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The REFUGE-ED Dialogic Co-Creation Process: working with and for REFUGE-ED children and minors

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A growing body of literature suggests that involving end-users in intervention research, including design, implementation, and evaluation, is associated with numerous positive outcomes. These outcomes include improved intervention efficacy, sustainability, and psychological growth among collaborators. The value of this approach and the recommendation for researchers to embrace co-creation in implementation and policies have also been recognised within the EU Framework of Research Innovation. Furthermore, it has been suggested that this approach may be particularly relevant for working with individuals from marginalised groups, whose voices are often absent from research and policy discussions. However, there has been limited attention given to how co-creation unfolds in practice. In this article, we provide a review of the methodological framework implemented by the H2020 REFUGE-ED (2021–2023), which was conducted in collaboration with migrant, refugee, and asylum-seeking communities. The project implemented the 'REFUGE-ED Dialogic Co-Creation Process (RDCP)' in 46 educational settings across six European countries. Considering the need for evidence-based approaches in education and mental health and psychosocial support practices, we suggest that the RDCP has the potential for sustainability and replicability in diverse contexts.

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Introduction

To implement effective and evidence-based Mental Health and Psychosocial Support (hereafter, MHPSS) continuous research and evaluation is required. This is of particular importance among groups who may have been traditionally excluded from research and broader society, and whose needs may differ from the researched population such as, asylum seekers, and refugees (hereinafter, MAR). Also, there has been a long critique and claim from citizens that research funded with public funds should tackle societal problems, and that it should be done counting on end-users' voices (Ramon Flecha et al. 2015; Soler-Gallart 2017). However, there is still a gap between the academic literature and practice (Cantekin 2019; Coburn 2003). This study looks to bridge the gap between what the academic and MHPSS literature on MAR communities and how this is translated into practice.

Reducing this gap is a priority of many scientists working from a community-based perspective and concerned with making sure that their research outputs serve the public, as well as public and governmental institutions (Wood & Kallestrup 2021; Rustage et al. 2021; Afifi et al. 2011). In this regard, the EU has already stated the need to advance towards a co-creation of knowledge and co-creation in the implementation of policies (European Commission, Action Plan on Integration and Inclusion 2021-2027 2020). Although this is highly emphasised and already in the public and research agenda, there is not a unique approach at the research level about how to do this.

In this article we focus on how research is being co-created and implemented on the ground together with end-users in the framework of the EU-funded project REFUGE-ED. This project has been coordinated by the Autonomous University of Barcelona in Spain and is comprised of nine partners – including universities and civil society organisations across Bulgaria, Denmark, Greece, Ireland, Italy, and Sweden. REFUGE-ED's primary goal is to identify, co-create, and evaluate evidence-based practices in education (formal, non-formal and informal) and MHPSS that have been shown to promote educational success, well-being, and sense of belonging and social connection in all children (0–18 years old) from recent migration cohorts, refugees and asylum seekers, and unaccompanied minors. This has involved the compilation of two, systematic scoping reviews of the effective practices to address the educational, mental health, and psychosocial needs of MAR youth. The effectiveness of these practices was determined by community member self-reports (qualitative or quantitative) of benefit, standardised testing tools, as well as by "evidence of social impact". By the latter, we refer to the scientifically supported proofs that have been obtained when a given research knowledge has informed policies or actions and these

have generated improvements in society in relation to the objectives that enjoy a broad consensus (e.g., UN Sustainable Development Goals) and/or that have been set by democratically elected people (Flecha 2014).

Resulting from the above-mentioned literature review, the identified effective approaches in MHPSS were the following: creating a safe space; providing psychoeducation; facilitating creative expression. Regarding the practices in the field of education for which there is evidence of social impact, these are the "Successful Educational Practices" (SEAs), namely: literary gatherings; interactive groups; educative participation of the community; family education; dialogic pedagogical education for teachers; and dialogic conflict prevention and resolution model. Eventually, these are the actions and approaches which are being presented to the 46 implementing pilot sites under REFUGE-ED, distributed across six European countries: 13 of them are in Spain, 14 in Italy, 10 in Greece, 5 in Bulgaria, 3 in Sweden and 1 in Ireland. Pilots are named as those centres that host refugee or migrant children and which are collaborating with the project consortium. These pilots are of three different types: reception and identification centres; inclusive school environments and social and learning environment; and institutionalised residential care targeted to unaccompanied minors and separated children.

Framed in this context, this article presents and discusses what has been defined as the "REFUGE-ED Dialogic Co-Creation Process" (RDCP), which is being implemented across the mentioned pilot sites in Europe. See Fig. 1 below for an overview of both the pilot sites as well as their typology.

Bringing in end-users in the elaboration and implementation of actions and policies targeted to migrants and refugees

Research in the field of education and health, including MHPSS, has for a long time argued for the development and implementation of strategies to include end-users in the creation of scientific knowledge (Díez et al. 2011; Khalfaoui et al. 2020; Wood & Kallestrup 2021; Soltan et al. 2022). Doing this not only increases the legitimacy of the knowledge created but also enhances a better use of research evidence in health and educational practice (Haines & Donald 1998; Cook et al. 2017; Renfrew et al. 2008; Rodríguez-Oramas et al. 2021) due to its firm relation to the social reality, taken as a starting point of its creation.

Gómez et al. (2011) examined the use of the "communicative methodology of research" and it potential to achieve scientific, social and political impact. Central to this methodology is the active involvement of end-users throughout the whole research process, both as contributors to the richer understanding of their "lifeworlds" (Gómez et al. 2011) and the formation of solutions for more effective social policies based on the best available evidence (Sorde Marti & Mertens 2014). The basis of this methodology is the dialogic relation between the researcher and the social actors or research subject (end-users of the research outputs). The former provides knowledge from the scientific community, while the latter deliver insight into their meaning-making related to everyday life (aligning with the "lifeworld" as in Habermas 1987) and on the researched topics. While researchers focus on the interpretations, reflections, and available scientific evidence about the topic being researched; those individuals affected by the researched issue get directly involved in the research process by bringing in their knowledge derived from their daily experience. This contrast is a key element of the communicative methodology and contributes to explaining its transformative potential. It is by means of intersubjective egalitarian dialogue that both researchers and researched individuals create new knowledge that is adapted to the problems the subjects
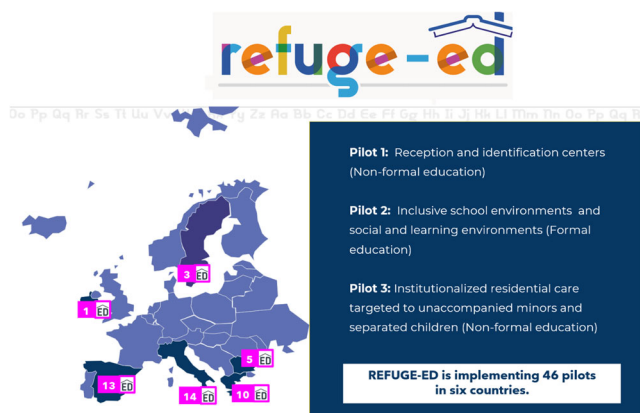
Fig. 1 REFUGE-ED pilot sites and typology.

are facing, including specific paths to contribute to improving that situation (Gómez et al. 2011).

