

Lessons learned from Access to Employment and MHPSS approaches in the Netherlands, Ethiopia and Jordan

Successful elements in refugee support and learning through exchange

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Additional publications for this research- and exchange project are available. See the literature study 'Successful elements in refugee support' and the exchange report 'Learning through international exchange'.

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1 General introduction

Background

Out of an estimated 79.5 million displaced people worldwide, 26 million are refugees¹. More than 80% of refugees worldwide live in neighbouring countries in their region of origin. In recent years a consensus has emerged globally regarding the desirability of a new approach to the hosting of asylum seekers and refugees². Instead of lengthy stays in camps where asylum seekers and refugees are merely supported in covering their basic needs, people should be given the opportunity to become self-reliable, participate in their host society and work on their future from the outset. To make this possible, it is important to invest in host communities.

To this end, the Ministry of Foreign Affairs of the Netherlands (MFA-NL) has been actively involved in supporting humanitarian and development programmes implemented by various (inter)national and local actors in the Middle East and the Horn of Africa. These include interventions focusing on access to work and income and access to mental health and psychosocial support (MHPSS) for asylum seekers and refugees. Many actors in the Netherlands (including ministries, municipalities and civil society organisations) work on similar themes and are involved in supporting asylum seekers and refugees within the Dutch context. They share many years of experience with programmes and interventions in the fields of access to employment and

MHPSS. Although the context and scale differ, the Netherlands and host countries in refugees' regions of origin face similar issues and have both learned many lessons through years of hosting asylum seekers and refugees.

Actors in the Netherlands and in countries in the regions of origin are in constant search for more effective ways of participation and integration of refugees in their societies. The aim of this study is to share available knowledge on interventions in the Netherlands in the fields of access to (durable) employment and MHPSS with actors in the Netherlands, in regions of origin, and in other (host) countries in the world. The study will support sharing of knowledge in these thematic areas between relevant actors, facilitate (mutual) learning and support – where relevant - scaling of (important elements of) these interventions in other parts of the world. This is in line with the commitments expressed in the Global Compact on Refugees³ to share and exchange knowledge.

The Dutch Ministry of Foreign Affairs recognizes that the Netherlands and host countries in refugees' regions of origin face similar challenges and have both learned valuable lessons through years of hosting refugees. The themes of employment and MHPSS have been chosen due to their importance in the integration process of refugees, them being a core focus of Dutch programming in regions of origin as well as the extensive experience actors in the Netherlands have in these fields. Sharing experiences and lessons learned between hosting countries can benefit organisations that are active in either or both contexts. Besides mapping good practices, the aim of this study was therefore to create linkages and facilitate an equal exchange between actors working in the Netherlands, and in host countries bordering refugees' countries of origin.

1 UNHCR (2020). <https://www.unhcr.org/figures-at-a-glance.html>.

2 <https://www.unhcr.org/the-global-compact-on-refugees.html>.

3 <https://www.unhcr.org/the-global-compact-on-refugees.html>.

Methodology

This research and exchange project consists of two elements: a literature study and exchange sessions. Below we first describe the methodology for the literature study followed by the methodology used for the (preparation of the) exchange sessions. The report itself first describes (outcomes of the) exchange sessions, followed by the literature review.

Literature study

We first made an inventory of available literature in the field of (interventions⁴ and guidelines on) MHPSS and access to employment in the Netherlands. We scanned and classified the literature for each of these themes. See appendix 1, 2, 3 and 4 for the overview of literature consulted and the classification used for this study.

We then identified important elements that have been found to have a positive effect on the quality and impact of an intervention, and describe examples of good and promising practices for a number of these important elements⁵. Per important element a selection was made of interesting good and/or promising practices. In this study, a **good practice** is an intervention (or a successful element as part of an intervention) which has been classified as effective in the literature, or an intervention (or a successful element of an intervention) with

positive results for which an effectiveness study and/or in-depth explanatory study is available⁶. **Promising practices** are practices for which no effectiveness studies or other (in-depth) explanatory studies are available, yet the practice has been identified as promising in the literature. When available (additional) information on the target group of the practice is provided; for example if the practice is focused on adults and/or youth, on refugees living in reception centers and/or in municipalities or in which phase the practice is (most) relevant.

It is important to make a distinction between different definitions in general and how we used them in this study. In studies and reports about interventions in the Netherlands, refugees are often referred to as '**statushouders**'. A *statushouder* is an asylum seeker who has been granted legal residence status⁷. In this study, we include referrals to 'statushouders' in our use of the term **refugees**.

An **asylum seeker** (in Dutch: 'asielzoeker') is someone who has submitted a (formal) request to be acknowledged as a refugee in the host country. When a report or study explicitly referred to asylum seekers, we also refer to them as asylum seekers.

It is also important to note that in the Netherlands asylum seekers live in so-called reception centres (in Dutch: 'asielzoekerscentra'). 'Statushouders' who did receive their residence permits, but who are waiting for housing in a municipality, continue to stay in these reception centres.

4 In this study an intervention is a set of one or several interrelated activities with the explicit goal to improve access to (durable) employment of refugees and/or the mental health and psychosocial wellbeing of refugees.

5 MHPSS intervention: a core MHPSS intervention consists of one or several interrelated activities with the explicit goal to improve the mental health and psychosocial wellbeing of refugees and other persons of concern. While many interventions in a humanitarian setting may affect mental health and psychosocial well-being, a core MHPSS intervention has the specific aim to contribute to improved mental health and psychosocial well-being (see also MHPSS approach). (UNHCR, 2013).

6 We defined a good practise on the basis of a level 4 or level 3 study, see appendices 3 and 5.

7 <https://www.cbs.nl/nl-nl/onze-diensten/methoden/begrippen/statushouder>.

Exchange sessions

We identified two approaches for an exchange themed around Mental Health and Psychosocial Support (MHPSS) and two approaches for an exchange themed around access to employment. Selection criteria were: (1) the potential for mutual learning between approaches and (2) the level of motivation among important actors representing each approach to participate in an exchange. For the exchange within the thematic area of access to employment, the Qualifications and Employment Perspectives for Refugees and Host Communities in Ethiopia Program (QEP) by GIZ Ethiopia and the Amsterdam approach by the municipality of Amsterdam in the Netherlands were selected. For the exchange themed around MHPSS, we selected the PM+ approach as carried out by SNTR Rotterdam in the Netherlands and the case management approach carried out by IMC in Jordan. Per theme, two online exchange sessions were held between January and March 2021.

As a preparation to these sessions several (group) interviews with the central contact person and other professionals involved in the selected approaches were held in November and December 2020. On the basis of these interviews, potential interesting learning points for the exchange sessions were identified, which in turn formed the starting point for the exchange sessions.

This report consists of two sections. First the four approaches that were selected for the exchange sessions are presented in chapter 2 of section A, followed by the contents, experiences and lessons learned from the exchange sessions between the organisations involved in chapter 3. Successful elements (including good and promising practices) for interventions in the field of MHPSS on approaches in the Netherlands can be found in section B, starting with MHPSS (chapter 4) followed by Access to Employment in chapter 5. In the appendices an overview of references and classifications of the literature consulted for this study (appendix 2 to 5) can be found. Appendix 6 provides an overview of practices which were described in chapter 5 and 7.

Section A

International exchange between refugee support approaches

2 Refugee support approaches involved in the exchange

The Dutch Ministry of Foreign Affairs recognizes that the Netherlands and host countries in refugees' regions of origin face similar challenges and have both learned valuable lessons through years of hosting refugees. Sharing experiences and lessons learned between hosting countries can benefit organisations that are active in both contexts. International interorganisational exchange has been shown to create strongly facilitative conditions for development to take place, both for those participating in the exchange, as well as potential development on a higher, organisational level (Asmoredjo, 2020)⁸. Contrasting foreign aspects of another but related professional context, have been found to trigger change, as they form negative or positive examples in the eyes of the participants. At the same time, a degree of recognition of similarities between contexts is necessary to create a conducive environment for learning to take place. The positive and negative examples that eventually can lead to change have been found to relate to existing problems identified in participants' own context. When groups or teams of professionals participate in an exchange, the within-group dynamic can greatly add to the potential for learning and organisational change. The within-team dynamic can provide internal motivation and a safe, supportive environment to engage in

activities outside one's normal day-to-day routine and comfort zone, thereby increasing individuals' ability to change. The composition, degree of effectiveness in teamwork, leadership, and setting of an objective of the exchange, determines the team's ability to collectively come to a clear problem definition and policy suggestions.

Besides mapping good practices, the aim of this study was to create linkages and facilitate exchange between actors working in the Netherlands, and in host countries bordering refugees' countries of origin. It was decided that two exchanges would be organized. Firstly, on the theme of access to employment. And secondly, on the theme of mental health and psychosocial support. As a part of this study, two digital exchange sessions would be held per theme. In preparation for these exchanges, multiple organizations in the Netherlands, Jordan and Ethiopia were contacted, that carry out projects or approaches in the fields of access to employment and mental health and psychosocial support. A selection of four organizations was made, on the basis of the following criteria:

1. Sufficient similarities in approach/activities/focus to be able to communicate from a similar frame of reference.
2. Elements that are interesting for the counter-party to learn from, i.e. starting points for learning through providing real-life examples.
3. Willingness and ability of individuals working for or with the organizations to be actively involved in at least two online exchange sessions, and the wish to possibly continue a partnership as a basis for mutual learning. Preferably, the team includes individuals who are in a position to become effective change agents within their organizations.

⁸ Asmoredjo, J. (2020). Change through exchange: Exploring the role of international exchange in organisational development of care organisations. Tilburg: Tilburg University.

For the exchange on access to employment we selected the Qualifications and Employment Perspectives for Refugees and Host Communities in Ethiopia Programme (QEP) of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and its partners in Ethiopia, and the Amsterdam Approach carried out by the municipality of Amsterdam in the Netherlands. For the exchange on mental health and psychosocial support we selected International Medical Corps Jordan's (IMC Jordan) Case Management approach, and the Problem Management Plus (PM+) approach as implemented by Stichting Nieuw Thuis Rotterdam (SNTR) in the Netherlands as exchange partners.

In preparation for the exchange sessions, in-depth, semi-structured interviews with key persons in these four organizations were conducted, in order to gain an understanding of the context at the start of the implementation of the approach, the current context, and successful and essential elements as well as challenges of the approach. These key persons were asked to put together a team of professionals involved in the selected approach that would be motivated to participate in the exchange. During the preparatory interviews, the key persons were also asked about their views on the exchange sessions, and in what way they hoped to learn from the experience. The goal of these interviews was to explore mutual challenges and expectations, and identify learning points on both sides.

In this chapter we describe the four approaches that were selected for the exchange sessions. On the basis of the interviews conducted with key persons representing those four approaches, we aimed to get a better understanding of 1) How their approach works in their specific context; 2) What their challenges are; and 3) Which elements of their approach could potentially be useful in another (national) context. In chapter 3, we describe the contents, experiences and lessons learned from the exchange sessions between the involved organizations.

2.1. MHPSS of refugees in Jordan: IMC Jordan's case management approach

2.1.1. Description and background of the approach

International Medical Corps (IMC) Jordan's case management is an individual approach to care that attempts, in general, to facilitate the identification of persons with mental health and psychosocial problems, linking them with the services they need and choose, and facilitating meeting basic needs by providing access to essential services. This is done through a process of identifying community resources and support mechanisms, as well as supporting the client in contacting them. Case management is a collaborative process whereby a professional assesses the needs of the client and the client's family and arranges, coordinates, monitors, evaluates, and advocates for a package of services to meet the specific client's complex needs. Case management uses a multi-faceted approach to support a client in reaching the optimum level of wellbeing and functional capability. Everyone benefits through this process: the clients being served, their support systems, and the surrounding community. The approach has proven successful in Jordan with refugees since it began implementing it by IMC in 2007-2008.

The IMC mental health case management model is based on general social work case management but recognizes that people with mental health problems are especially vulnerable and have multiple and complex needs. This is especially the case in refugee and humanitarian contexts. IMC Jordan has structured its mental health, psychosocial, and protection service programming around social work case management and is influenced by the "wraparound approach" to managing cases. The wraparound approach seeks to identify and increase access to services and resources around the person, family and community, beyond just those offered by IMC. Fundamentally, it is the individual client and their protection, mental health, and psychosocial support needs that are the centre of all aspects of case management activities. The case management

process should empower the client; the interventions selected should reflect their priorities, wishes, and choices; and thorough careful implementation of the agreed-on plan will ensure that clients receive the support services they need and the advocacy they deserve.

There are two main facets of case management: direct service and indirect service. Direct service means that the case manager takes action to address the client's needs. Indirect service means that the case manager enlist the help of others to address the client's needs. Very often case managers will use both types of case management to help clients achieve their goals. IMC case managers are paraprofessionals trained and supervised by IMC professional MHPSS staff. They work in collaboration of IMC service provider teams including general health workers trained in mental health, psychologists, and psychiatrists. Case management also provides a framework by which the response can be monitored to ensure that it is effective.

