which elements constitute acceptable and transgressive behavior?
 3. Step 3: check out the criteria for evaluation of situations and how to flag and react on them Handout 23 Senperforto Manual Flags and criteria.pdf

COMPULSORY ACTIVITY 3 (CA3): “Violence cases: identification of types”

- **Description:** Group exercise; power point & forum;
- **Time:** 20 minutes.
- **Method:** The activity “violence cases: identification of types” consists of four parts:
 1. Step 1: read the following 5 cases of violence in refugees, asylum seekers and undocumented migrants: Handout 24 Senperforto Manual Violence cases.pdf
 2. Step 2: Go to the forum and discuss the cases:
 - Which elements described in the cases do you consider to be violence?
 - How would you categorize them? Give each category a name.
 - Try to come to a consensus
 3. Step 3: Continue with the presentation about different perspectives to look and categorise violence.
 4. Step 4: Look back at the categorizations you made of the violence types occurring in the cases:
 - Which perspective did you take?
 - Have you overlooked some of the violence acts in the cases?

COMPULSORY ACTIVITY 4 (CA4): “Country specific exercise measures SGBV prevention and response”

- **Description:** individual exercise; power point & forum;
- **Time:** 5 minutes.
- **Method:** The activity “Country specific exercise measures SGBV prevention and response” consists of one part:

1. Step 1: After having read the guidelines and checked the tools:

- Which guidelines are implemented in your country?
- If you see gaps: which organisations, structures or people are there to inform about the opportunities to fill this gap?
- Plan on how you can inform this on these guidelines and tools available

3. Work plan suggested

Time	Objectives	Content
20 minutes	<ul style="list-style-type: none"> • To discuss whether situations are acceptable and why • To identify criteria underlying the notion of violence and transgressive behavior 	<ul style="list-style-type: none"> • CA1: Presentation and readings • CA2: Flag situations
20 minutes	<ul style="list-style-type: none"> • To identify different forms of violence and terminology used • To become accustomed to communicating about violence 	<ul style="list-style-type: none"> • Presentation and readings slides 15-27 • CA3: violence cases: identification of violence types
10 minutes	<ul style="list-style-type: none"> • To understand the consequences of sexual and gender-based violence (SGBV) • To have an idea of prevalence of SGBV in Europe 	<ul style="list-style-type: none"> • Presentation and readings
10 minutes	<ul style="list-style-type: none"> • To become familiar with European policies and regulations on SGBV in the asylum sector 	<ul style="list-style-type: none"> • Presentation and readings • CA4: Country-specific exercise measures SGBV prevention and response

4. Complementary activities

Recommended reading

Keygnaert I, Vettenburg N, Temmerman M (2012) Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. *Culture, Health & Sexuality*, Vol. 14, issue 5, May 2012, pp 505-520. Hidden Violence is a Silent Rape CHS Ines Keygnaert published April 2 2012.pdf

Keygnaert I, Dias SF, Degomme O, Devillé W, Kennedy P, Kovats A, De Meyer S, Vettenburg N, Roelens K, Temmerman M (2014) Sexual and gender-based violence in the European asylum and reception sector: a perpetuum mobile? *European Journal of Public Health*, 2014, Vol.25, nr 1, pp 90-96 SGBV in EU Asylum reception sector perpetuum mobile Keygnaert et al EJPH published.pdf

Further reading

Keygnaert I, Guieu A, (2015) What the eye doesn't see: A critical interpretive synthesis of European policies addressing sexual violence in migrants. *Reproductive Health Matters- Special Issue Sexual violence-Vol 23*, nr 46, pp 45-55

Keygnaert I., Vangenechten J., Devillé W., Frans E. & Temmerman M. (2010) *Senperforto Frame of Reference for Prevention of SGBV in the European Reception and Asylum Sector*. Magelaan cvba, Ghent. ISBN 978-9078128-205

Inter-Agency Standing Committee. *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*. 2015. <http://gbvaor.net>

UNHCR. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons - Guidelines for Prevention and Response*. <http://www.unhcr.org/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html>

SH-CAPAC Project. *Guide for assessment of health needs and health protection resources*. 2016. Available from: <http://www.easp.es/sh-capac/>

EN-HERA! (2009) *Framework for the identification of good practices in Sexual & Reproductive Health for Refugees, Asylum seekers and Undocumented Migrants*. Academia Press, Ghent, Belgium. ISBN 978-90-75955-69-9. EN-HERA! Framework for the Identification of Good Practices.pdf

Part II: Persecution and discrimination on grounds of sexual orientation and gender identity.

Part II “*Persecution and discrimination on grounds of sexual orientation and gender identity*” of Unit 2, elaborated by Amets Suess Schwend, Andalusian School of Public Health, includes four compulsory activities (including one presentation, two compulsory activities and a compulsory reading), one optional activity, four complementary readings and three complementary audiovisual materials.

The estimated time required for this part of the Unit is one hour (compulsory activities).