Padrós and colleagues (Padrós et al. 2011) have analysed cases in which the communicative methodology has been associated with transformation across educational and social contexts. For instance, this occurred with the implementation of SEAs in a school located in one of the most deprived neighbourhoods in Spain between 2005 and 2012, approximately. In the neighbourhood studied by these authors, the "Dialogic Inclusion Contract" (DIC) was put in place. The DIC is guided by the postulates of the communicative approach, namely, the universality of language and action; conceiving people as transformative social agents; understanding communicative rationality as the universal basis for everyone's linguistic and action capacity and thus, of maintaining egalitarian dialogue without coercion; recognising people's common sense to be able to interpret the reasons for action; strive for both the disappearance of the premise of an interpretative hierarchy and ensuring the equal epistemological level between the researcher and the 'researched subjects'; and the dialogic creation of knowledge (Aubert 2011; Padrós et al. 2011).

The DIC is a way of transferring those postulates of the communicative methodology into a procedure for dialogic work between researchers, professionals, and end-users, aimed at transforming a ghetto situation. As Aubert (2011) explains, the DIC was created so that families, community members, teachers, representatives from the administration, politicians, and university researchers could get together to discuss and agree upon the most appropriate actions to implement in a school that was systematically failing in its mission to counteract the neighbourhood's educational exclusion.

Other research approaches that emphasise the participation of end-users is community-based participatory research (hereinafter, CBPR), also used in the field of health and healthcare. Those who employ CBPR have highlighted the importance of creating partnerships with the people for whom the research is ultimately meant to benefit (Wood & Kallestrup 2021). These approaches engage researchers in partnerships with knowledge users and may be used to challenge assumptions about what is knowledge, how it is created and for whom. As Jull et al. (2017) suggest, especially in the field of health, is that for the generation of knowledge to meet the needs of health systems' (knowledge) users, context-sensitive research structures and approaches are required (Ibid.). The underpinning question here is, how to best engage and involve knowledge-users who deliver and/or receive care within health systems?

In a similar vein, research in the field of MHPSS has also documented similar processes of knowledge creation and knowledge transfer using CBPR. More specifically, what has been called a "community-based mental health and psychosocial support", is used widely across organisations with international esteem such as the Red Cross. Community-based approaches to MHPSS (CB MHPSS) in relation to conflict victims, refugees, asylum-seeking communities, etc. are thus based on the understanding that communities can be drivers of their own improvement and change and should be meaningfully involved in all stages of MHPSS responses. Emergency-affected people are first and foremost to be viewed as active participants in improving individual and collective well-being, rather than as passive users of services that are designed for them by others. Thus, using CB MHPSS approaches facilitate families, groups and communities to support and care for others in ways that encourage recovery and resilience (IMC & WHO 2019). They also contribute to restoring and/or strengthening those collective structures and systems essential to daily life and well-being (IMC & WHO 2019; Zautra et al. 2010)

The strong link between the ways that humanitarian aid is delivered and the well-being of those who receive it is often understood to be the promotion of meaningful participation, the respect of religious and cultural practices and the empowerment of the ability of affected people to holistically promote their well-being. This is central to a correct understanding of CB MHPSS - if the goal is to improve psychosocial well-being, not only is the "what" type of services to be delivered, but also the "how" type, i.e., to involve people throughout the whole implementation process (UNICEF 2018). This involvement can have different gradations, ranging from informing, consulting, involving, collaborating, and empowering. Something similar has been highlighted by the recently completed EU-funded project FOCUS (Horizon 2020, No. 822401), which aimed at deepening in the understanding of critical dimensions of integration. While doing this FOCUS developed the 'FOCUS approach to dynamic integration', composed by four interrelated core aspects: mental health & psychosocial support; arriving & receiving communities; participatory & co-creative approaches, and multi-stakeholder partnerships & coordination (IFRC PS Centre 2022).

In sum, it appears that the successful socio-emotional integration of refugees, asylum-seekers, and migrants in host communities is dependent not solely on the nature of educational/MHPSS interventions, but also on their own involvement in the process. Thus, the end-users must be truly conceived as active and dynamic agents in the whole implementation process, and their human agency - acknowledged. Doing this requires a significant and sustained collaboration between all stakeholders, including researchers, grounded in egalitarian dialogue. This is the approach that the REFUGE-ED project is embracing, using as mirror model the procedures followed for the SEAs' co-creation and scale up worldwide.

Drawing on the scalability of the successful educational actions identified by INCLUD-ED

Successful Educational Actions (SEAs) have been identified by the EU-funded INCLUD-ED (FP6 2006–2011), which defined them as educational practices that contribute the most to overcoming inequalities, fostering inclusion, success for all, and social cohesion (Flecha 2015). The SEAs rely on the participation of the whole community for both implementation and the building of Learning Communities. These are educational settings that have agreed not solely to base their educational model on the implementation of SEAs but manage themselves by a whole-school dialogic approach, characterised by ensuring that every voice in the educational community counts: teachers, students, family members, caregivers, other schools' members and other relevant stakeholders.

Schools as Learning Communities are guided by Dialogic Learning, the learning that results from the interactions occurring in an egalitarian dialogue. Such interactions are oriented to the creation and acquisition of new knowledge, which emerges from consensus. This way, as Racionero and Valls (2007) explain, Dialogic Learning depends on the interactions between individuals, and require the maximisation of the use of communicative abilities in any type of context, (the home, the work space, other informal and non-formal learning spaces, etc.), as well as a more active, reflexive and critical participation in society. As can be observed, both Dialogic Learning and the communicative approach of research are inherently related as they are based on similar premises about the centrality of egalitarian dialogue on how we understand, conceive, and construct social reality. Being interactions based on validity claims – and not on power claims is at the centre of human communication in both approaches. Besides, Dialogic Learning (as well as the communicative

approach when doing research) also implies a series of organisational and participative measures that favour learning (Ibid.)