The case management approach was implemented in Jordan years before the Syrian crisis, specifically upon the arrival of the Iraqi refugees. Iraqi refugees used to face many problems since they came to Jordan. Their asylum in another country caused them great psychological problems and pressures. Their biggest problems were in terms of economics and the provision of daily income for their families, their loss of educational opportunities as well, in addition to multiple problems as a result of the new situation in which they live, which led to the emergence of many psychological symptoms such as frustration, anxiety, and PTSD. It is worth noting that when the Iraqi refugees arrived in Jordan, there were no refugee camps to accommodate them or any other preparations. Mental health case management services for refugees were not available and the cost was very high in private hospitals and clinics. At that time, any non-Jordanian person was not covered by health insurance in government health facilities. So refugees had to go to private clinics, which were not affordable for most, and not a priority. From here began the great need for mental health case management services for refugees in Jordan, and

this necessitated that the Jordanian government, together with international organizations to focus on this problem by facilitating procedures, overcoming difficulties, and starting mental health services. The Jordanian community in all regions proved to be cooperative with the idea of providing mental health and psychosocial support services and facilitated the process of implementing mental health activities.

It was necessary to think of a specific approach through which mental health case managers could network between patients and other needs that cause them great life pressures. After studying the current situation during that period, IMC chose to implement the case management approach as a project, because most of the psychological problems that refugees suffered from were due to needs such as financial problems, family income, housing problems and education problems.

In the beginning, between 2007-2008, IMC started working with a local NGO that is authorized to work on the primary health side and was providing its services in some specialties in 3 regions (governorates) of Jordan to vulnerable people and refugees. Mental health case management services were added to these specialties. Also, there was a mobile clinic reaching the refugees who could not reach those specific clinics. The mobile clinic had a case manager or a social worker (there was no psychologist in it) and they used to diagnose and then refer some cases to one of those three clinics in which there is a multidisciplinary team. One of the most important problems at the beginning of implementing this approach was that it was new to Jordan and it was not understood among the citizens targeted by the approach, and also it was not understood by many workers in the health sector or among employees of organizations operating in Jordan, and this affected the recruitment and employment process in the early stages. Another obstacle was the scarcity of mental health professionals.

In order to raise awareness among refugees about the importance of mental health, IMC, in cooperation with UNHCR, carried out many activities and meetings in order to raise the awareness of refugees and vulnerable people in the host country about psychological problems in general and what symptoms could affect them or their families. Through these activities, flyers are distributed with addresses of mental health clinics, and people are told to give them or notify anyone looking for mental health services in addition to the outreach activities. Most of these activities that IMC used to operate were carried out through its volunteers who were selected from the target community to promote its projects, and engage them in the implementation of the project.

After implementing the case management approach in MHPSS activities at first in facilities affiliated to other local organizations and within a specific geographical area, IMC carried out many studies and surveys that recommended integrating mental health services into the government health system, which is less stigmatized, accessible and more sustainable. With the beginning of the Syrian crisis and the influx of Syrian refugees to Jordan, the Jordanian government was forced to open several refugee camps. Many Syrian refugees were living in these camps, and many also left the camps to residential areas in search for a better life. After the agreement with the Jordanian Ministry of Public Health, IMC integrated mental health services into government health facilities, and mental health services became provided within the primary health care services in all Jordanian governorates.

Before implementing the project, IMC coordinated with all relevant authorities, Ministry of Public Health, Ministry of Social Development, governors and health directorates. This coordination forms a very important step towards implementing MHPSS activities within the public health facilities. IMC selected a specific number of health facilities with coordination of the health

directorates. The health centers should be easily accessible to the targeted people and close to refugee gatherings. IMC Jordan also evaluates the opinions of the beneficiaries about the health facility and its accessibility. Because one of the most difficulties refugees face to go to health facilities is the length of distance and also the cost of transportation, which is a major obstacle to reaching these facilities.

Refugee camps in Jordan are run by several different organizations, which provide basic services, such as housing and some job opportunities. The situation for refugees living in cities outside the camps, is often more difficult and stressful, resulting in high numbers of refugees seeking MHPSS services. IMC is still implementing outreach activities for remote areas in which there is no available health facility that provides mental health services. After evaluating the patients' needs by the case managers or social workers, they are transferred to one of the nearby health facilities that provide mental health services.

The case management approach is not based on one organization only, but rather needs a network of organizations that share the provision of various services and which are referred to. Currently, IMC implements many activities in its own facilities through its employees and its volunteers, and coordinates with more than 15 international and local NGOs to refer to them clients who need other services provided by these organizations. In some specific cases that require admission to a specialized hospital for mental health, IMC provides transportation fees, and in collaboration with local CBOs, work together to make sure that those cases arrive at the specialized hospital. Besides government support for mental health activities, local communities in Jordan also mostly consider mental health services to be important and necessary health interventions. This facilitated the implementation of case management approaches and mobile clinics in rural and urban areas.

2.1.2. Challenges

There are a number of challenges that IMC Jordan's case management approach faced in the past or is currently still facing, from which other organizations with a similar approach or wishing to adopt similar elements can learn.

Firstly, coordination with government agencies and organizations to which the referral is made was difficult when the approach was first implemented. It was not easy to manage expectations among all partners.

Secondly, one of the challenges for IMC Jordan's case management consisted of difficulties of creating and maintaining a qualified human cadre familiar with the case management approach. Over the past years, many seminars and training workshops have been held for university graduates workers in the local organizations sector. Similarly, despite the improvement over the past years in the number of psychologists, the need for trained psychologists remains great.

Thirdly, a large part of the population is unfamiliar with symptoms associated with mental illness and does not easily go to a mental health clinic when necessary. During the past years, many awareness-raising activities about the mental health of refugees have therefore been conducted by IMC Jordan, in partnership with other organizations or through volunteers. IMC Jordan also has a hotline number available 24 hours a day for people to inquire about any symptoms or services. On the other hand, the stigma of psychiatric patients or the visit to the psychiatric clinic also prevents people from seeking help. By choosing to integrate mental health services with other care services in the same center, this problem was reduced. However, stigma continues to be a significant problems.

Lastly, the recent years have seen a decrease in the funding of activities in other organizations that cases are transferred to in order to clients' multiple needs, and this has led to a significant reduction in the number of beneficiaries of their services.

2.1.3. Successful elements of the approach as lessons for other contexts

According to the key person interviewed about the case management approach, there are some important elements which are essential in the case management approach, whether applied in Jordan or elsewhere. These are:

- A human cadre qualified to deal with different cases and familiar with the concept of case management approach.
- The presence of local / international organizations that provide various services to assist refugees, to which they are referred, so that coordination with them is effective, and there is continuous follow-up and meetings.
- Continuous coordination with health offices in each city to choose the most suitable public health facilities and also close to the refugees' gatherings.
- The existence of a clear and specific working mechanism among the team members so that the case manager can provide the service in an excellent manner to the beneficiary, as the case manager is the point of contact between the needs of patients and the available services.
- Involving refugees as volunteers and actively including their views about the services and how to improve those.
- Continuing capacity building of the employees in the approach to ensure their continuity in the project and that these employees transfer their knowledge to the new employees, and this helps the success and continuity of the project effectively.

Although the health system will be different in other countries, these main elements of its implementation were considered to be essential in any context. After all, the psychological problems of refugees and their causes are similar. Certain specifics of the social and psychological support activities provided in Jordan may be more easily compatible with the needs and possibilities of refugees, given that Jordan, Syria and Iraq are similar in many customs, traditions and concepts.

Integrating this approach within primary health care services in the same facility was one of the successes that characterize IMC in Jordan and through this idea it achieved many successes. This important characteristic may well be implemented in other contexts. Other elements that were stressed as essential when applied in other contexts were the following:

- All workers must be aware of mental health concerns affecting refugees.
- The accompanying psychosocial support activities provided by other organizations to which patients will be referred, should be customized and appropriate for each age group, for males and females.
- Effective coordination between the different organizations is necessary, with the common goal to serve the beneficiaries and not to compete.
- A qualified project team aware of the concept of case management approach.
- Support from decision-makers and relevant authorities for the importance of mental health of refugees.

2.2. MHPSS of refugees in the Netherlands: PM+ at SNTR Rotterdam

2.2.1. Description and background of the approach

PM+ is an intervention which has been implemented by Stichting Nieuw Thuis Rotterdam (SNTR). The Nieuw Thuis Rotterdam Foundation (SNTR) has offered 200 Syrian families with a residence permit a new home in Rotterdam. The goal of SNTR is that these Syrian families are able to participate in Dutch society as soon as possible. In order to reach that goal SNTR offers an intensive program consisting of providing a house (renting houses to the Syrian families), providing an intensive language course, supporting the families in getting to know the neighborhood and city of Rotterdam, and support them in finding suitable (voluntary) work and / or education. Since 2018 SNTR started using the PM+ method with a group of Syrians amongst the families supported by SNTR. Funding for the PM+ intervention was made available through the Foundation Verre Bergen.

Problem Management Plus (PM+) is a scalable psychological intervention for adults impaired by distress in communities who are exposed to adversity. Aspects of Cognitive Behavioural Therapy (CBT) have been changed to make them feasible in communities that do not have many specialists. To ensure maximum use, the intervention is developed in such a way that it can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems. It can be applied to improve aspects of mental health and psychosocial well-being, no matter how severe people's problems are. Amongst families supported by SNTR in Rotterdam, PM+ support is provided by trained peers (Syrians) to other Syrians through 5 weekly sessions of 1.5 hours. In the PM+ approach, one trained peer, also known as 'helper', supports one Syrian adult refugee. In the sessions the following elements are introduced: a slow breathing exercise, problem-solving strategy, behavioral activation through re-engaging with pleasant and task-oriented activities, and

accessing social support⁹. The PM+ manual was translated/culturally adapted for use among Syrian refugees.

SNTR had been looking for an accessible intervention in the field of mental health in the Netherlands, which would not only benefit the participant (and support his or her integration processes), but through the parent it would also have a positive impact on their families. It was considered an interesting approach by SNTR as it was evidence based (and successful in other countries), it was a one-on-one approach, it was accessible, cheap and scalable, and it is provided by peers who have gone through similar processes. Between May 2018 and May 2019 SNTR started implementing the PM+ intervention with a first group. PM+ Rotterdam was delivered by eight Arabic-speaking Syrian non-specialist 'helpers' who were already working at SNTR as 'connector'. Connectors are a type of cultural mediators that share a common cultural background with the target group, who provide support to Syrian families within the SNTR program. The helpers received 8 days of training followed by weekly face-to-face group supervision by PM+ trainers/supervisors throughout the trial. Training of the non-specialized helpers involved education on common mental disorders, basic counselling skills, delivery of intervention strategies and selfcare. Supervision by their trainers included discussion of individual cases and difficulties experienced by helpers, practice of skills and self-care. After the pilot, SNTR continued with the individual PM+ approach with another 15-20 Syrian refugees, until the start of the Corona crisis. In November 2020, SNTR also started experimenting with an online group version of PM+, supporting Syrian women and (at a later stage also) men with PM+ tools through approximately four group sessions. In these group sessions the PM+ strategies are explained, and - if participants choose to do so - individual experiences

⁹ A detailed description of PM+ is provided by Dawson et al. (2015): *Problem Management Plus (PM+): a WHO transdiagnostic psychological intervention for common mental health problems*. *World Psychiatry* 14, 354–357.

are shared. Between the sessions participants are invited to start applying strategies through small homework assignments.

Depending on future funding developments, SNTR aims to continue providing PM+ support to other newly arrived refugees in Rotterdam.

2.2.2. Challenges

There are a number of challenges the organizers were faced with when implementing PM+. First of all, as this was a new intervention for SNTR, the organization did not have contacts in the care sector in Rotterdam at the start of the intervention. Being part of a care network in Rotterdam was not of key importance for SNTR to be able to implement PM+. In the ideal situation the SNTR respondents would have liked to have a personal network of (Arabic speaking) professionals in the care sector where participants could be referred to if they needed additional support in the field of mental health. However referral in the Netherlands needs to be done through the Dutch care (and mental health) system and this was done in those situations where needed. The general practitioner is the first referral entry point. However, waiting lists in the field of MHPSS services are generally long and participants who have been referred to these services did have to wait for a while before they could start with other (necessary) treatments.

Secondly, there was no internal staff with experience with the PM+ approach. The helpers who were willing to provide the PM+ support had to be selected and trained. Also an external expert who could take up the supervision of the connectors had to be found. SNTR succeeded in creating support for the intervention among the group of connectors and succeeded in selecting helpers. These helpers were trained in the PM+ method and they were supported through supervision by the external expert. Their capacities improved along the way as they gained more experience with the PM+ approach over time. The supervision sessions were also of great importance to the helpers. Gradually,

helpers also started supporting each other when questions about individual cases came up. In the meantime helpers also started experimenting with supporting groups through online sessions based on the PM+ approach. In doing so, the staff is building on their experiences with PM+.