1. Learning Objectives

Objectives of the presentation and activities:

- To reflect on the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries.
- To explore concerns and needs of LGBTI refugees and migrants.
- To identify specific aspects in the current situation of economic crisis and increased refugee flow.
- To discuss principles and strategies for a diversity sensitive health care directed to LGBTI refugees and migrants.

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA 1): Exchange of experiences

- **Description:** Exchange of experiences related to the clinical work with LGBTI refugees / migrants in the forum, including positive aspects, difficulties and needs.
- **Time:** 10 minutes
- **Method:**
 - **In the forum:**
 - Upload a post sharing your experiences related to the clinical work with LGBTI refugees / migrants, including positive aspects, difficulties and needs.
 - If you have not had any professional experience with LGBTI refugees / migrants, identify reasons for their invisibility.

COMPULSORY ACTIVITY 2 (CA 2): Presentation

- **Description:** Presentation on persecution and discrimination on grounds of sexual orientation and gender identity
- **Time:** 20 minutes
- **Method:** Watch a slide presentation.

COMPULSORY ACTIVITY 3 (CA 3): Reading

- **Description:** Reading on the situation of LGBT refugees and migrants
- **Time:** 10 minutes
- **Method:** Read the following document:
 - ILGA Europe. Seeking refuge without harassment, detention or return to a "safe country". ILGA Europe Briefing on LGBTI Refugees and Asylum, February 2016. http://ilga-europe.org/sites/default/files/Attachments/ilga_europe_briefing_on_lgbti_asylum_issues_-_february_2016.pdf (retrieved: August 30, 2016).

COMPULSORY ACTIVITY 4 (CA 4): Sharing of audiovisual materials

- **Description:** Sharing of audiovisual materials in the forum.
- **Time:** 20 minutes
- **Method:**
 - **Individually:**
 - Look for a video (documentary, conference, discussion, performance, music, etc.) aimed at raising awareness on the situation of LGBTI refugees / migrants.
 - **In the forum:**
 - Upload a post with the video, indicating the reasons for choosing this material.

3. Work plan suggested

Time	Objectives	Content
10 minutes	<ul style="list-style-type: none"> • To facilitate an exchange of experiences related to the clinical work with LGBTI refugees and migrants, including positive aspects, difficulties and needs. 	CA 1: Exchange of experiences In the forum: Exchange of experiences related to the clinical work with LGBTI refugees / migrants or identification of reasons for the invisibility of LGBTI refugees / migrants
20 minutes	<ul style="list-style-type: none"> • To reflect on the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries. • To explore concerns and needs of LGBTI refugees and migrants • To identify specific aspects in the current situation of economic crisis and increased refugee flow. • To discuss principles and strategies for a diversity sensitive health care directed to LGBTI refugees and migrants. • To learn about the current situation of LGBTI refugees in Europe. 	CA 2: Presentation

10 minutes	<ul style="list-style-type: none"> To learn about the current situation of LGBTI refugees in Europe. 	CA 3: Reading
20 minutes	<ul style="list-style-type: none"> To identify audiovisual material aimed at raising awareness on the situation of LGBTI refugees / migrants 	CA 4: Sharing of audiovisual materials Individually: <ul style="list-style-type: none"> Looking for a video In the forum: <ul style="list-style-type: none"> Uploading the video, indicating the reasons for choosing this material

4. Readings and audiovisual material

Compulsory reading:

- ILGA Europe. Seeking refuge without harassment, detention or return to a "safe country". ILGA Europe Briefing on LGBTI Refugees and Asylum, February 2016. http://ilga-europe.org/sites/default/files/Attachments/ilga_europe_briefing_on_lgbti_asylum_issues_-_february_2016.pdf (retrieved: August 30, 2016).

Complementary readings:

- FRA, European Union Agency for Fundamental Rights. EU LGBT survey: Main results. Luxembourg: FRA Publications Office, 2013. http://fra.europa.eu/sites/default/files/eu-lgbt-survey-technical-report_en.pdf (retrieved: August 30, 2016).
- FRA, European Union Agency for Fundamental Rights. Being Trans in the European Union. Comparative analysis of the EU LGBT survey data. Luxembourg: FRA Publications Office, 2014. http://fra.europa.eu/sites/default/files/eu-lgbt-survey-results-at-a-glance_en.pdf (retrieved: August 30, 2016).
- FRA, European Union Agency for Fundamental Rights. Protection against discrimination on grounds of sexual orientation, gender identity and sex characteristics in the EU. Comparative legal analysis. Vienna: FRA, 2015. http://fra.europa.eu/sites/default/files/fra_uploads/protection_against_discrimination_legal_update_2015.pdf (retrieved: August 30, 2016).
- Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. *The Lancet* 2016;388(100042):390-400.