Two of the longitudinal case studies developed by the above-mentioned INCLUD-ED project were led in schools organised as Learning Communities. Today, more than 9,000 schools across 14 different countries are either Learning Communities or are implementing some of the SEAs. Since INCLUD-ED at least 10 research projects led at the Spanish or European level have continued researching on SEAs, and these studies have provided sounded evidence on the high social impact and transferability of the SEAs (Torras-Gómez et al. 2019; Vieites-Casado et al. 2021; Ruiz-Eugenio et al. 2020; Flecha García et al. 2013). The scaling up and expansion of the SEAs across countries have been motivated by educational initiatives co-lead by researchers, educational communities, local, regional or even national governments, and also by companies of the private sector. For instance, the Natura Institute company from Brazil has been promoting the School as Learning Communities project in seven different Latin American countries for more than 10 years now (Soler-Gallart & Rodrigues de Mello 2020).

In research conducted by Vieites-Casado et al. (2021), authors studied the scalability of the SEAs identified within the frames of REFUGE-ED in the case of Portugal, where in the three-year period from 2017–2020 SEAs have been implemented in 139 schools. The analysis points to a procedure different to the frequently unidirectional flow of information during evidence-based educative reforms or scale up of innovations. As the authors explain, in scalability processes, information usually is transmitted from researchers to governments, from governments to pilot schools (through external trainers or experts linked with the research) and then to educational settings (Datnow et al., 2002 in Vieites-Casado et al. (2021)). In the case of SEAs, this study identified three main characteristics of this multidirectional dialogue: that it maintains an evidence-based approach, it is egalitarian, and oriented toward social and educational improvement.

In the Portuguese case, dialogue was facilitated by all of the agents involved in the process of implementation. As researchers identified, the link between stakeholders - the constant dialogue about SEA implementation and improving the educational outcomes of the youth – was central to overcoming t obstacles related to translating research into practice. Such dialogue took place via formal structures (e.g., evaluation meetings, dialogic pedagogical gatherings, and events organised by the national or the international network of schools) and through informal contact encouraged and sustained by the schools and trainers (e.g., WhatsApp groups, reciprocal visits, or even video exchange (Ibid.)).

Another aspect highlighted by the mentioned study is not solely the number of agents involved in the process, but also the direction of information flow, and the nature of the dialogue. Egalitarian dialogue among all participants was prioritsied at each step of the scalability process with an emphasis on how to re-create the evidence-based SEAs on the ground. Beyond the growth in the number of schools involved (spread), multi-directional dialogue increased the chances of sustainability by committing multiple stakeholders in permanent egalitarian dialogue in the development of the practices (Ibid.). In turn, evidence gathered from informal groups, as well as exchanges and school visits done spontaneously by educational stakeholders from, for instance, a centre that was in the initial implementation phase of the process, to others that were less advanced in it, reveals a sense of shared ownership since the beginning. Lastly, related to the depth, authors documented how teachers engaged in long and on-going dialogues and debate about the theoretical base of Dialogic Learning, as well as practical aspects of the

implementation of the SEAs, developed a higher awareness of the principles underpinning their practices.

The dialogic co-creation process in the REFUGE-ED project
Making sense of what lies behind: dialogic learning principles as guiding quality check points. The RDCP has been informed by how SEAs have been scaled up across contexts, as explained in the previous section, and in doing this, draws upon the *know-how* of the communicative methodology of research. Underlying this praxis and the whole co-creation process, in each project pilot site were introduced the seven principles of the Dialogic Learning (Flecha 2000), which have served as guiding quality check points for both content and meaning. These principles are egalitarian dialogue, cultural intelligence, transformation, instrumental dimension, creation of meaning, solidarity and equality of differences.

These principles have oriented the way in which those in charge of bringing the SEAs and MHPSS actions and approaches to the pilots (members of the REFUGE-ED team) and co-creating them with stakeholders have looked through the observed social reality being, thus amplifying the possibilities for transformation. Below we briefly explain each of the principles of Dialogic Learning, and how they are shaping the RDCP across pilots.

First, *egalitarian dialogue* happens when all contributions and interventions are considered based on the validity of the argument, not on power relationships and positions of those formulating that argument. In the RDCP this is being done in organised spaces created in the pilots, such as large group hall meetings in which participants are provided with the information to be discussed, or in small working committees. In turn, in REFUGE-ED, this process is being facilitated on the ground by consortium partners across the pilot-countries.

Second, *cultural intelligence* means that everybody no matter their educational background is recognised as capable of contributing to the development of the pilots, at different stages (from the detection of needs to the discussion and decision about the actions that should be prioritised for implementation). The concept of cultural intelligence goes beyond the limitations of academic intelligence and encompasses the comprehension of multiple dimensions of human interaction which include academic intelligence, practical intelligence as well as communicative intelligence (Flecha 2000). Thus, everybody has cultural intelligence regardless of their socio-demographic and cultural background. Ensuring cultural intelligence at the time of implementing, facilitates equal empowerment for all participants. For instance, consider a situation that has already happened at the time of implementing a Dialogic Literary Gathering (one of the SEAs) in a pilot in Spain, in Greece and in Bulgaria (prior to implementation) due to language barriers: some minors who were assigned to read a literary fragment have not yet mastered the language of the host country. However, strategies can be put in place by teachers or other stakeholders who are participating in the activity to make sure that children understand the text, like reading the text with audio-visual support, encouraging other children who already know the language to help those who have more difficulties, etc.

With respect to *transformation*, the development of all the pilots should be oriented to transforming barriers and difficulties into possibilities, as in the example provided above. Those doing research with refugees, asylum seekers and migrants are aware that this group is over-exposed to trauma, often experience adversity during their migratory journey and in the time prior to the departure of their country of origin and are subject to post-migration and resettlement problems. All of this must be taken into account when understanding psychological presentation and

how to provide appropriate support (Im et al. 2021). As Paulo Freire states, we are transforming not adapting human beings (Freire 1996). Education can serve as the vehicle to achieve this transformation by equipping these children with further skills and competencies needed to resource them across the lifespan. In transformative learning actions difficulties become opportunities. By contrast, adaptive learning action responds to difficulties by reproducing and increasing them, thereby reducing the possibility of achieving at higher levels. Nevertheless, If the focus is placed on transformative interactions, both learning and development can be improved.