At the start of the intervention, many things had to be arranged at a practical level, such as finding participants, ensuring their privacy, integrating the PM+ activities into other parts of the intervention, and determining what other (project management) support was needed. Recruitment of participants was done through home visits and visits to language lessons, with the help of the Arabic speaking connectors of SNTR. A video about the project was developed, and agreements were made about what terminology in Arabic should be used while communicating with (potential) participants. Privacy arrangements were taken care of, amongst others through making available a specific space in the SNTR building for the sessions and research activities. Sufficient time needed to be made available for peers to participate in the trainings and supervision activities. Finally, the transport costs for participants to PM+ (and the research) were covered by SNTR.

Another important challenge at the start of the project was to motivate refugees to participate. This was mostly due to the fact that many were uncomfortable participating in sessions focused on their mental health. In the experience of those implementing PM+ at SNTR, it helps if, once people agree to cooperate, helpers stay in touch to keep participants motivated. It also helps if helpers show that they understand the participants and sometimes refer to their common cultural background. Another facilitative factor is being open as a helper about the fact that they also benefited from psychological support interventions and making sure that participants can do homework assignments on things which are relevant for them.

A final challenge relates to the fact that there is no new influx of refugees in the SNTR program. There is therefore a decrease in the number of beneficiaries

qualifying for receiving PM+ support within SNTR. After all, the PM+ support finishes after 5 sessions. In order to keep the in-house staff capacity on PM+ available, beneficiaries from outside SNTR have to be included in the future.

2.2.3. Successful elements of the approach as lessons for other contexts

A first successful element of PM+ in Rotterdam that was identified was the highly motivated, diverse team of peers (helpers) that were able to communicate in Arabic. Helpers were motivated by the space and time they were given to learn to play their role in the PM+ approach (through training and supervision). They could serve as a role model for the participants and in this way have a positive impact on the participants. A requirement for selection for the helpers was that they have a Syrian background. However, the respondents believe that helpers originating from the same region, such as Iraq or Lebanon, could also be included, due to cultural similarities between inhabitants of countries in the region. Another successful element pertaining to the composition of the team, was that the team of helpers was mixed in terms of gender (three men and five women), so that if participants would have a preference in this respect, this could be taken into account.

A second successful element of the PM+ approach that may well be transferable to other contexts is that participants themselves are in the lead. The strategies covered by the PM+ approach make sure that the participants are in the lead. Helpers are trained to support participants in being in control. They support the participant in reinforcing their own coping mechanisms as the PM+ sessions support them in dealing with smaller practical problems.

Thirdly, it was important for SNTR that the PM+ approach would be 1-on-1 so that trust could be built and that the PM+ sessions could take place in a safe environment. This is also done through avoiding sensitive terminology (for example training instead of therapy). By making part of the SNTR building available for the individual PM+ sessions and the research the organization

made sure privacy of participants was respected. Also in the online PM+ group sessions the peers are able to share their experiences and gain trust of participants.

SNTR presents a rather unique context, as it provides an integral program to a group of refugees, consisting of housing, language classes, support in finding work or starting an education. However, the respondents believe the above-mentioned successful elements of PM+ can be transferred to other contexts. They believe organizations providing MHPSS in other contexts can learn from how the PM+ support is provided by trained non-professional helpers who have the same cultural background as the refugees they are supporting, and how they are trained and supervised. This approach may fill in gaps with specialized mental health care services.

2.3. Access to employment in Ethiopia: the QEP approach

2.3.1. Description and background of the approach

On behalf of the German Ministry for Economic Cooperation and Development (BMZ) and in cooperation with the Ethiopian Ministry of Science and Higher Education (MoSHE), the Qualifications and Employment Perspectives for Refugees and Host Communities in Ethiopia Program (QEP) creates vocational training and employment opportunities for refugees and Ethiopians across the country. The program started in December 2017, is co-financed by the Norwegian Agency for Development Cooperation (Norad) and contributes to the Special Initiative Tackling the Root Causes of Displacement, Reintegrating Refugees.

QEP's approach encompasses four areas of action. The first area of action is improving the quality of vocational training. Existing training programs are adapted to the needs of the local labor market in order to increase employment relevance. Curricula of existing training programs are being revised.

Moreover, providing technical and soft skills trainings to vocational trainers enhances the quality of their teaching. It also offers them tools to manage a class composed of refugees and Ethiopians. To improve training conditions, facilities are equipped with tools, machines and learning materials. This contributes to job-market oriented vocational training for refugees and Ethiopians. The second area of action is broadening access to vocational training. In remote regions and in refugee camps, the range of employment-related vocational training is increased. The teaching staff is expanded, and new training courses introduced. New cooperation networks between public vocational training institutions and refugee training centres are created to promote inclusion and common standards of training. The third area of action is to improve job orientation and entrepreneurship advice. Joint businesses of refugees and Ethiopians benefit from comprehensive trainings, start-up support and mentoring. Around the refugee camps, refugees and Ethiopians produce vegetables and crops. They receive support in developing their products and fostering their businesses. Partnerships between public vocational colleges and private companies enable entry-level employment and first job experiences for refugees and Ethiopians. The fourth area of action is directed towards the strengthening of key actors for the sectoral implementation of Ethiopia's refugee proclamation. The awareness of key actors (e.g. the Ministry of Science and Higher Education (MoSHE) and the Agency for refugee and Returnee Affairs (ARRA)) on the inclusion of refugees in the vocational training system is being expanded. To support the systematic inclusion of refugees in vocational training and employment, the key actors' coordination and implementation capacities are enhanced. These measures contribute to bring into action Ethiopia's refugee proclamation in the sectors of vocational training and employment.

QEP operates in different regions of the country, including the capital Addis Ababa. QEP has a partnership with 8 vocational colleges, from 5 different regions in the country. In addition, on a regional level, QEP cooperates with the regional TVET Bureaus, and on federal level, with the Ethiopian Ministry of Science and Higher Education. The common goal for these stakeholders is to

include refugees in public vocational colleges. However, accompanying goals that strengthens the argument for supporting QEP's direction, are increasing the quality of teaching, developing curricula that are a better fit with market demands, and targeting and benefiting local community members as well as refugees. The (mostly technical) training courses take 6 months and are tailored to a specific employment sector. After the training is completed, the aim is to transition into wage or self-employment. To create pathways into wage employment, the Inclusive Employment Promotion Program (IEPP) has been introduced. This entails that QEP brings together vocational colleges with companies to facilitate 6-months entry-level work experience for refugee and Ethiopian graduates. Local companies select suitable candidates while the partnering vocational colleges cover their stipends. Before and throughout the programme, the graduates receive work-readiness training and coaching by technical staff from the college and the company. After the 6 months companies can decide if the graduates can stay. Goal is for students to gain work experience and employment at the end of the program. QEP also supports people that want to become self-employed, among other activities, through establishing entrepreneurship centers at vocational colleges. Within the program, specific attention is given to the inclusion of women: QEP aims to include 30% women.

Until 2023, QEP aims to target 6500 refugees and Ethiopians. QEP currently cooperates with 120 companies across the country. To date, more than 550 graduates (refugees and Ethiopians) have benefited from first in-company employment opportunities. From those who have completed the program, more than 50% stay employed in the same company. As many of the refugees in Ethiopia, including the capital, are Eritrean, they also represent a large group within the program. Experiences from the involved parties in Addis Ababa indicate that they seem to integrate relatively well, and to comply and stay in a certain working environment without many problems. This can likely be contributed to the strong relatedness between Eritreans and Ethiopians, in terms of culture and language.

In line with GIZ's policy, the program takes a multilevel approach, incorporating the macro, meso and micro level. Different actors were involved on different levels. The Ministry of Science and High Education, the Federal TVET Agency, and the Agency for Refugee and Returnee Affairs on the macro-level or policy level. The regional TVET Bureaus, regional offices relevant for refugee inclusion and entities like Job Creation Agencies at the regional or meso-level. And the vocational colleges, NGOs, the municipality, at the local, micro-level.

2.3.2. Challenges

The first step undertaken before the program could be implemented, was to involve the policy level. Initially, many people questioned the possibility of integrating refugees in the labor market in a way that would actually benefit the labor market, rather than create a burden. When QEP started the preparation for the integration of refugees in public vocational schools and into the labor market, the new refugee law in Ethiopia was not yet adopted. Refugees did not have access to the labor market and the public education system. Involving the political level was therefore crucial. Implementation would not have been possible without agreement on the macro-level. On the federal level, initially there was no linkage, alignment or coordination between the Ministry of Science and Higher Education and the Agency for Refugee and Returnee Affairs.

Developing an urgency for the improvement of the vocational training system and to increase employment in Ethiopia for both Ethiopians and refugees, was therefore the first priority. These goals made it interesting for policy partners to support the program, and was a prerequisite before being able to start. Both the German and the Ethiopian government came to an agreement to support the vocational training field and the inclusion of refugees. Additionally, aiming to involve refugees in local employment is in line with the Comprehensive Refugee Response Framework Ethiopia is part of. The political

climate in relation to this program is generally favorable through continuous coordination and discussion.

The preparations for the program were made when the refugee proclamation was not passed through parliament in Ethiopia, but already on the horizon. Part of the sensitization at local and regional level involved referring to the upcoming proclamation agreement and convincing people of the need to come up with a practical application thereof. Part of the preparation phase therefore consisted of involving the local and regional level. The coordination at and between the national, regional and local level is an ongoing process. Although coordination and discussion among different government entities are still considered to sometimes be challenging, the political climate concerning the program generally continues to be favorable. In three years visible changes and workable initiatives were created on the ground. Being able to show benefits to both Ethiopians and refugees is highly appreciated by governments. Currently, QEP is aiming to expand the awareness among key actors (e.g. the Ministry of Science and Higher Education and the Agency for Refugee and Returnee Affairs) on the inclusion of refugees in the vocational training system. The next goal is to standardize the approach and integrate it into policies and government legislations, so that it becomes an integral part of the national vocational training system.

At the starting phase there was a long discussion and dialogue process, which took a lot of time and effort and narrating skills, in order to align interests and create willingness at the operating level, e.g. for vocational institutions to open their doors and take in refugees. This process took time and was experienced as challenging. Agreement on the governmental level about the necessity of improving vocational training and creating employment for refugees does not automatically translate to the structure on the microlevel wanting to cooperate. At the implementation level, people also need to be prepared for the intervention, and this was not the case at the beginning. A favorable environment therefore had to be created, and local and regional stakeholders

had to be brought on board. Different branches, concerned with refugees and vocational training, had to be brought together to talk and coordinate. Once started, the cooperation on the local level was experienced to be clear and effective. Currently, the coordination and cooperation systems on the local level are considered to work very well. The example of this program showed that, while highly necessary, it is possible to work on coordination at the local level in the frame of a project/intervention.

Another challenge has to do with the bridging of the humanitarian context (UNHCR, NGOs) and the integration context. A lot of refugees have gotten used to a humanitarian system, in which everything is arranged for them, and they receive things like food items, cash, and transport allowance. It was a challenge for QEP to recruit refugees because they expected to be paid in order to go to the training. For example, when refugees received transport support but the host community did not, it created problems. Another example of the difficulty of bridging the humanitarian context and the integration context has to do with the extremely low entry wages in Ethiopia. Support packages from the humanitarian system are only a little lower than the minimum wage. This influences refugees' motivation to work.

A more practical problem had to do with refugees obtaining employment permits. Only through cooperation with the different partners it could be clarified how refugees could obtain a work permit. Once this barrier was overcome, this created a "first pathway", and acted as a catalyst for the Refugee Proclamation that was adopted in a later stage. In December 2019, a Directive to Determine the Procedure for Refugees Right to Work, which put the refugee proclamation into practice, was adopted. Based on this directive first work permits were issued to refugees. The availability, quality and possibility of transportation was another important element influencing whether the program was successful. The problem was approached in cooperation with partners, such as NGOs and other organizations. Support from host communities in this case was part of the outcome of the approach. *"If you show a*

change on the ground of which the host community can benefit, then you can get the support during the implementation". (QEP respondent)

Staff capacity, including staff's commitment, willingness and leadership, is an essential element for the program to function well. This continuous to form a challenge. In Ethiopia there is a lot of turn-over in government institutions on all levels, leading to knowledge often not being embedded in institutions. QEP is continuously aiming to improve and has improved staff capacity, but it remains a challenge.