Complementary audiovisual material:

- No Place for Me: Protecting Sexual and Gender Minority Refugees, ORAM (27:59 min): <https://vimeo.com/58807431>

4. Optional activity

OPTIONAL ACTIVITY: Film screening and discussion

- **Description:** Film screening of short documentaries and contribution of a commentary in the forum, identifying important concerns and needs expressed by LGBTI refugees / migrants, as well as strategies for addressing these concerns and needs in the health care context.
- **Time:** 20 minutes
- **Method:**
 - **Individually**
 - Watch the following documentaries:
 - Lebanon: LGBTI Refugees tell their stories, UNHCR (1:10 min): <https://www.youtube.com/watch?v=F6COKYChXO>
 - Never Arrive, Farah Abdi, Somali trans refugee and writer (6:15 min): <https://www.youtube.com/watch?v=sd-yU0aceR0>
 - **In the forum:**
 - Upload a commentary to the forum, responding to the following questions:
 - Which are the most important concerns and needs expressed by LGBTI refugees / migrants?
 - Which strategies can be developed in the health care context to approach these concerns and needs?

Unit 3: Elderly and disabled

This unit has been prepared by Katja Lanting and Jeanine Suurmond (Academisch Medisch Centrum, Universiteit van Amsterdam). It includes one presentation, three activities, one video and five recommended readings. You will also find complementary reading for further knowledge. The estimated time required for this unit is one hour.

1. Learning Objectives

Objectives of the Presentation:

- To describe basic characteristics of the elderly refugee population.
- To identify specific health needs of elderly refugees.
- To identify barriers in access to health care
- To formulate a health care response to address needs.
- To identify needs of refugees with disabilities and formulate a health care response to address these needs.

Objectives of the Activities:

- To identify specific health needs of elderly refugees.
- To formulate a health care response to address these needs.

2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation

- **Time:** 15 minutes
- **Method:** Watch a slide presentation.

COMPULSORY ACTIVITY 2: Video

- **Time:** 15 minutes
- **Method:**
 1. Please watch the 2 videos about refugee health needs.
 2. What are in your eyes specific health needs of elderly refugees? Please write down.
 3. Compare your answers with the information given in the presentation.
 4. Discuss your answer in the forum.

COMPULSORY ACTIVITY 3: Case study

- **Time:** 15 minutes
- **Method:**
 1. Read the case study.
 2. What could be possible barriers in access to care? Please write down.
 3. Compare your answers with the information given in the presentation.
 4. Discuss your answer in the forum.

COMPULSORY ACTIVITY 4: Video

- **Time:** 15 minutes
- **Method:**
 1. Please watch the video.
 2. Write down 3 most relevant strategies for improving access to health care for elderly refugee and asylum seekers in your region / country.
 3. Compare your answer with the information given in the presentation.
 4. Discuss your answer in the forum.

3. Work plan suggested

Time	Objetives	Content
5 minutes	<ul style="list-style-type: none"> • To describe basic demographic characteristics of the elderly refugee population 	Presentation (slide 3)
15 minutes	<ul style="list-style-type: none"> • To identify specific health needs of elderly refugees 	CA2 in three parts: <ul style="list-style-type: none"> - Videos (4-5) - Presentation (slides 6-7) - Discussion in forum
15 minutes	<ul style="list-style-type: none"> • To identify barriers in access to health care 	CA3 in three parts: <ul style="list-style-type: none"> - Case study (slides 8-9) - Presentation (slide 10) - Discussion in forum
15 minutes	<ul style="list-style-type: none"> • To formulate a health care response to address needs 	CA4 in three parts: <ul style="list-style-type: none"> - Video (slide 11) - Presentation (slides 12-13) - Discussion in forum
10 minutes	<ul style="list-style-type: none"> • To identify needs of refugees with disabilities and formulate a health care response to address these needs. 	CA1: Presentation (slide 14-21)

4. Complementary activities

Recommended reading

Chenoweth J, Burdick L. The path to integration: meeting the special needs of refugee elders in resettlement. *Refugee*. 2001;20(1):20–9.

Women's Commission for Refugee Women and Children. Disabilities among refugees and conflict-affected populations. DCRWC, June 2008. [http://www.aidsfreeworld.org/our-issues/disability/~ /media/Files/Disability/conflict%20and%20disab%20\(2\).pdf](http://www.aidsfreeworld.org/our-issues/disability/~ /media/Files/Disability/conflict%20and%20disab%20(2).pdf) (Retrieved 27/9/2016).

Further reading

Amir M, Lev-Wiesel R. Time does not heal all wounds: quality of life and psychological distress of people who survived the holocaust as children 55 years later. *J Trauma Stress*. 2003;16(3):295–9.

Floyd M, Rice J, Black S. Recurrence of posttraumatic stress disorder in later life: a cognitive aging perspective. *J Clinical Geropsychology*. 2002. doi:10.1023/A:1019679307628.

McSpadden LA. Ethiopian refugee resettlement in the Western United States: social context and psychological well-being. *The International migration review*. 1987;21(3):796-819.

Porter M, Haslam N. Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons. *JAMA*. 2005. doi:10.1001/jama.294.5.602.

Teshuva K, Wells Y. Experiences of ageing and age care in Australia of older survivors of genocide. *Ageing Soc*. 2014. doi:10.1017/ S0144686X12001109.

Womens Refugee Commission. I See That It Is Possible. Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings. WRC, May, 2015. <https://www.womensrefugeecommission.org/resources/document/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview> (Retrieved 27/9/2016).