The fourth principle is the *instrumental dimension*. This refers to those key and foundational learnings and tools of the learning process that allow individuals to acquire other subsequent learnings. For instance, the development of adequate reading skills is one of these key mechanisms (Soler 2001; Valls, Soler & Flecha 2008; Vygotsky 1978). This instrumental approach in education is o important to overcome educational and social inequalities (Apple & Beane 1995; Ladson-Billings 1994), which is highly relevant in the case of refugee children. Through dialogic learning, conflict between humanist and instrumental dimensions of approaches in education are overcome due to the fostering of a curriculum in which all effort and resources are directed to ensure that everybody, refugees and non-refugees, reach standard instrumental learnings and abilities, which will allow them not only to read the word but also to read the world. The instrumental dimension is therefore based on Vygotsky's understanding of learning, as that process occurring when people are presented with cognitive challenges, that is, when they answer to difficulty with effort (Vygotsky 1978).

The fifth principle is *creation of meaning*. Meaning is created when all contributions are treated equally regardless of individual, cultural, linguistic, or communicative differences and when children feel that the educational centre (or the reception centre, depending on the type of pilot) recognises and supports their personal identities and their projects for the future. When instrumental knowledge is promoted, children are confident that what they are learning is socially valuable. In such situations, meaning is created and reflected in interaction.

Another central aspect of dialogic learning and underpinning the whole RDCP is *solidarity*. Solidarity is based on offering the same learning opportunities and results to all children, regardless of their origins, socio-economic or legal status. In the RDCP this is as important as it is ensuring the participation of children themselves in the process. Promoting academic achievement, a sense of belonging, and wellbeing among children and minors who are benefiting from REFUGE-ED is the project's main goal. For this reason, the research moves away from compensatory approaches of education, emphasising the duty of each society to ensure children's fundamental rights. Thus, we are grounded in the value of solidarity as a core aspect that needs to be promoted and strengthened among receiving communities, and refugees themselves.

Finally, there is the principle of *equality of differences*. Offering the best possible education, mental health and psychosocial support implies that everybody, regardless of their origins, culture, and beliefs are considered and their voices are also included. The RDCP moves away from those models that foster a *homogenised equality* and *unequal diversity*, and focuses on offering identical outcomes for everyone, ensuring that cultural diversity is preserved.

The step by step on the ground. The RDCP has been conceptualised by the research team in a series of guiding steps for its implementation. These are not static steps but *guiding* steps for

the implementation of the RDCP. The consortium agreed in the initial phase of the project that end-users and their respective communities are the ones who must decide anything related to the procedure: they are the ones who best know their needs, the available resources on the ground, as well as the technicalities that need to be considered for a successful implementation of both the SEAs and the MHPSS approaches.

This way, researchers have the duty to ensure that the content of the SEAs and the MHPSS approaches which are being implemented in the pilots is not altered, as these are supported by evidence of social impact. For instance, if a pilot decides to implement a Dialogic Literary Gathering (DLG), researchers need to ensure that these gatherings are done about a work that is universally considered one of the best human literary creation (e.g.: Homer's The Odyssey; The Arabian Nights), not a best-seller book.[1] End-users and researchers work together to establish the best ways to co-create the SEAs and MHPSS approaches on the ground. This way, the co-creation process is crafted by all stakeholders involved in the implementation and evaluation process. As observed, the RDCP also mirrors the process of knowledge creation when using the communicative approach. On the one hand, researchers offer the available scientific evidence about the researched problem or issue at hand. On the other, end-users bring their meaning-making and real-life contextual experiences to the discussion which can serve to inform potential actions that can be put in place to tackle the problem.

In this section we introduce each of the RDCP steps. Figure 2 below shows how the whole process worked:

Step 0. Identification of potential sites where to implement the pilot actions. Step 0 of the RDCP consisted of the identification of potential pilot sites that would like to join the project and participate in the co-creation and implementation of SEAs and MHPSS approaches identified by the research at its initial phase. Each partner followed a similar strategy, which was to identify potential institutions and schedule meetings with those responsible for them. In these introductory meetings a brief presentation of the project was delivered, providing an overview of how the co-creation process was planned. Although these introductory meetings follow similar criteria for its working in terms of content and the dialogic approach that needed to be followed, each partner decided about technical aspects, such as run them offline or online due to barriers posed by COVID-19, or upon request by their prospective pilot site.

Step 1. Needs analysis with stakeholders and end-users. Once the implementing pilot sites were identified and agreed to become collaborating partners of the project, Step 1 of the RDCP, was launched. The main goal of Step 1 was to gather key information about the context and the needs of the pilot settings. This involved collecting information about two main aspects: socio-economic and cultural traits of the context; and needs and challenges faced by end-users (children, and in some cases their families).

Related to the first aspect, data were gathered about the socio-economic and cultural context of each pilot, the legal procedures, and strategies to gain access to the field, and the constraints and challenges that could be encountered once accessed (e.g.: limited personnel, tight schedule to run extra activities, etc.) were also evaluated. Project partners also collected data about previous actions or interventions conducted at the site aimed at supporting MAR youths' education, integration, and MHPSS needs. That meant that other stakeholders were invited to the co-creation process, as their work was closely related with the main goals of the project and a work process in that direction was in place by that point. Ensuring the active cooperation by all parties benefits
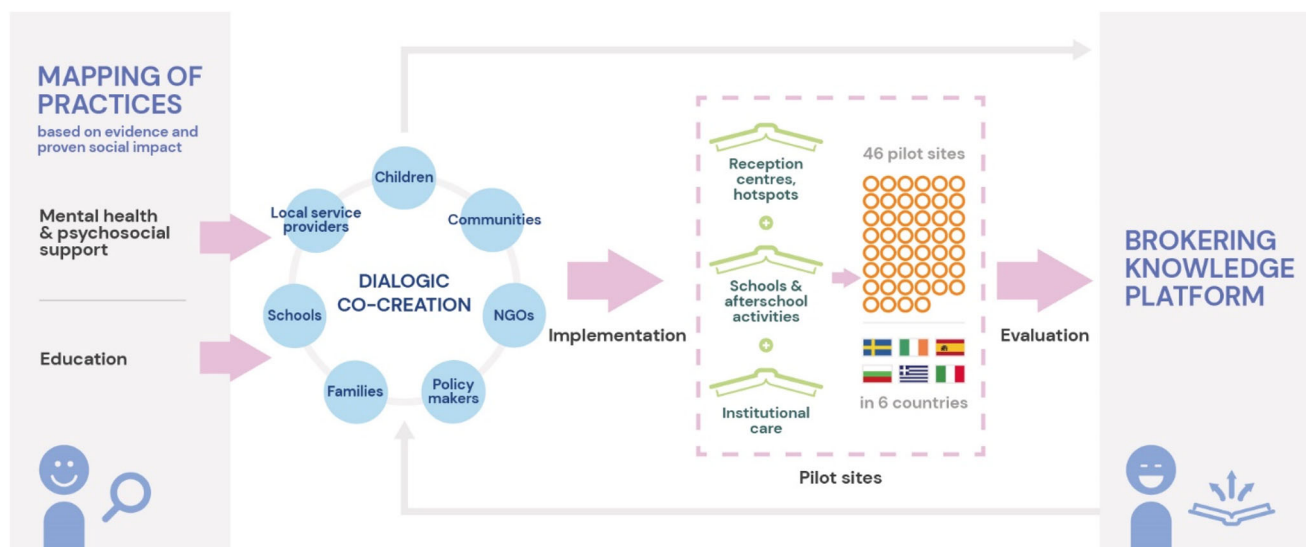
Fig. 2 REFUGE-ED Dialogic Co-Creation Process.