2.3.3. Successful elements of the approach as lessons for other contexts

An important element making QEP's program successful in the view of the involved parties, is that it benefits both refugees and host community Ethiopians equally. *"The approach worked out to make the cake a bit bigger for all, instead of taking a slice of already small cake". (QEP respondent).* QEP has been successful in creating support from the host community through the inclusion of the same share of Ethiopians as refugees. During the program, students from the host community also played an informal role in supporting their fellow students with a refugee background. For example, the host community students often voluntarily help refugee students in overcoming their language barriers by forming tandems composed of a refugee and an Ethiopian student. When it comes to the transferability of targeting a combination of refugees and members of the local host community, the expectation is that this element can be replicated in other contexts as well. Addressing host communities at the same time can play an important role in achieving community support. This may be more applicable in a European context, than in the Ethiopian context, where there is a greater sense of responsibility due to a sense of "brotherhood" between Ethiopians and Eritreans. For the QEP program the aim is to include an equal share of refugees and native people. This share is something that may be chosen differently depending on the context:

"For example where there is more hostility or skepticism from host communities to refugees, it may be important to make it 70% host community and 30% refugees. In this way, you address host communities more. But in general, I think you always need to address both groups. Perhaps you could implement a program which also integrates Dutch people, and bring them together. Also to fight stereotypes indirectly. We had a lot of positive experiences with this." (QEP respondent)

Besides the benefits for the students involved, the vocational training system and local infrastructure was supported, through teacher training and material equipment. This means that Ethiopia will have a lasting gain from the program, which can continue to benefit Ethiopians and refugees. The element of improving the system of vocational trainings is also considered relevant for the context beyond Ethiopia. An intervention creating a lasting and systemic improvement is likely to increase the willingness of different actors to cooperate. An important part of the QEP approach was that vocational training colleges and companies were involved from an early stage, so that the program could be formulated jointly. In this way, curricula are based on and aligned with the demands of the labor market. The employers take part in developing the curricula and teaching material. After all, they are the ones that will need to recruit the students. Additionally, the companies make use of the latest advancements in technology. Through this set-up both students and teachers have the opportunity to learn about new technologies:

"We started the project by sitting at a desk with the partners, especially the target companies, so that we had a common understanding about the program. Since we started with an agreement, we didn't face any challenges in the implementation of the program." (QEP respondent)

An important factor that can serve as a positive example for an exchange partner, which was identified during the course of the QEP program, is the importance of the selection of students. For the QEP program the access to the

training and employment opportunities was competitive, based on motivation, potential, willingness, and to make an effort. It was important that students had “the right attitude”, which, according to the respondents, was necessary for successful integration in the labor market. For those who are less motivated another type of support is necessary, and this program may not be suitable.

A final important element in any type of novel project implementation or change, that was mentioned in the interviews with QEP, concerns the necessity of drivers of change:

“You need to have, to some extent, to create an alignment of interest. A coalition of entities who would like to create a change. Not necessary on the regional, national or local level. But somewhere you need to have these drivers for change. You can create it at the local level and light it up. The center of change needs to be located. (...) I think we were lucky. We had some kind of willingness on a policy level to try something new. And we found partners on the municipality level that also wanted to try new things.” (QEP respondent)

2.4. Access to employment in the Netherlands: the Amsterdam Approach

2.4.1. Description and background of the approach

The municipality of Amsterdam developed the ‘Amsterdam Approach Refugees’ (Amsterdamse Aanpak Statushouders) with the aim to integrate refugees into society as quickly as possible. The approach focuses on intensive support to refugees in accessing the labor market and/or to start an education. This is done by a team of specialized professionals of the municipality of Amsterdam. These ‘client managers’ have a lower caseload than client managers in other departments of the municipalities (i.e. the number of refugees supported by one professional working full time is about 50), so that they can have more time to support refugees. The professionals have expertise on the target group and

their context, and use various instruments that have been specially developed for refugees. Central to the Amsterdam Approach is individual customization and support. In order to facilitate this, professionals use such communication tools as WhatsApp and Google Translate, and are supported by professional interpreters. Many of the professionals speak multiple languages, including those often spoken by refugees, themselves.

Coaching and matching are important elements of the Amsterdam approach. Professional jobhunters of the municipality are actively in touch with employers and try to match refugees to employers on the basis of the individual skills, experience, knowledge, availability and interest of the refugee. Job hunters ensure a smooth transition into the new work environment. For example, by accompanying clients to job interviews, helping in signing a contract, and checking up on the progress in the first few months. Beside the professional jobhunters, the municipality commissions a number of external organizations to provide Coaching-on-the-Job trajectories. Client managers can thereby assign a job coach to provide coaching on the job to individual clients. Job coaches can also provide coaching to (groups of) refugees who are following a vocational training trajectory. These job coaches are regularly in contact with both teachers, students and the employers offering internships or jobs. Where relevant, these job coaches also make linkages with other support structures. The purpose of coaching on the job is to solve (mis)communication, for example between the employer and the intern or employee, and other issues that may arise, before it becomes a problem. The coaching provided by these organizations includes coaching at the workplace of refugees who already have a (paid) job. Employers get support in how to support refugees at the workplace and coaches provide support to refugees in developing relevant skills needed at the workplace. Lastly, for the combined vocational training for nurse assistants, the municipality provides a specialized coach to actively supports and guides students in their training and internships.

The Amsterdam Approach works together with Regional Vocational Training Center of Amsterdam (ROCvA) on specialized vocational training trajectories that integrate Dutch language classes. Before the refugees who have been

selected start a vocational training and language trajectory, they start with a short intensive language trajectory of four weeks. In this pre-trajectory they start to get familiar with language required in an educational setting, preparing them for studying, as well as find out what they need to arrange before they can start with the trajectory. Currently, two times a year a group of students start with their trajectories at the Amsterdam ROC. Since starting these trajectories in 2017, a total number of 750 students have started. More than 85% of these students have obtained an entree level diploma. The entree-level education in the Netherlands aims to prepare students without a diploma for vocational education. It is therefore highly suitable for creating trajectories, such as the combined trajectories for refugees, as it allows for more custom-made education and individual guidance. There are trajectories in the following sectors: care sector, technique, logistics, retail, catering and services, and hair dressing. Internships are parts of these trajectories. Depending on the sector, the municipality (through the service point for employers) or the vocational training teachers are in contact with employers about internships.

“Normally the vocational training is very much focused on following the curriculum; sometimes one of the students needs a bit more attention. In the case of the Amsterdam approach you need to give more attention to all students. They can feel stressed due to trauma and concerns about their family in their country of origin and they need to invest in some parts of the trajectory.” (Amsterdam Approach respondent)

The Amsterdam municipality also offers internal trajectories preparing refugees with low levels of (formal) education, who have difficulties entering the formal education system, and it collaborates with the Foundation for Refugee Students (UAF) on the support to refugees studying at a higher educational or university level. Regular trajectories of the municipality of Amsterdam, which are open to all citizens of Amsterdam, including refugees, are also increasingly offered to refugees in Amsterdam. In these regular trajectories, refugees can work on obtaining (sector-specific) certificates and are attempted

to be matched to employers. During these trajectories refugees can gain work experience while still keeping their social benefits, and work on their (language) skills with a view on getting a paid job afterwards. In the period after refugees have transitioned into education or paid employment, they are still supported by the municipality. Client managers provide after-care for at least 6 months. In addition, a Next Step team is available for all refugees in the municipality that are still in the official process of civic integration. This team was formed in order to ensure the sustainability of the refugees' self-sufficiency.

The Amsterdam Approach was developed in response to the arrival of many refugees in the Netherlands in 2015 and 2016 and a Scientific Council for Government Policy (WRR) report entitled “No time to loose”, urging the need to start supporting refugees in their integration process, learning the language and accessing the labor market as soon as possible. From the onset there was political support at municipality level to develop an approach supporting refugees, so that they could integrate in Amsterdam as soon as possible, and funds for this were made available. Additionally, the economic context was favorable, as employers in a number of sectors, including the care sector, were looking for staff for their vacancies. A new team of 15 dedicated, specialized client managers and 3 professional job hunters was composed. The team consisted of highly motivated staff members with a higher education and a variety of work experience, migration backgrounds and languages spoken. The aim was for the team to reflect the composition of the target group (the refugees they were going to support), and for the team members to share their knowledge and experience.

In order to reinforce staff capacity, an intensive, innovative training¹⁰ was developed on how to support refugees on their way towards the labor market and

¹⁰ For more information on this training, see: <https://www.rebelwithacausetrainingen.nl/gemeenten/> and <https://www.rebelwithacausetrainingen.nl/uncategorized/reportage-volkskrant-magazine/>.

how to take cultural differences into account. The team was highly supported by their management. They were given the space to experiment and develop new ways of working, based on the needs of the refugees they were supporting. For example, these included more pro-active, outreaching ways of working. Building on the new experiences, policies were further developed in line with these new experiences.

Collaboration with other departments of the municipality and institutions had to be built along the way. In the beginning there was limited exchange with other actors, except for COA as they were also working from the reception center location (AZC) in Amsterdam, and the Dutch Council for Refugees, which is assigned by the municipality to provide social assistance. From early 2016 onwards many organizations took initiatives and started supporting refugees with building of networks, job application skills etc., partially supported through a temporary subsidy for new initiatives to support refugees. The municipality aims to work in close collaboration with these initiatives.

Over the years the municipality of Amsterdam has further developed and continues to develop the Amsterdam Approach, as constantly new situations and learning points arise along the way. The size of the team of dedicated professionals has significantly expanded over the years, as the number of refugees who need support in accessing the labor market and/or education has increased significantly. This is due to the increasing numbers of new refugees hosted by the municipality of Amsterdam, and the decision to apply the Amsterdam approach to refugees who arrived in Amsterdam between 2013 and 2016. Due to the increasing number of refugees supported by the Amsterdam approach, the importance of collaboration with other organizations supporting refugees has also increased. Over the years these organizations, just like the municipality of Amsterdam, have gained relevant experience in supporting refugees, and this expertise building in working with refugees still continues. Where relevant the municipality is referring refugees to these organizations, who are active in the field of (prevention of) debts, childcare or social work

(mainly the Dutch Refugee Council). These linkages are key for the success of the Amsterdam approach as they help enable refugees to finish their trajectories, by supporting them when they encounter problems. An efficient coordination and cooperation between the refugee team (of the municipality) and other departments of the municipality and other organizations supporting refugees is seen as a central principle in the Amsterdam Approach, and this has continually improved over the years. Coordination mechanisms with the different vocational training sectors of the Amsterdam ROC and employers have improved and are still being strengthened.

2.4.2. Challenges

Especially in the beginning of the implementation of the Amsterdam Approach, it has proven to be difficult to arrange a sufficient number of internships for students. In the experience of the key persons we interviewed, what helps is to be regularly in touch with employers and to keep them actively involved. Managing expectations before the start of an internship amongst both employers and students has also been a challenge. In some (vocational training) trajectories a coach is able to support and step in when needed.

Another challenge is that although a very high percentage of students finish the entire level of the vocational training and language trajectories (88%), the share of students actually continuing in level 2 is much lower. Half of the students (50%) succeed in continuing in level 2, of which 25% drops out at a later stage. This indicates that refugees still experience difficulties in studying in a regular educational setting, related to language or other necessary study or work skills, but is likely also partly due to problems refugees experience in other aspects of their lives, such as their financial situation, health, etc. Another problem is finding paid positions for their apprenticeship.

The educational trajectories also clearly felt the impact of the COVID-19 crisis. The lockdowns in the Netherlands led to drastically reducing the number of

days at school per week and replacing these with digital alternatives that are especially challenging for students with a lower language level. In addition, these trajectories are geared towards practical training, which is very difficult to reproduce with digital means. The COVID-19 crisis also had a clear impact on the catering industry and the vocational training trajectory in this sector. It also led to delays in the (short, intensive) trajectories which are offered to students before they start a vocational training trajectory.

Other challenges faced at the level of regional vocational training centers were the coordination between the teachers and the education department, the time to be spent on filling in administrative obligations and fill in financial gaps in getting the funding organized of the trajectories of all students, as the individual situation is different for each student. Also, the time investment to respond to questions of new dedicated professionals of the municipality took more time than expected. Finally, students sometimes find it difficult to participate in fulltime trajectories, for example because they have to combine them with care tasks, and/or deal with psychosocial problems.

2.4.3. Successful elements of the approach as lessons for other contexts

Several successful elements of Amsterdam approach have been identified in the interviews, which may form interesting examples for approaches in other contexts to learn from. Firstly, for the development of the Amsterdam approach it has been successful to invite a new (external) team of young & motivated professionals who took the lead in developing the approach. They were given the space and possibilities to develop the new approach and to think 'out of the box'. The professional dedicated client managers supporting refugees have relevant knowledge on languages and cultures of countries of origin of refugees. Part of the team also has a migration and/or refugee background themselves, so that cultural and/or language barriers are more easily overcome.

Customized programming is another successful element at both the level of individual refugees, but also while working with other actors involved:

"Customization is done at all levels. The situation of the individual refugee is not only always taken as starting point. We also ask employers or other actors involved: 'What do you need to support this person?' Customization is everywhere." (Amsterdam Approach respondent)

Personal contact and good communication lines between professionals and refugees is another successful element. Professionals make sure to respond to questions of refugees quickly (preferably on the same day), so that issues can be solved promptly. This contributes to the autonomy and self-efficacy of the refugees. In addition, personal contact by (municipality) professionals with teachers and employers about the various trajectories and the internships with employers is another successful element. Coaching support both employers and refugees and create a feeling of safety (at the workplace). This can reduce stress amongst students before the start of an internship.