the project's leading mission to improve the educational and psychosocial wellbeing of the children could be achieved and enriched. Qualitative data were collected about the MHPSS, and educational needs and challenges faced by migrant and refugee children in the researched sites considering the three core aspects tackled by the project: academic success; well-being, and sense of social belonging. Hence, fieldwork was conducted in all pilot sites with end-users, professionals, and relevant stakeholders. This information was also complemented with desk research conducted for each pilot site.

Out of Step 1 the REFUGE-ED consortium was able to gain an overview of the characteristics and key aspects of each of the 46 pilots, which allowed all researchers to get a richer and context specific picture of the end-users' needs and challenges across countries.[2]

Step 2. Dialogic selection of practices and co-creation. The main goal of Step 2 is to engage in dialogue with stakeholders at the implementing pilot sites, sharing and discussing the identified in Step 1 needs and challenges. Following that all participating parties should agree upon which SEA and MHPSS approaches could best address these needs if implemented.[3] For doing so, either an assembly with the whole community (e.g., those residing in a centre or students in the case of schools, educators, social workers, teachers and other professionals, as well as those stakeholders interested in attending), or a series of small meetings were organised. In these sessions REFUGE-ED researchers explained the detected needs and challenges derived from the fieldwork, and asked participants about their views on them, probing further if there were elements that had not been included or considered in the analysis. The project team agreed on a set of norms that should be observed when any meeting with the community was going to be run in the pilots, based on the seven principles of the Dialogic Learning. See Fig. 3 for an account of the proposed norms that guided this process in Step 2.
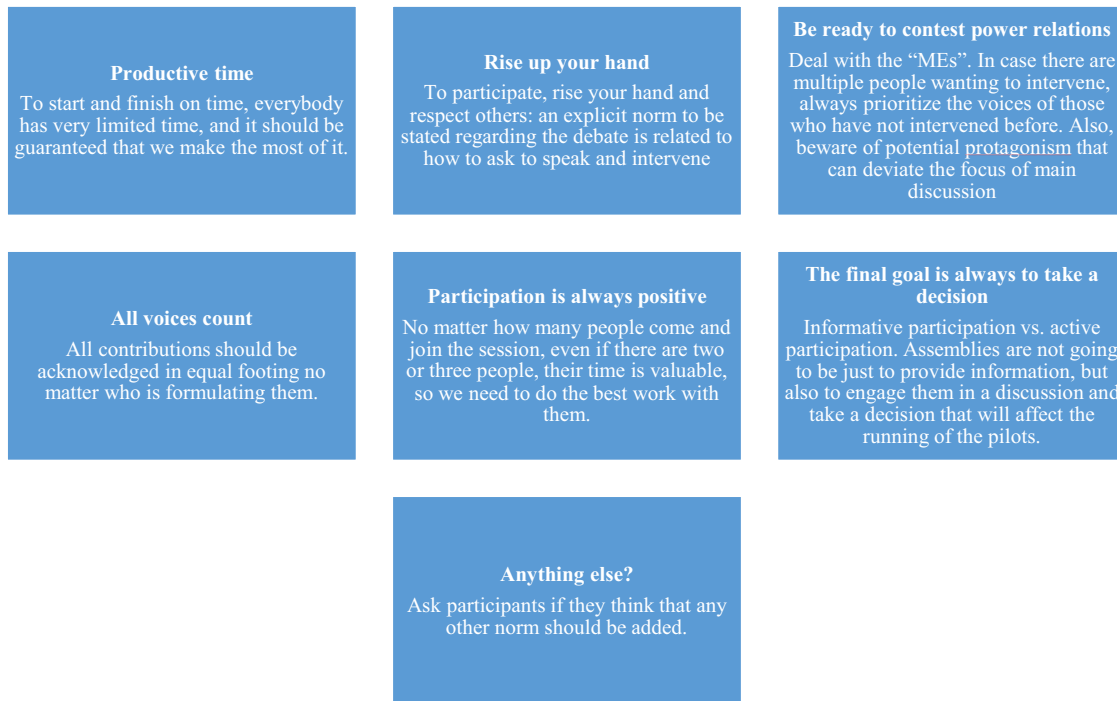
Step 3. Creation of the Communities of Practice and Learning. The main goal in Step 3 is to create the "Communities of Practice and Learning" (CoP&L), a working group composed of representatives of all types of actors involved in the implementation in the pilots. For this, the REFUGE-ED team drew on the expertise and work done by our partners in the Danish Red Cross, who have facilitated CoP&Ls across international humanitarian contexts.

CoP&Ls are often defined as a group of people who share a common concern or passion for something they do (Domain) and learn how to do it better (Practice) as they interact regularly (Community) (Wenger 1990). These communities often focus on sharing best practices and generating new knowledge to advance the domain of their professional praxis together. Regarding their working procedure, the creation of the CoP&L cannot be a fully standardised process across all countries and pilot sites as, as expected. However, common principles can be sought across all pilot sites to ensure the participation of grassroots communities and end-users. In this sense, the REFUGE-ED team agreed upon three criteria for the selection of potential members of the CoP&L: representativeness, diversity and self-governance, and sense of ownership.
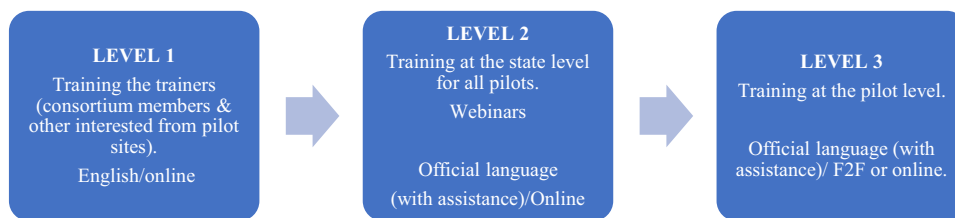
This way, the CoP&L will fulfil different roles. As a network meant to connect local stakeholders ('Who') providing continuation of the dialogic co-creative process amongst themselves and with peers in other pilot sites, as well as to proceed to identify needs ('Why'), foster learning ('What') and create solutions on 'How' to produce socially inclusive, supportive and transformative learning environments ('Where', 'When' and 'With Whom'), especially to local decision and policymakers. Finally, the CoP&L will also play a role in the last phase of the REFUGE-ED project - at the time of creating the Brokering Knowledge Platform. They will be key agents when deciding which types of networks and resources need to be 'brokered' to them, and to additional future collaborators that can benefit from the Platform.

Step 4. Training Round 1. The main goal during Step 4 is the provision of training on the SEAs as well as in the MHPSS approaches, both for trainers and for end-users and stakeholders. Therefore, three levels of training were planned to be carried out: Level 1. Training the trainers; Level 2. Training at the state level for all pilots in that country; and Level 3. Training at the pilot site. Figure 3 below is an overview of the training levels:

Each of the two training types, that is, on SEAs and on MHPPS approaches, are being arranged online or on-site, depending on the preference of the centre. Also, their length is agreed upon between the REFUGE-ED researchers and the pilots, prioritising their availability, and considering the type of training they want to receive. REFUGE-ED partners agreed on the importance of generating a collective reflection on how these actions and approaches can be recreated and adapted to the pilot settings, without altering their core features Fig. 4.

Productive time	Rise up your hand	Be ready to contest power relations
To start and finish on time, everybody has very limited time, and it should be guaranteed that we make the most of it.	To participate, rise your hand and respect others: an explicit norm to be stated regarding the debate is related to how to ask to speak and intervene	Deal with the "MEs". In case there are multiple people wanting to intervene, always prioritize the voices of those who have not intervened before. Also, beware of potential protagonism that can deviate the focus of main discussion

All voices count	Participation is always positive	The final goal is always to take a decision
All contributions should be acknowledged in equal footing no matter who is formulating them.	No matter how many people come and join the session, even if there are two or three people, their time is valuable, so we need to do the best work with them.	Informative participation vs. active participation. Assemblies are not going to be just to provide information, but also to engage them in a discussion and take a decision that will affect the running of the pilots.

Anything else?
Ask participants if they think that any other norm should be added.

Fig. 3 Guiding norms for facilitation process.

LEVEL 1		LEVEL 2		LEVEL 3
Training the trainers (consortium members & other interested from pilot sites).	→	Training at the state level for all pilots. Webinars	→	Training at the pilot level.
English/online		Official language (with assistance)/Online		Official language (with assistance)/ F2F or online.

Fig. 4 Overview of training levels.

Step 5. Implementation Round 1. The main goal for this step is to launch the implementation of the effective practices/approaches at all pilot sites, as decided in Step 2. The centres will decide all the aspects of the implementation of the SEAs and MHPSS approaches. For example, the centres will decide how many children will take part in the pilot, or the frequency and duration of training in the pilots. REFUGE-ED partners are available to provide practical support in relation to implementation.

Step 6. Evaluation Round 1. The main goal for this step is to evaluate the first round of the implementation in the pilots at all sites of the project. In doing so, REFUGE-ED is following the "Supportive Process for the Inclusion of Children's Experience" (hereinafter, SPICE) approach, developed by one of the project partners, Trinity College Dublin. SPICE is aligned with the RDCP, and thus is based on the premise that end-users (i.e., children) and their key integration agents (i.e., teachers, parents, community groups) should be actively involved in any research designed to evaluate practices or interventions that seek to improve, educational and MHPSS outcomes. That encompasses all processes ranging from initial research design to its implementation, interpretation of results, and discussion of findings.

SPICE was developed to guide all research partners at the time of evaluating the implementation of the SEAs and MHPSS approaches in their corresponding pilot sites. This way, comparative data will be gathered across the 46 implementing pilots regarding both the outcomes obtained after the

implementation of the actions and the process while unravelling. It should be noted that all pilot sites vary in their contexts and in the SEAs and MHPSS approaches they have chosen to implement, as well as in the timeline they are following. Taking this into account, SPICE is serving to help streamline our research and data collection procedures across the REFUGE-ED consortium. Therefore, the outcome evaluation asks whether our practices/interventions are associated with changes in the desirable indicators, while the process evaluation is designed to capture people's experiences of engaging in the RDCP.

Step 7. Implementation Round 2. Finally, Step 7 is planned as the last phase of the RDCP and is aimed at circling back on the whole process, incorporating the lessons learned and takeaways observed in the evaluation step. Additional training will be provided for those pilots identified by the research teams, and upon request by the implementing pilot sites. A second round of implementation will be done in such cases when new or additional SEAs and MHPSS approaches are selected to answer newly discovered or current needs. During this period the consortium will work on the final evaluation of the work done.

Discussion and conclusions
In this study we have presented the mechanics of the "Refugee Dialogic Co-Creation Process" (RDCP) which is currently being implemented across 46 pilot sites in six European countries,

Bulgaria, Greece, Ireland, Italy, Spain and Sweden, in the context of the REFUGE-ED Horizon 2020 project. In doing this, we have clarified how the RDCP procedure was informed and formulated in relation to the expanding SEAs implication across multiple different contexts worldwide (Vieites-Casado et al. 2021). Aligning with this procedure also involved drawing on the communicative methodology of research (Gomez et al. 2011). These aspects provided the researchers with both methodological tools and a theoretical lens to analyse the social reality at the selected pilot sites and subsequently co-create the SEAs and the Mental Health and Psychosocial Support (MHPPS) practices alongside all end-users and stakeholders.

Seven principles of the Dialogic Learning (Flecha 2000) were underlying the communicative methodology of research and co-creation process in each REFUGE-ED pilot site. This way, egalitarian dialogue, cultural intelligence, transformation, instrumental dimension, creation of meaning, solidarity and equality of differences have served as guiding quality check points (and not fixed and immobile phases) for both content and meaning, thus equipping the research team to unfold the steps of the RDCP.

Co-creation is contemporarily cited as a cornerstone of conducting research and constructing effective policies in the fields of education and health and MHPPS (Aubert 2011; Jull et al. 2017; Padrós et al. 2011; Wood & Kallestrup 2021). Advancing the implementation of evidence-based policies and actions is a ground-breaking step in the democratisation of science and is invaluable especially when it comes to at-risk communities such as refugees and migrants, and children. However, these approaches often fall into the trap of over-bureaucratised processes and deviate from the researchers' initial meaning and intent (Flecha & Soler 2014). With this article, our intention is to contribute to a better understanding of how co-creation can be implemented on the ground, across diverse settings (in terms of geography, types of settings, stakeholders involved), while acknowledging the ongoing changes in the lives of the communities at stake.