The set-up of the vocational training trajectories (combined with language training) is another successful element. The weekly program is intensive, it includes group work (where students can develop their skills and learn about collaboration) and students support each other (peer support). Learning the Dutch language is focused on and practicing in the relevant sectoral work context. In general, students who have been selected are highly motivated to participate in these trajectories. Working towards a tangible goal keeps students motivated.

Various ideas concerning the transferability of the Amsterdam approach were shared during the interviews. Personal attention and human contact is something universal and can be applied in all contexts. Secondly, many elements of the Amsterdam approach are practical, focused on skills strengthening and are focused on usefulness for the (future) work context: *"It is nice for people to*

be very focused." (Amsterdam Approach respondent). It also starts with basic starting points: if those involved have a common goal, if they value each other's expertise and are willing to cooperate with each other, the approach can be applied in other contexts. *"Whether it will be a success, often depends on the people involved."* (Amsterdam Approach respondent). Still, organizing vocational training trajectories requires a minimum numbers of students per group. In a big city like Amsterdam this is more easy to organize than in smaller places, as you need to be able to form groups with a minimum number of students responding to the admission criteria, such as language requirements.

3 Learning through exchange

This chapter describes the contents, experiences and lessons learned from the exchange sessions between the organizations involved.

3.1. Exchange proceedings

Two digital exchange sessions per theme were held in early 2021. The sessions were facilitated by the research team. On the basis of the preparatory interviews with key persons representing the approaches, case descriptions for each approach were made. In preparation for the first session, the participants were asked to read the case description of the approach they were paired with. In this way, they already had an idea of the type of approach, as well as its successful elements and challenges. In the first session, the focus was on getting to know each other, each other's work and context. Using the outcomes of the interviews as starting points, the researchers facilitated the first meeting in such a way that the participating partners could jointly explore and identify their most important common problems and particular solutions from which they wished to learn from each other. The end result of the first meeting was to come to an agreement on an assignment for both teams, related to the most important learning point(s) identified from the perspective of both teams.

For the second meeting, the teams were asked to prepare a presentation of approximately 20 minutes on how their project/approach deals with the selected learning points. The teams were also asked to include a short video showing the real-life situation in their context, pertaining to the chosen

learning points. If it was not possible to make a video, we asked the teams to include pictures from the real-life situation in their context. The two presentations were used to further discuss the two learning points. For instance, by identifying which elements could be of interest in the other context.

After the two exchange sessions, the participants were asked to reflect on the experience separately and answer the following questions:

1. What did you think of the exchange experience?
2. Do you have suggestions for the research team to adjust the content of the sessions for?
3. other exchanges?
4. What did you learn from the exchange?
5. Are there elements or questions that came up during the exchange that you could use in your own context?
6. Would you like to continue exchanging with the other team? And if so, in what way and focusing on which issues?
7. What would you need in order for future exchange to be possible and useful?

3.2. MHPSS exchange

The exchange sessions between IMC Jordan and PM+ Rotterdam took place in January and February 2021. The teams consisted of:

IMC Jordan team:

- Mental health program officer.
- Mental health team leader.
- Mental health team member.

PM+, SNTR Rotterdam team:

- SNTR project coordinator.
- Peer supporter (helper) PM+ approach SNTR Rotterdam.

3.2.1. Exchange sessions

In the first session, possible starting points for learning that were identified in the preparatory interviews, were presented to and discussed by the teams. Firstly, the following common challenges were discussed:

- a. Sensitization and awareness raising among the target group, including dealing with stigma. For example: Avoiding stigma through a better integrating of mental health with other services in the same center (IMC Jordan), or calling support 'training' rather than 'counselling' (PM+).
- b. Identification and mobilization of beneficiaries to participate.
- c. Monitoring beneficiaries. How to go from monitoring outcomes to making alterations to the approach.
- d. The impact of the COVID-19 crisis: how to deal with the challenges related to the COVID-19 crisis.

Secondly, the following elements of the approaches/interventions that provided good examples the other team could potentially learn from were discussed:

- e. IMC Jordan's good example on how to improve and benefit from alliances with the formal health care system and local MHPSS providers.
- f. IMC Jordan's good example on how to best support clients before they can receive professional MHPSS.
- g. PM+ Rotterdam's good example on how to identify, select, train and incorporate peers/volunteers from the refugee population to complement existing MHPSS structures, for example by playing more of a preventive role.

The participants discussed their experience and sense of urgency concerning the above elements. The following points were chosen to be the most interesting priority areas for both teams, and the areas of focus in the second session:

8. Sensitization and awareness-raising among the target group and strategies to identify and mobilize beneficiaries.
9. Identification, selection, training, and incorporation of peers/volunteers from the refugee population to complement existing MHPSS structures.
10. Dealing with challenges concerning the COVID-19 crisis, related to the previous two focal points.

Both teams prepared a presentation for the second session, in which they addressed (part of) the above areas. In the presentations they illustrated how they approached these issues in their context.

In their presentation, the IMC Jordan team explained how they had to change their way of working, in response to the COVID-19 pandemic. Fear of the virus and isolation and curfew measures greatly increased the psychological stress on the already vulnerable refugee population in Jordan. With MHPSS activities having to be delivered remotely, the home environment often proved unsuitable to receive remote MHPSS services, due to the limited space available to talk about concerns in a private and secure place. The situation also put a lot of strain on MHPSS professionals themselves. Not only did the intensity and magnitude of problems among beneficiaries increase, IMC Jordan's staff had to perform additional tasks, such as hotline services, delivering medications, documenting efforts online, and referring clients to other agencies. Having to work extra working hours, and sometimes needing to be available 24 hours per day, placed extra pressure on staff.

The PM+ Rotterdam team showed a short video that was developed with the aim to inform and recruit potential beneficiaries of the PM+ intervention. Their

presentation highlighted the benefits of using trained peers as a successful way to help take away barriers preventing potential beneficiaries to participate in the intervention. Actively approaching people with an emphatic, neutral attitude, by someone sharing the same language and culture, while providing a positive role model at the same time, as well as ensuring and emphasizing privacy and confidentiality, proved important in identifying future beneficiaries. The important role of trained peers was acknowledged and supported by PM+ staff through their careful selection of suitable peers, and offering them free, high quality, training and supervision.

3.2.2. Exchange outcomes

When asked to reflect on the exchange experience and separately answer some questions on the experience, both teams expressed that they valued the opportunity to discuss the implementation of mental health programs in a different, even though differences in contexts as well as type of intervention were large. Both teams found it helpful that preparatory work had been conducted by the research team, so that potential learning points were identified before the first exchange session took place.

The PM+ Rotterdam team were struck by the enormous challenges IMC Jordan faced in their context, such as offering services in refugee camps and technical limitations, especially given the COVID-19 crisis. Hearing about these challenges also made them look differently at their own challenges:

"Hearing about the challenges in Jordan, really put our challenges in the Netherlands in perspective." (PM+ Rotterdam team member)

The IMC Jordan team also found the exchange helpful in getting a clearer idea about their own challenges. For the IMC Jordan team, the PM+ method itself was not novel, as IMC Jordan already employs this method in a specific

location (Azraq refugee camp). However, learning about how this method was implemented and experienced in the Dutch context was helpful in forming a better idea about the usefulness and effectiveness of the method.

One of the methods that was employed by IMC Jordan in response to the COVID-19 pandemic was offering "Psychological First Aid" (PFA). During and after the second exchange session, the PM+ team expressed particular interest in this method, and considered it to be possibly useful and implementable in their own context. In a future exchange the PM+ team would specifically want to learn more from the IMC Jordan team about this method.

Both teams expressed their interest in continuing the exchange in some form or another, and considered the facilitation by an external party important, in order to have *"clear agendas, and keep track of the underlying goals and objectives of the exchange sessions"*.

3.3. Access to employment exchange

The exchange sessions between QEP Ethiopia and the Amsterdam Approach took place in February and March 2021. The teams consisted of:

QEP Ethiopia team:

- Head of QEP Program at GIZ.
- Regional Programme Officer of QEP in Addis Ababa.
- Junior advisor for QEP.
- Dean of Nefas Silk Polytechnic College.
- Senior lecturer and project coordinator for the QEP programme at Nefas Silk Polytechnic College.
- CEO and manager of a private company that partners with Nefas Silk Polytechnic College through QEP.

Amsterdam Approach team:

- Projectleader combined trajectories (working and learning) Amsterdam Approach, Amsterdam municipality.
- Jobhunter Amsterdam Approach.
- Job coach Service point for employers (WSP), Amsterdam municipality, specialized in supporting clients in working in the (elderly) care sector.
- Teacher of the technique vocational training and coordinator combined trajectories at Regional Vocational Training Center (ROC).
- Coordinator integration and education, Regional Vocational Training Center (ROC) Amsterdam.

3.3.1. Exchange sessions

In the first session, possible starting points for learning that were identified in the preparatory interviews, were presented to and discussed by the teams. Firstly, the following common challenges were discussed:

- a. Determining the type of employers/sectors that are suitable to participate.
- b. Recruiting suitable employers.
- c. Supporting employers and students during internships: how long is support necessary, what are important elements when arranging/delivering support, how to manage expectations?
- d. How to deal with differences between students and employers: to what extent can trajectories be customized?
- e. How to select (the right) students?
- f. How has the COVID-19 crisis impacted the program? How to deal with the challenges related to the COVID-19 crisis?

Secondly, the following elements of the approaches/interventions that provided good examples the other team could potentially learn from were discussed:

- g. QEP's good example on involving local students.
- h. QEP's good example on influencing the development of the vocational training system, in terms of quality and in terms of better fitting the demands of the local labor market.
- i. Amsterdam's good example on funding, developing and retaining skilled and motivated staff.
- a. Amsterdam's good example on how to train students' soft skills.

The participants discussed their experience and sense of urgency concerning the above elements. The following themes were chosen to be the most interesting priority areas for both teams, and the areas of focus in the second session:

1. Matching employers and students for internships.
2. Supporting employers and students during internships.
3. Matching and supporting employers and students, given the challenges surrounding the COVID-19 crisis?

Both teams prepared a presentation for the second session, in which they addressed the above areas and illustrated how they approached these issues in their context. Both teams also showed short videos introducing their way of working and particular context.

From the presentation and discussion on the experiences of the QEP program, it became clear that an important successful element in their approach is the fact that the vocational colleges are supported from the start to link with the private companies that eventually provide the internships. As curricula are not as fixed and dependent on nationally organized standards as they are in the Netherlands, this strong link between the colleges and the industries really ensure that curricula are adjusted to the (local) labor market demands. This

is an important benefit the Ethiopian context has over the Dutch situation. However, the Amsterdam team was still very interested in how the communication between colleges and the industries was organized, since this strong link proved to have many other advantages. Most importantly, this link allowed for the early identification of more general issues experienced by employers, such as the need to also train students' soft skills necessary to be able to work in an Ethiopian work environment. Other important benefits of this strong link include an early commitment to the program, and companies being able to exchange experiences among and learn from each other. On the basis of the example of QEP, which employs a periodically returning platform meeting for colleges and employers, the Amsterdam team discussed possibilities to implement something similar, but separately for each involved sector. In the Amsterdam context, this closer link between vocational training professionals and employers was already established for one of the sectors providing a large number of internships: namely the elderly care sector.

In their presentation, the Amsterdam team went deeper into the tasks and experiences of a case manager, job hunter and a job coach within the Amsterdam Approach. These roles proved to be very interesting to the QEP team, who wanted to learn more about practical matters such as their case load, how to determine whether a student is ready for an internship and when to start with support from which role. The teams also discussed broader issues related to the division of responsibilities between the (local and national) government and other, non-governmental, parties.

3.3.2. Exchange outcomes

During the closure of the second session, all participants agreed that the exchange was very helpful, interesting and inspiring, and that they wished to continue the exchange in the future, in order to explore certain themes more in-depth. In the later feedback round, participants expressed that they found the content of the exchange sessions well selected and the sessions well

facilitated, which helped in achieving a fruitful discussion, even in a virtual setting. Participants felt that the exchange had helped them in giving them ideas on how they could further improve their approach:

"It was very motivational to get in touch with another team striving to achieve similar objectives and also to learn that challenges as well as solutions are very close to each other, despite the very different contexts. The exchange stressed that an interlocutor is required to create bridges to match employers with refugees. It was interesting to see that both approaches, either focusing on the supply side or on the demand side, can be very effective." (QEP-Amsterdam exchange participant)

For the near future, the Amsterdam team was particularly interested in further exploring the topic of an employer platform, while the QEP team was mostly interested in the way the Amsterdam Approach provides coaching, and focuses on the supply side. Both teams also considered possibilities of integrating these topics in their own approach. Both teams expressed an interest in continuing the exchange between teams, in order to further explore the above-mentioned topics of interest. In light of QEP's objective to further anchor its approaches in the Ethiopian government structure, the QEP team also expressed their interest in learning more about the political structure allowing the Amsterdam municipality to support all refugees residing in Amsterdam.