Each step of the RDCP has been described. However, although all 46 pilot sites started to engage in the RDCP about the same time, in month six of the project (July 2021), they have not progressed equally in the timeline followed in each step. For instance, the COVID-19 crisis created barriers at the time of working on the ground with refugee and migrant children in some of the pilot sites. In others, changes in the national legislation in terms of places of settlement of refugees and unaccompanied minors also impacted the work that some pilots already committed to REFUGE-ED were doing, delaying the running of the RDCP. Working with the social reality both in practice and theoretically is a dynamic process, unable to provide constants in terms of our surrounding political, migratory, and public lives. Therefore, except for the coronavirus pandemic, our work, as well as many others, was affected by the Ukrainian conflict and the changing situation in the countries of the Middle East and Africa. On the ground that meant that while we started working with institutions hosting primarily MAR children, coming from the latter countries, the institutions, societies and our teams had to switch and adapt to the new challenges evoking (forced) migration from both Ukraine and Russia. Nevertheless, the RDCP provided a flexible framework which can be redesigned to accommodate work with communities no matter their country of origin or culture.

In addition to this, it should be noted that there are some limitations to generalisability. Currently, the RDCP has only been implemented across six European countries. Although it has been explained here that there is great potential to extend it to new settings, further research is needed to explore the outcomes of implementing it in additional contexts beyond Europe, or with different types of populations other than migrant and refugee children.

In all, the RDCP discussed in this article reveals how the implementing procedures at the time of co-creating a new social reality intended to challenge inequalities cannot be governing what is being implemented. Also, establishing the procedures will inform those on the ground on how to run actions and practices which have already obtained evidence of social impact, as is the case with the SEAs, and some of the MHPPS approaches being offered and promoted in REFUGE-ED project. What this suggests is the need for an on-going and inter-linked dialogue between procedures and content, always considering the view of those end-users on the ground, whose plight research is trying to overcome.

Data availability

Data sharing is not applicable to this research as the article discusses a methodological framework implemented by the REFUGE-ED project (2021–2023). Process and evaluation data generated by REFUGE-ED can be shared upon explicit request via e-mail to the project leader at Universitat Autònoma de Barcelona. Thus, it is planned to be shared through ZENODO and OPENAIRE data bases.

Notes
1 Extensive literature has studied the impact of Dialogic Literary Gatherings on improving educational performance as well as coexistence. We do not develop this aspect here as it is not directly related with the topic tackled in this article.
2 Data gathered in Step 1 served for the base of a report "Selected actions to address the integration challenges of migrant children", which will be available online in the project's website: https://www.refuge-ed.eu/
3 As mentioned in the Introduction section, the effective approaches in MHPSS identified were the following: Creating a Safe Space; Providing psychoeducation; Facilitating creative expression. Those in the field of education, for which there are sound evidence of social impact are the "Successful Educational Practices" (SEAs), namely: Literary Gatherings; Interactive Groups; Educative Participation of the Community; Family education; Dialogic Pedagogical Education for teachers; and Dialogic Conflict prevention and resolution model.

References
Afifi RA, Makhoul J, El Hajj T, Nakkash RT (2011) Developing a logic model for youth mental health: participatory research with a refugee community in Beirut. Health Policy Plann 26(6):508–517

Apple MW, Beane JA (1995) Democratic schools. Association for Supervision and Curriculum Development, Alexandria, VA

Aubert A (2011) Moving beyond social exclusion through dialogue. Int Stud Soc Educ 21(1):63–75. https://doi.org/10.1080/09620214.2011.543854

Cantekin D (2019) Syrian refugees living on the edge: policy and practice implications for mental health and psychosocial wellbeing. Int Migr 57(2):200–220. https://doi.org/10.1111/IMIG.12508

Coburn CE (2003) Rethinking scale: moving beyond numbers to deep and lasting change. Sage J 32(6):3–12. https://doi.org/10.3102/0013189X032006003

Cook T, Boote J, Buckley N, Vougioukalou S, Wright M (2017) Accessing participatory research impact and legacy: developing the evidence base for participatory approaches in health research. Educ Action Res 25(4):473–488. https://doi.org/10.1080/09650792.2017.1326964

Datnow A, Hubbard L, Mehan H (2002) Extending educational reform: From one school to many. Routledge/Falmer

Díez J, Gatt S, Racionero S (2011) Placing immigrant and minority family and community members at the School's Centre: the role of community participation. Eur J Educ 46(2):184–196. https://doi.org/10.1111/J.1465-3435.2011.01474.X

European Commission (2020) Action plan on integration and inclusion 2021-2027 (testimony of European Commission). https://home-affairs.ec.europa.eu/

policies/migration-and-asylum/legal-migration-and-integration/integration/actionplan-integration-and-inclusion_en

Flecha R, Soler M (2014) Communicative methodology: successful actions and dialogic democracy. Current Sociol 62(2):232–242. https://doi.org/10.1177/001139211351514

Flecha García R, García R, Aitor C, González G (2013) Transferencia de tertulias literarias dialógicas a instituciones penitenciarias, Transfer of Dialogue-based Literary Gatherings to Prisons. 360, 140–161. https://doi.org/10.4438/1988-592X-RE-2013-360-224

Flecha R (2000) Sharing words: theory and practice of dialogic learning. Rowman & Littlefield Publishers, Lanham, AM

Flecha R (2014) Definition of scientific evidence of social impact. This work is licensed under a Creative Commons Attribution- NonCommercial-NoDerivatives 4.0 International License. https://archive.org/details/@crea_research

Flecha R (2015) Successful educational actions for inclusion and social cohesion in Europe. Springer International Publishing. https://doi.org/10.1007/978-3-319-11176-6

Flecha R, Soler-Gallart M, Sordé T (2015) Europe must fund social sciences. Nature 528(7581):193–193. https://doi.org/10.1038/528193d

Freire P (1996) Pedagogy of the oppressed. Penguin. https://www.penguin.co.uk/books/22583/pedagogy-of-the-oppressed/

Gómez A, Puigvert L, Flecha R (2011) Critical communicative methodology: informing real social transformation through research. Qual Inq 17(3):235–245. https://doi.org/10.1177/1077800410397802

Habermas J (1987) The theory of communicative action, Vol. 2: lifeworld and system: a critique of functionalist reason. Beacon Press, Boston

Haines A, Donald A (1998) Making better use of research findings. BMJ 317(7150):72–75. https://doi.org/10.1136/BMJ.317.7150.72

IFRC PS Centre (2022) FOCUS implementation guide to dynamic integration. https://pscentre.org/?resource=focus-implementation-guide-to-dynamic-integration&selected=single-resource

Im H, Rodriguez C, Grumbine JM (2021) A multitier model of refugee mental health and psychosocial support in resettlement: toward trauma-informed and culture-informed systems of care. Psychological Serv 18(3):345–364. https://doi.org/10.1037/SER0000412

International Medical Corps & World Health Organization (IMC & WHO) (2019). IASC Guidance Note on Community-based approaches to MHPSS in emergencies | HumanitarianResponse. https://www.humanitarianresponse.info/en/operations/ukraine/document/iasc-guidance-note-community-based-approaches-mhpss-emergencies

Jull J, Giles A, Graham, ID (2017) Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge. Implement Sci, 12(1). https://doi.org/10.1186/S13012-017-0696-3

Khalfaoui A, García-Carrión R, & Villardón-Gallego L (2020). Bridging the gap: engaging Roma and migrant families in early childhood education through trust-based relationships. https://doi.org/10.1080/1350293X.2020.1817241

Ladson-Billings G (1994) The dreamkeepers: successful teachers of AfricanAmerican children. San Francisco, Jossey-Bass

Padrós M, Garcia R, de Mello R, Molina S (2011) Contrasting scientific knowledge with knowledge from the lifeworld: the dialogic inclusion contract. Sage J 17(3):304–312. https://doi.org/10.1177/1077800410397809

Racionero S, Valls R (2007) Dialogic Learning: A communicative approach to teaching and learning. In: The Praeger Handbook of Educational and Psychology, vol. 3, Chapter 65, pp 548–557

Renfrew MJ, Dyson L, Herbert G, McFadden A, McCormick F, Thomas J, Spiby H (2008) Developing evidence-based recommendations in public health – incorporating the views of practitioners, service users and user representatives. Health Expect 11(1):3–15. https://doi.org/10.1111/J.1369-7625.2007.00471.X

Rodríguez-Oramas A, Alvarez P, Ramis-Salas M, Ruiz-Eugenio L (2021) The impact of evidence-based dialogic training of special education teachers on the creation of more inclusive and interactive learning environments. Front Psychol 12:586. https://doi.org/10.3389/FPSYG.2021.641426/BIBTEX

Ruiz-Eugenio L, Roca-Campos E, León-Jiménez S, Ramis-Salas M (2020) Child well-being in times of confinement: the impact of dialogic literary gatherings transferred to homes. Front Psychol 11:2675. https://doi.org/10.3389/FPSYG.2020.567449/BIBTEX

Rustage K, Crawshaw A, Majeed-Hajaj S, Deal A, Nellums L, Ciftci Y, Fuller SS, Goldsmith L, Friedland JS, Hargreaves S (2021) Participatory approaches in the development of health interventions for migrants: a systematic review. BMJ Open, 11(10). https://doi.org/10.1136/BMJOPEN-2021-053678

Soler M (2001) Dialogic reading. A new understanding of the reading event. Unpublished PhD Thesis, Harvard University

Soler-Gallart M & Rodrigues de Mello R (2020) School as learning communities. DIO Press, New York, USA

Soler-Gallart M (2017) Achieving Social Impact. Sociology in the Public Sphere (Springer B). Springer International Publishing. https://doi.org/10.17583/rimcis.2017.3091

Soltan F, Cristofalo D, Marshall D, Purgato M, Taddese H, Vanderbloemen L, Barbui C, Uphoff E (2022) Community-based interventions for improving mental health in refugee children and adolescents in high-income countries. Cochrane Database Syst Rev 2022(5). https://doi.org/10.1002/14651858.CD013657.PUB2

Sorde Marti T, Mertens DM (2014) Mixed methods research with groups at risk: new developments and key debates. J Mixed Methods Res 8(3):207–211. https://doi.org/10.1177/1558689814527916

Torras-Gómez E, Ramis M, Guo M (2019) Sociological theory from dialogic democracy. Int Multidiscip J Soc Sci 8(3):216–234. https://doi.org/10.17583/RIMCIS.2019.4919

UNICEF (2018) United Nations Children's Fund. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: three-tiered support for children and families (field test version). UNICEF, New York

Valls R, Soler M, Flecha R (2008) Lectura dialógica: interacciones que mejoran y aceleran la lectura. Revista Iberoamericana de Educación 46:71–87

Vieites-Casado M, Flecha A, Mara LC, Girbés-Peco S (2021) Dialogic methods for scalability of successful educational actions in Portugal. Sage J, 20. https://doi.org/10.1177/16094069211020165

Vygotsky L (1978) Mind in society: the development of higher psychological processes. In Evolutionary Psychology in the Business Sciences. https://doi.org/10.1007/978-3-540-92784-6

Wenger E (1990) Communities of practice: learning, meaning, and identity. learning in doing: social, cognitive and computational perspectives. Cambridge University Press, Cambridge, UK

Wood B, Kallestrup P (2021) Benefits and challenges of using a participatory approach with community-based mental health and psychosocial support interventions in displaced populations. Transcultural Psychiatry 58(2):283–292. https://doi.org/10.1177/1363461520983626

Zautra AJ, Arewasikporn A, Davis MC (2010) Resilience: promoting well-being through recovery, sustainability, and growth. Res Hum Dev 7(3):221–238. https://doi.org/10.1080/15427609.2010.504431

Acknowledgements

Author contributions
Conceptualization: TSM. Writing—original draft preparation: EA. Writing—review and editing: all authors. Supervision: AF, OS, and TSM. All authors have read and agreed to the published version of the manuscript.

Competing interests
The authors declare no competing interests.

Ethical approval
As explained above, note that this article discusses a methodological framework implemented by the H2020 REFUGE-ED project (No. 101004717), so it does not report any study already conducted with human participants performed by any of the author. Nonetheless, all data gathered under the REFUGE-ED project (not presented neither disclosed in this article) complies with the Ethics Approval Procedure required by the Horizon 2020 research program, funded by the European Commission, as well with the requirements of the ad-hoc REFUGE-ED Ethics Board.

Informed consent
In order to comply with ethical standards, the REFUGE-ED Ethics Board requested Informed Consent to all six 'Implementing Partners', that is, those countries in which the Refuge-ed Dialogic Co-Creation Process is being implemented namely: the Autonomous University of Barcelona (UAB, Spain); Kentro Merimnas Oikogeneias Kai Paidiou (KMOP, Greece); New Bulgarian University (Bulgaria), University of Firenze and Associazione Culturale Cooperazioneinternazionale Sud Sud (CISS, Italy), Trinity College Dublin (Ireland), and Save the Children Sweden (Sweden). Besides, the research investigations follows the Regulation (EU) 2016/679, the EU new General Data Protection Regulation (GDPR).

Additional information
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