At the time the exchange sessions were taking place, the Dutch Ministry of Foreign Affairs was in the process of organising the State of the Art conference 'Moving across borders – Policy and Research Perspectives on Migration', which took place on the 25th of March 2021. The exchange between QEP and the Amsterdam Approach was selected as the topic of one of the conference sessions, showing the potential of international exchange in the field of access to employment. Representatives from both teams were asked to participate in the session and talk about their context and approach, experienced barriers and key points in overcoming these barriers. Lastly, the possibilities for further

exchange were discussed, including the desire to further explore the topics of an employer platform, longer and stronger coaching, and a supply versus demand driven approach.

3.4. Conclusion

The two international exchanges on MHPSS and Access to employment show how meaningful international exchange between organisations working in the same field can be, even when actually visiting and experiencing each other's context is not a possibility. The participants involved experienced the two exchange sessions as inspiring and helpful. The exchange, including its preparation, helped in revealing points for improvement in the own context, and provided concrete examples of practical ways or alternatives in approaching such improvements.

The preparatory interviews and facilitation by an external party helped in quickly finding common ground and establishing focal points, allowing the exchange to zoom into topics that were important and current in both contexts. All involved parties expressed interest in continuing exchanging experiences after the two sessions.

Section B

Literature study MHPSS and Access to Employment

4 Summary Chapter

literature study MHPSS

In our literature study on Mental Health and Psychosocial Support (MHPSS) for refugees in the Netherlands, we identified three chronological phases in the care relationship where important elements occur: prevention, early detection, and care & support. A fourth area of attention is the specific expertise required by care professionals to work with refugees. Finally, certain conditions at institutional level can greatly enhance MHPSS for refugees. For each of these areas, we highlight the most important elements surfacing from the literature.

1. Prevention

Special attention should be paid to refugees prone to mental health problems, such as unaccompanied minors, adolescents, young adults, single mothers, and those who arrive through family reunification¹¹ (Arq Psychotrauma Expert Group, 2016).

Psychoeducation at an early stage

It is important to educate refugees about mental stress and other psychological vulnerabilities as early as possible, so any knowledge gaps and taboos can be addressed, and access to the health care system enhanced (Van Berkum et al., 2016). Group meetings can be supported by cultural mediators and interpreters (Bloemen, 2020).

¹¹ Family reunification is an entry channel enabling those who already reside legally in a EU Member State (referred to as sponsors) to be joined by their family members. See https://ec.europa.eu/home-affairs/what-we-do/policies/legal-migration/family-reunification_en.

Introduction to the (mental) health care system

Refugees unfamiliar with the Dutch health care system cannot easily access it. Its organisation, ways of working and expectations around client attitude and behaviour need explanation, often repeatedly and at appropriate language level (Bloemen, 2020; Bloemen, De Haan, & Tichelman, 2018; Razenberg & Asmoredjo, 2019). Refugees' own (digital) communication channels can be used for information sharing (Van Berkum et al, 2016).

Integration-related activities at an early stage

In recent years, options for refugees to participate in meaningful activities, such as (voluntary) work, language classes and activities supporting social participation and sociocultural integration, have increased. It is believed engaging in these activities at an early stage contributes to strengthening their mental health (Van Berkum et al., 2016).

2. Early detection

Early detection of mental health problems, especially in the early stages of the integration process, is important to prevent issues from getting worse (Razenberg & Asmoredjo, 2019; Smal & Bloemen, 2019).

Active outreach

Active outreach can facilitate access to MHPSS. Local (mental) health teams can be accompanied by other professionals when visiting (newly-arrived) refugees at home or at places they frequent (Bloemen et al., 2018).

Discussing mental health during intake

Refugees may not always recognise mental health problems, as health is often understood to only be physical health. Sometimes mental health issues are seen as weakness or madness (Smal & Bloemen, 2019; Witkamp et al., 2019). It is important to create a safe environment and address mental health as early

as possible, and to start building a relationship of trust (Bloemen, 2018; Smal & Bloemen, 2019; Witkamp et al., 2019). Previous experiences and influencing factors should be identified, focusing on positive factors that strengthen resilience (Bloemen, 2018; Smal & Bloemen, 2019).

Detecting serious mental health problems

Organising a systematic approach for early detection of serious mental health issues is a major challenge. Professionals of the regional public health services (GGD)¹² can reach a preliminary diagnosis, discuss it with the client and - with their consent – share it with other professionals (Fassaert, Tuinebreijer, Parra Lozano & de Wit, 2018). Refugees should be made aware that mental health problems may only become apparent after a while, learn to pick up on signals and discuss these (Bloemen, et al., 2018).

Making regular inquiries

Although it is important to start addressing mental health during intake, it is often difficult to obtain a good impression immediately, as it takes time, a relationship of trust needs to be built and symptoms may only manifest at a later stage. Therefore, it is important to make regular inquiries about the psychological well-being of refugees, which will also help to 'normalise' discussing mental health (Smal & Bloemen, 2019), and to remain alert to (mental) health during the process (Witkamp et al., 2019).

3. Care & support

MHPSS close to the refugees' own setting

It is recommended to provide accessible and short-term mental health support close to the refugees' own setting, such as by a mental health professional

12 GGD: Gemeentelijke GezondheidsDienst: these services in the Netherlands are responsible for organizing public health activities in municipalities in the Netherlands.

connected to the general practitioner's practice (in Dutch a 'poh-ggz'), as this may be more easily accepted than (external) psychologists or psychiatrists (Bloemen, 2020; Bloemen et al, 2018)¹³. Complex mental problems, such as severe traumatisation, still require referral to specialised institutions.

Taking into account individual preferences

In addition to health care, regular activities that involve engaging with other people contribute to the well-being of refugees (Witkamp et al., 2019) and to strengthening their resilience. When choosing these activities, focusing on individual preferences and abilities is important (Smal & Bloemen, 2019; Bloemen, 2020)¹⁴. In this respect, voluntary work is considered an accessible form of MHPSS as it can contribute to the overall health of refugees (Smal & Goorts, 2017).

Involving cultural mediators

(Former) refugees can build bridges between refugees and (mental) health professionals, as they speak both languages (Bloemen, 2020) and understand both perspectives. They can share experiences and provide information on the country of origin to professionals (Mulders, 2017), and share their network with other refugees (Bloemen, 2020).

Involving non-specialised workers

The WHO recommends task-shifting to increase the uptake of mental health interventions in communities. This means transferring a task from a highly qualified specialist to a less-specialised worker, including supervised trained lay persons. More interventions can then be carried out in more accessible primary or community settings (Sijbrandij et al., 2017).

13 This is line with UNCHR operational guidelines (UNCHR, 2013).

14 In addition, UNCHR operational guidelines stating that psychosocial support activities should also be integrated within other activities for community building, such as recreational activities and vocational training (UNCHR 2013).

4. Professionals with specific expertise

Taking time and building a relationship of trust

Refugees have been exposed to several stressors before and during their flight and while settling in the Netherlands, which may impact their health (Bloemen, 2018). Gaining and developing trust to even talk about the difficult topic of mental health takes time, requires patience and skills (Razenberg & Asmoredjo, 2019; Bloemen, De Haan & Tichelman, 2018; Bloemen, 2020), but is essential, otherwise mental health issues will remain hidden (Witkamp et al., 2019).

A culture-sensitive approach

A culture-sensitive approach involves a mix of knowledge and attitude (Bloemen, 2020; Bloemen et al., 2018; Smal & Bloemen, 2019) and requires appropriate communication skills, building of trust, a good working relationship, and a curious and non-judgmental attitude. Self-reflection about one's own cultural background is important (Bloemen, 2020; Bloemen et al. 2018; Smal & Bloemen, 2019; Van Schie & Van den Muijsenbergh, 2017). Health professionals working in a culture-sensitive way, align health support with the ideas and expectations of refugees (Van Gastel & Bloemen, 2020).

Making use of professional interpreters

Sometimes the use of an interpreter is required when working with refugees. When discussing sensitive or difficult subjects, and for specialised mental health care, it is important to work with a professional interpreter at local level (Bloemen, 2020; Van Schie & Van den Muijsenbergh, 2017; Smal & Bloemen, 2019), to prevent parts of the conversation not being translated properly or at all (Bloemen et al., 2018) and to prevent refugees having to travel far to access care.

5. Institutional level

The elements in MHPSS for refugees described above will be enhanced if certain institutional conditions are in place. Two aspects have been identified as important:

Integral approach and regional networks

An integral approach starts with a jointly developed shared vision on integration and participation of refugees that reflects available (health) services at local level (Smal & Goorts, 2017; Van den Muijsenbergh & Duijnhoven, 2018). Regional networks can play a role in facilitating exchange between different actors (Mulders, 2017). Refugees, cultural mediators and buddies can bring additional perspectives on policy-making activities and improvements to interventions, and enhance collaboration (Mulders, 2017).

Coordination between (health and non-health) professionals and volunteers

Good coordination and collaboration between (health and non-health) professionals and volunteers in support for individual refugees is important (Bloemen, 2018; Fransen, et al., 2017; Smal & Goorts, 2017; Tinnemans, Van Gent, Avric, & De Groot, 2020; van Beelen, 2016). It will facilitate early detection of mental health problems and the need for support, and is especially important in complex situations (Bloemen, 2020; Razenberg & Asmoredjo, 2019; Smal & Bloemen, 2019; Van Es, Sleijpen, Ghebreaab, & Mooren, 2019). Good coordination also enhances the development of a more person-oriented and integral approach (Bloemen, 2020; Van Es et al., 2019).

5 Literature study MHPSS

5.1. Introduction

An important factor for refugees in being able to integrate and participate in the host society, is health (Razenberg and Asmoredjo, 2019). When it comes to access of refugees in the Netherlands to the labor market, health has been found to play an important role (Witkamp et al., 2019). On the one hand, health is an important prerequisite for participation. On the other hand, unemployment can also negatively affect health. Research by Arq and Pharos (Fransen, et al., 2017) showed that there is currently a problematic relation between psychosocial problems and (labor market) participation of refugees in the Netherlands. Psychosocial problems can obstruct access to education and (voluntary) work; forced labour market participation (below one's level) can cause additional stress; a lack of participation in (voluntary) work can lead to loneliness and depression. At the same time, finding work that suits one's interest has a positive effect on psychosocial health and wellbeing, and having a job accelerates the process of learning the language of the host country.

For the literature review on MHPSS we conducted a search, based on the references provided by MFA-NL; a recent literature study on interventions in the field of Access to Employment by the Knowledge Platform Integration & Society (KIS) (Tinnemans et al., 2020); the websites of two national mental health expertise centres in the Netherlands: ARQ Nationaal Psychotrauma Centre (<https://www.arq.org/nl>) and Pharos (<https://www.pharos.nl>); and a google search and university library search engine (World cat through university search engine of University Leiden), for which we used search combinations with (the Dutch words for) 'refugees' and 'psychological health', 'mental health'

and/or 'psychological or mental health care'. Additional literature suggestions were done by team members and the reference group.

Few studies focused on one specific intervention. We found several (Pharos) guidelines – building on previous experiences and research in the Netherlands - with references to good and/or interesting practices. Most studies we found were descriptive and qualitative in nature. Many combined literature review with explanatory research. Two in-depth studies combined qualitative research with an analysis of (existing) survey data (Oostveen, Bouterse, & Gorter, 2019; Oostveen, Rens, & Klaver, 2020). One study was mainly quantitative in nature (a single-blind pilot randomised controlled trial (RCT)), which was combined with explanatory research (on the basis of interviews with professionals, experts by experience and/or refugees) (De Graaff et al., 2020). There were a number of literature studies. One study provided an overview of effective (mental health) prevention interventions in the Netherlands (De Haan, Bloemen, Beekman & Tichelman, 2018). Several guidelines on MHPSS –building on previous studies and experiences in the field of MHPSS - provide concrete suggestions for prevention activities (Bloemen, 2020; Bloemen et al., 2018; Fransen, et al., 2017; van Berkum, 2016).

We have identified three chronological phases in the care relationship where important elements occur: prevention (section 2), early detection (section 3) and care & support (section 4). A fourth area of attention is the specific expertise required by care professionals to work with refugees (section 5). Finally, certain aspects at institutional level are considered important for MHPSS for refugees to be successful (section 6). We describe important elements and, where relevant, provide some examples of good and promising practices for each area. A 'good practice' is an intervention which has been classified as an effective intervention or an intervention with positive results for which an effect study and/or in-depth explanatory study is available. A 'promising

practice' is a practice for which no effect study or other (in-depth) explanatory study is available, but which has been identified as promising in the literature.

In this review we use the UNHCR definitions of terminology in the field of MHPSS. The definitions of Mental Health, Psychosocial Support and of a core MHPSS intervention are provided below. These and other MHPSS-related definitions of the UNCHR can be found in annex no. 3.

Mental Health (MH) is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (UNHCR, 2013).

Psychosocial Support (PSS) includes all processes and actions that promote the holistic well-being of people in their social world. It includes support provided by family, friends and the wider community. It can be used to describe what people (individuals, families and communities) do themselves to protect their psychosocial well-being, and to describe the interventions by outsiders to serve the psychological, social, emotional and practical needs of individuals, families, and communities, with the goal of protecting, promoting and improving psychosocial well-being. (UNHCR, 2013).

A core MHPSS intervention consists of one or several interrelated activities with the explicit goal to improve the mental health and psychosocial well-being of refugees and other persons of concern. A core MHPSS intervention has the specific aim to contribute to improved mental health and psychosocial well-being (UNCHR, 2013).

In the Netherlands asylum seekers and refugees living in an asylum centre with symptoms such as depression, anxiety or other psychological complaints are supported by a mental health professional connected to a general practitioner's practice (in Dutch a 'poh-ggz'). If necessary, the general practitioner can refer the asylum seeker for further treatment (COA, GGD GHOR Nederland, & GZA Health care, 2019).

Refugees who are living in municipalities also go first to the general practitioner in case of (mental) health problems. The general practitioner is responsible for the treatment of mild psychological complaints in collaboration with a mental health professional (poh-ggz). The general practitioner is part of the so called 'primary care' in the Netherlands. All inhabitants in the Netherlands can go to a general practitioner without reference¹⁵. The general practitioner can refer people with moderate to severe mental health problems to basic mental health care facilities or specialized mental health care.¹⁶

5.2. Prevention

The WHO distinguishes three categories of prevention in MHPSS. Universal or collective interventions target the entire population. Selective prevention targets individuals or groups at increased risk of developing mental health problems. The last category targets individuals who are at high risk of mental health problems and who already present symptoms, but they do not yet meet the criteria of a disorder according to the DSM IV (Van Willigen, 2010).

¹⁵ Inhabitants of the Netherlands can also go directly (without reference) to the dentist, physiotherapist, social worker or district nurse. <https://www.rijksoverheid.nl/onderwerpen/eerstelijnszorg>.

¹⁶ <https://www.rijksoverheid.nl/onderwerpen/geestelijke-gezondheidszorg/basis-ggz-en-gespecialiseerde-ggz>.

Within all categories of prevention, it is important to pay attention to specific groups among refugees who are prone to developing mental health problems, such as unaccompanied minors, adolescents, young adults, single mothers, and refugees who came to the Netherlands through family reunification¹⁷ (Arq Psychotrauma Expert Group, 2016). Investing in limiting risk factors and strengthening protective factors can prevent or reduce psychological problems of refugees (Van Berkum et al., 2016). By investing in prevention activities, the need for (specialised) mental health care will be reduced at a later stage (Van Willigen, 2010).

In this chapter we describe three elements that have been found to be important when developing and/or implementing prevention activities: psychoeducation at an early stage; introduction to the health care system; and access to integration-related activities at an early stage.

Psychoeducation at an early stage

Providing psychoeducation to refugees at an early stage, already in reception centres, can have a preventive effect. Explaining that it is normal to experience stress-related symptoms can help in making (health) care more easily accessible and in reducing taboos around talking about mental health symptoms (Van Berkum et al., 2016). Group meetings focused on sharing information about psychological issues or dealing with stress can be organised by professional mental health experts, possibly together with trained cultural mediators. When relevant, interpreters should be available during these group meetings (Bloemen, 2020).

Good practice: Mindfit

Mindfit is an intervention that focuses on psychoeducation at an early stage. The intervention is offered by the organisation Mindfit. It has been developed in 2002, and has been implemented in many municipalities in the Netherlands since. The aim of the intervention is to strengthen mental health and psychosocial skills, and to empower (adult or sometimes youth) participants. The intervention consists of 12 meetings (2-3 hours each) with either homogeneous or heterogeneous groups, led by a professional. An interpreter is present at the sessions. The topics of the sessions can be adapted according to the (needs of the) participants. The sessions are interactive and pay attention to skills, such as the ability to recognise (signs of) mental health and learning to deal with stress. It also focuses on transfer of knowledge (for example what is normal when stressful events occur) and how to build a positive new identity (De Haan et al., 2018).

<https://www.mindfit.nl/>

¹⁷ Family reunification is an entry channel enabling those who already reside legally in a EU Member State (referred to as sponsors) to be joined by their family members. See https://ec.europa.eu/home-affairs/what-we-do/policies/legal-migration/family-reunification_en.

Good practice: The power of thoughts (De kracht van gedachten)

Another example of an intervention focusing on psychoeducation at an early stage is 'De kracht van gedachten' (the power of thoughts). The intervention was developed by Albert Ellis and has been applied in many reception centers in the Netherlands since 2014, but can also be used by municipalities. The aim of this intervention is to strengthen mental health and self-reliance of young adults (age 18-21), adults, parents and elderly people. The power of thoughts is a skills training consisting of four meetings (of two hours each) with 10-15 participants, and is based on Rational Emotive Therapy (RET). The sessions are held by two (trained) prevention professionals and a professional interpreter. Apart from psychoeducation, the sessions focus on getting a deeper understanding of how thoughts influence your mood and how you can positively affect this (De Haan et al., 2018).

<https://ggnet.nl/cursussen/de-kracht-van-gedachten>

Introduction to the (mental) health care system

Prevention starts with properly guiding and informing a target group. It is important to take time to explain the (mental) health care system of the Netherlands to refugees, and to do so repeatedly (Bloemen, 2020; Bloemen et al., 2018). Attention should be paid to explaining how care providers work and what they expect from clients. For example, the care system in the Netherlands is characterised by an emphasis on client orientation, directness, and clients being assertive and pro-actively asking for help (Bloemen et al., 2018). Communication should be comprehensible and adapted to the language level of the client (Bloemen et al., 2018; Razenberg & Asmoredjo, 2019). Refugees' own (digital) communication channels can also be used for sharing information (Van Berkum et al., 2016).

Good practice: Mind-Spring

Mind-Spring is an intervention that combines psychoeducation at an early stage and sharing of information on the health care system (De Haan et al., 2018). Based on first experiences by Paul Sterk in Sierra Leone, the method has been developed in collaboration with the Dutch Council for Refugees and Pharos. The intervention was implemented in the Netherlands in reception centres between 2004 and 2019.

The intervention consists of a training course led by a trainer/counsellor with a refugee background, together with a co-trainer from a regional mental health care institution. During training sessions refugees gain insight into the impact of living conditions – current and past - on their psychological functioning. Participants also gain insight into their own identity and strengths. This forms the basis for developing positive coping strategies. Through psychoeducation and practical tips, asylum seekers learn to take matters into their own hands, thereby reducing health problems and worries. During the sessions information about psychological problems and about the (Dutch) healthcare system is shared with participants (Van Berkum et al., 2016).¹⁸

<https://migratie.arq.org/preventie/mind-spring>

Integration-related activities at an early stage

In recent years, opportunities for asylum seekers in the Netherlands to participate in meaningful activities have increased. This has been supported by

¹⁸ For more information see www.loketgezondleven.nl.

increasing the number of hours asylum seekers still living in reception centres are allowed to work. Options to do voluntary work and to learn the Dutch language in these centres have also increased. Doing meaningful activities at an early stage (which also include activities supporting social participation and sociocultural integration) will contribute to strengthening the mental health of refugees (Van Berkum et al., 2016).

Promising practice: Getting Started (Aan de slag)

The project Getting Started supported asylum seekers and refugees in undertaking voluntary work together with (other) volunteers in the municipality, outside of the reception centre. The voluntary work would be organised by civil society organisations and citizens' initiatives in the municipality (Van Berkum et al., 2016).

The project was implemented from April 2016 to the end of 2019 (Bakker et al., 2018). In this project, the Dutch knowledge platform on (mental) health Pharos worked together with volunteer centres, local social organisations and COA¹⁹. The project has had some successful results in Nijmegen and Utrecht and the idea was to extend activities by the end of 2018 to some 25 municipalities²⁰.

Research shows that participants report the voluntary work made them feel better, freer and happier, especially outside of the reception centre. The interaction with Dutch people had a positive effect

19 Het Centraal Orgaan Opvang Asielzoekers (COA): the governmental organisation responsible in the Netherlands for providing housing to asylum seekers (through reception centres) and for providing support to refugees in these refugee centres.

20 <https://www.kis.nl/interventie/aan-de-slag>.

on refugees' mental health. According to actors involved, voluntary work gave the asylum seekers and refugees living in reception centres a sense of purpose, and self-confidence. It also provided distraction from (concerns or stress due to) previous hardships or the concerns they had about (family in) their home country (Bakker et al., 2018).

<http://aandeslag.info/>

5.3. Early detection

Detection is the (early) observation of behaviour and events that may be an indication of (mental health) problems (Bloemen, 2018). Identifying psychological problems at an early stage is important in order to prevent health problems from becoming worse (Smal & Bloemen, 2019). In this section we describe important elements of early-detection interventions and practices by health and non-health professionals and volunteers that were discussed in the literature. These are: active outreach, discussing mental health during intake, identifying previous experiences and context factors during intake, and making regular inquiries.

Active outreach

Being attentive to early detection is important, especially in the early stages of the integration process (Razenberg & Asmoredjo, 2019). Actively reaching out to refugees is an important element in facilitating accessibility of MHPSS support. It is important that local (health and non-health) teams make home visits to (newly arrived) refugees in their neighbourhood. During these visits, professionals can meet refugees and explain their role. When relevant, these home visits can be done together with other professionals, such as professionals specialised in supporting children (Bloemen et al., 2018). Professionals

and volunteers involved should also visit places frequented by refugees, for example the language school, a community centre or meetings with local NGOs that support refugees (Bloemen et al., 2018).

Discussing mental health during intake

It can be difficult to get an idea of mental health issues of refugees and the extent to which these affect their daily life (Smal & Bloemen, 2019; Witkamp et al., 2019). Refugees often do not recognise mental health problems, as health is mainly understood to mean physical health and stress is not seen as a health problem (Witkamp et al., 2019). There may be cultural barriers to talking about psychological issues, for example because they are associated with weakness and madness. As a result, psychological problems often remain hidden, or are mentioned in a more general way (Smal & Bloemen, 2019; Witkamp et al., 2019). For example, refugees with psychosocial health problems may refer to a general loss of energy, feeling very tired, or feeling pain everywhere (Smal & Bloemen, 2019).

The intake or first introductory meeting between a professional and a refugee is an important moment to pay attention to mental health. Creating a safe environment and asking non-threatening questions can help to start a conversation about mental health (Bloemen, 2018; Smal & Bloemen, 2019). By **building a relationship of trust** between professional and refugee, difficult topics can be discussed (Witkamp et al., 2019).

It is also important to identify previous experiences or current (context) factors which may influence (positively or negatively) the mental health situation of the refugee. This can give further guidance when defining the type of support. As it is often difficult to influence hindering factors, it is important to focus on positive factors which could strengthen resilience: what does someone like and what can they still do? (Bloemen, 2018; Smal & Bloemen, 2019).

Good practice: Person Profile Scan-V with specific attention to mental health situation

One of the instruments for assessment used by various municipalities in the Netherlands is the online **PPS-V assessment tool** which has been developed on the basis of the Personal Profile Scan (PPS) (Smal & Goorts, 2017). The tool can be used during an intake by a coach or reintegration professional as it can support in getting a first impression of the refugee^{21 22}.

The tool provides an overview of education, work experience, self-reliance, job search behaviour, Dutch and English language level, learning ability, personality and competencies of a refugee. The PPS-V tool pays specific attention to impeding factors such as the mental health situation and possible traumatisation.

For the interpretation of the PPS-V results with regard to (mental) health members of the local social team should be involved (Smal & Goorts, 2017). An assessment alone seems insufficient to get a complete picture of the individual refugee (Razenberg et al., 2021).

<https://noa-vu.com/producten/online-tests/re-integratietests/persoonsprofielscan-vluchtelingen/>

21 <https://noa-vu.com/producten/online-tests/re-integratietests/persoonsprofielscan-vluchtelingen/>.

22 Some municipalities (including the municipality of Amsterdam) are more critical of the assessment results with regards to personality and competences section of the PPS-V assessment tool, as the results often do not correspond with their own impression of the refugee during the intake. An assessment alone seems insufficient to paint a complete picture of the individual status holder (Razenberg et al., 2021).

Promising practice: MIRROR Refugee app

The web-based MIRROR Refugee app²³ is a digital tool available in Dutch and English, which can support in making a first estimate of risk factors and the level of resilience of refugees who experience or have experienced major (traumatic) events. After responding to the questions in the app, it provides personalised advice and - where necessary – guidance to specific additional support. Apart from an app for adults, there are apps for young people (13-18 years) and for children (4-12 years). Volunteers need to be trained in how to use the app before starting to work with it²⁴.

<https://migratie.arq.org/projecten/vroegsignalering-den-haag>

Detecting serious mental health problems

Organising a systematic approach for early detection of serious psychological problems (such as depression, post-traumatic stress disorder, psychotic disorders and addiction) is a major challenge (Fassaert et al., 2018). In order to reach a preliminary diagnosis, professionals of the regional public health services in the Netherlands (GGD)²⁵ can hold one or two interviews. In a semi-structured interview, all areas of life will be discussed, if necessary with the help of an interpreter. The conclusions are discussed with the client and - with the client's consent - (partially) shared with others (Fassaert et al., 2018).

23 In Dutch: MIRROR Vluchtelingen app. For more information, see: https://www.arq.org/sites/default/files/domain-9/documents/gebruiksvoorwaarden_mirror_vluchtelingen_arq_psychotrauma_expert_groep_oktober_2016-9-14781142272128112282.pdf.

24 Source: <https://migratie.arq.org/projecten/vroegsignalering-den-haag>.

25 GGD: Gemeentelijke GezondheidsDienst: these services in the Netherlands are responsible for organizing public health activities in municipalities in the Netherlands.

It is important that adult family members become aware of the fact that mental health problems may only become apparent after a while. They should be alert to signals of this happening to themselves, their partner or their children. They should discuss this with their partner and with care providers (Bloemen et al., 2018).

Making regular inquiries

There is not one specific moment in time for (mental) health problems to manifest (and to have a visible impact on integration processes of refugees), nor is there one moment for these health problems to be detected. Sometimes the health problems are already clearly visible when the refugee is living in the reception centre. However, psychological problems often arise at a later stage, when the situation stabilises, for example once a refugee is settled, when all administrative obligations have been arranged, or once family reunification has taken place (Razenberg & Asmoredjo, 2019). It also happens that signals only become visible years later (Razenberg & Asmoredjo, 2019; Smal & Bloemen, 2019).

It is important to make regular inquiries about the psychological well-being of refugees. This will help to 'normalise' discussing the subject and may enable professionals and volunteers to be timely informed in case something is wrong (Smal & Bloemen, 2019). Although it is important to start addressing mental health at an early stage, it is difficult to obtain a complete or good picture of health problems immediately at the start of counseling. First of all, there is not enough time for this during intake as many subjects have to be addressed; secondly, a relationship of trust must still be built; and thirdly, (the extent of) health problems may only become apparent at a later stage. As a result, professionals must remain alert to health issues during the whole process (Witkamp et al., 2019).

5.4. Care & support

In this section we will describe important elements in the field of MHPSS activities focusing on care and support of mental health and/or psychosocial problems. These are: MHPSS close to the refugees' own setting; taking into account individual preferences; involving cultural mediators; and involving non-specialised workers). For the latter we also provide some examples of good and promising practices.

MHPSS close to the refugees' own setting

Accessible and short-term psychological support provided by a mental health professional connected to the general practitioner's practice (in Dutch a 'poh-ggz'), may be more easily accepted by refugees than referral to an (external) psychologist or psychiatrist (Bloemen, 2020). It is therefore important to – where possible – provide psychosocial support and mental health care close to the refugees' own setting (Bloemen, 2020; Bloemen et al., 2018)²⁶. A counselor has an important role in providing additional information about mental health care, by finding the right people who can assist in finding the right (mental health) care (Bloemen, 2020). Complex mental problems, such as severe traumatisation, still require referral to specialised national institutes.

Taking into account individual preferences

Tackling factors that negatively impact mental health is often difficult. That is why focusing on strengthening resilience is important, which includes considering what a person likes and what he or she is still able to do (Smal & Bloemen, 2019). In this context, it is important to realise that - in addition to medical and mental health care – activities, such as sports and exercise, volunteering

and having a buddy, contribute to the well-being of refugees. These types of activities can provide a routine and a reason to leave the house and be in touch with other people (Witkamp et al., 2019).

When giving concrete advice on these types of activities, for example in activation and participation, sports and exercise, music, creativity, social contacts and finding support in religion, the person's preferences should be taken into account (Bloemen, 2020)²⁷. Voluntary work is considered an accessible form of MHPSS support as it can contribute to (an improvement of) the health situation of refugees (Smal & Goorts, 2017).

Involving cultural mediators

(Former) refugees can play a role in building bridges between refugees and (mental) health professionals. Refugees can share experiences with health and non-health professionals (such as social workers, people working for welfare organisations, teachers and other school staff) about (background and cultural norms in) the country of origin (Mulders, 2017).

These key figures or mediators are able to build bridges (between refugees, professionals and volunteers) as they speak the local language and the refugees' mother tongue. Besides, they understand the perspectives of the (health) professional, the volunteer and the refugee. They also bring a network and are able to quickly extend this network among refugees (Bloemen, 2020).

²⁶ This is line with UNCHR operational guidelines (UNCHR, 2013).

²⁷ In addition, UNCHR operational guidelines stating that psychosocial support activities should also be integrated within other activities for community building, such as recreational activities and vocational training (UNCHR 2013).

Involving non-specialised workers

In the last decade, the WHO has recommended task-shifting in order to increase the uptake of mental health interventions in communities. This means transferring a task from a highly qualified specialist to a less-specialised worker with fewer qualifications. For example, tasks may be shifted to a supervised lay person, who is specifically trained to perform that task.

By shifting tasks, interventions originally carried out by specialised services may now be carried out in primary or community settings instead (Sijbrandij et al., 2017). An example of a mental health intervention involving peer educators is PM+.

Another example of an intervention involving non-specialised workers in the Netherlands is the Mosaic project. The Radboud University of Nijmegen is researching the effectiveness of the intervention.

Promising practice: 7ROSES

7ROSES (Recovery Oriented Survivor Empowerment Strategies) is an accessible method focussed on empowerment. The intervention was developed by Arq National Psychotrauma Center and its objective is strengthening people after having been exposed to shocking life events²⁸. The toolkit of the 7ROSES method includes the outline for 16 sessions and builds on tried-and-tested empowerment methodologies and methodologies from Acceptance and Commitment

28 The method is based on the scientifically substantiated CHIME framework. In addition to the five pillars of personal recovery in mental health issues of the CHIME framework (Connectedness, Hope, Identity, Meaning and Empowerment), the 7ROSES method has added two pillars to this: Recognition and Safety, resulting in the seven pillars of 7ROSES. <https://7roses.arq.org/nl/methodiek>.

Therapy (ACT) and Systematic Rehabilitation-Oriented Action (SRH)^{29 30 31}.

The starting point of the 7ROSES method is to encourage participants to take (again) an active role in their own recovery. At the start of each session, participants decide which of the seven 'pillars' are important to them at that moment. The methodology is implemented via sessions of 1 hour (individual) or of 2,5 hours (group). The frequency of the sessions and the total number of sessions are adjusted to the setting. If applicable, interpreters take part in the sessions. The content of the sessions can also be adapted to the participants³².

7ROSES is designed in such a way that the method can be applied in different contexts; it can be implemented inside or outside (mental) healthcare structures, through the involvement of social institutions, and in reception centers for asylum seekers. Different target groups may benefit from 7ROSES: participants of various origins and cultures, group or individual, and before, during or after treatment.³³

A study (Van Heemstra et al., 2019) was conducted at an outpatient treatment facility located in the Amsterdam region which provided 7ROSES through nine weekly group sessions of 2.5 hours, of 5-8

29 In Dutch: Systematisch Rehabilitatiegericht Handelen (SRH).

30 <https://www.zonmw.nl/nl/onderzoek-resultaten/geestelijke-gezondheid-ggz/programmas/project-detail/zorg-voor-vluchtelingen/7roses-een-laagdrempelige-empowerment-methodiek-voor-statushouders-met-psychosociale-problemen-in-n-verslagen/>.

31 <https://7roses.arq.org/nl/methodiek>.

32 <https://7roses.arq.org/nl/methodiek>.

33 <https://7roses.arq.org/nl/methodiek>.

participants per group. There is preliminary evidence that 7ROSES could improve self-efficacy and general mental health in refugees with psychopathology. Because it can be applied by non-specialist health care workers, it can be disseminated on a large scale, thereby increasing options for psychosocial support for refugees.

<https://7roses.arq.org/nl/methodiek>

5.5. Professionals with specific expertise

In this section we identify important elements with regard to specific expertise that is required for professionals who implement MHPSS activities for refugees. We will describe the following elements: taking time and building a relationship of trust, a culture-sensitive approach, and making use of professional interpreters. We include some promising practices in the fields of building a relationship of trust, and a culture-sensitive approach.

Taking time and building a relationship of trust

The psychological vulnerability of refugees stems from various factors, including (traumatic) experiences in the country of origin and during the flight, such as encountered violence and the loss of loved ones. Adaptation problems and stress factors in the Netherlands, such as a long stay in asylum seekers centres, the uncertainty around obtaining a residence permit, a limited social network in the host country, concerns about family and homesickness, also make refugees vulnerable. People working with refugees need to realise that refugees have been exposed to various factors that can undermine their psychological standing (Bloemen, 2018).

It is therefore important that health and non-health professionals invest time in building a relationship with a refugee. In many cultures, investing in a

relationship in order to start building trust is considered important. It takes time to open up about psychological problems, and people may feel ashamed to talk about it. Gaining trust therefore takes time and requires patience (Bloemen, 2020; Bloemen et al., 2018; Razenberg & Asmoredjo, 2019). If a relationship of trust has not been established, refugees may hide their issues from the people supporting them. After all, it is a difficult topic to talk about (Witkamp et al., 2019).

Investing time in a good introduction and intake contributes to better insight into the resilience of the person (Bloemen, 2020). Counselors should find a balance between their own goals and the needs of a refugee. It requires the ability to ask questions one by one, to be an active listener and to not want to go too fast (Bloemen, 2020).

Promising practice: Photovoice

The photovoice method can be used to build a relationship of trust. Photos are used as a reference to ask someone for their opinion. This can be done by discussing existing photos, or by asking people to take photos of what is important to them regarding the topic being discussed, prior to the conversation (De Been, Van den Muijsenbergh & Duijnhoven, 2018). A guideline on how to apply photovoice as part of a qualitative research can be found below.

https://www.gezondin.nu/wp-content/uploads/2020/11/Handleiding-photovoice_project-MAPZ-2.pdf

A culture-sensitive approach

Several studies refer to the importance of taking cultural differences into account in communication with refugees. A culture-sensitive approach involves a mix of knowledge and attitude (Bloemen, 2020; Bloemen et al., 2018; Smal & Bloemen, 2019). Ideas about communication, upbringing, sexuality and mental health of refugees often differ from those in the Netherlands (Bloemen, 2020).

A culture-sensitive approach requires good communication skills, building of trust and a good working relationship (Bloemen, 2020). It requires a curious and non-judgmental attitude about other (traditional) ideas and behaviours. Awareness and self-reflection about one's own cultural background is important (Bloemen, 2020; Bloemen et al., 2018; Smal & Bloemen, 2019). It is especially important for (mental) health professionals to communicate with refugees in an appropriate way, with empathy, interest and respect (Van Schie & Van den Muijsenbergh, 2017).

Training of health professionals in a culture-sensitive way of working will enable them to align the health support with the ideas and expectations of the refugees (Van Gastel & Bloemen, 2020). The cultural interview is a tool that can be used as part of a culture-sensitive approach.

Promising practice: Cultural interview

The cultural interview is a tool to stimulate conversation about cultural aspects of someone's background. The tool consists of a number of questions about the cultural background that plays a role in and connects with the client's perception of the world (Bloemen 2020; Bloemen et al., 2018; van Willigen, 2009). The cultural interview can be used by (mental) health professionals in the Netherlands in addition to current diagnostic intake procedures (Bloemen et al., 2018; van Willigen, 2009).

<https://www.pharos.nl/infosheets/het-culturele-interview/>

Making use of professional interpreters

In case of a language barrier, the counsellor or (health) professional may want to make use of an interpreter. This can be an informal interpreter (family, friend) or a professional interpreter. When discussing sensitive or difficult subjects (such as psychological problems, experiences of violence and family relationships) it is important to work with a professional interpreter (Bloemen, 2020; Smal & Bloemen, 2019; Van Schie & Van den Muijsenbergh, 2017). This is to prevent the risk that parts of the conversation are not being translated properly or at all (Bloemen et al., 2018). Especially in specialised mental health care, it is important that health professionals are able to make use of a local professional translator. This prevents refugees from having to travel long distances to access care that is being translated or provided in their own language (Bloemen et al., 2018).

5.6. Institutional level

Certain aspects at institutional level can greatly support MHPSS for refugees. Based on our literature study, we identified two main aspects: an integral approach and regional networks; and coordination between (health and non-health) professionals and volunteers. Both have briefly been mentioned in earlier sections, but are worth mentioning in the context of the importance of a well-functioning institutional level.

Integral approach and regional networks

An integral approach starts with a shared vision on integration and participation of refugees (including the role of mental health), jointly developed by local actors. This vision should also take into account available (health) services in the local context (Smal & Goorts, 2017; Van den Muijsenbergh & Duijnhoven, 2018).

Regional networks can play a role in facilitating exchange between different actors (Mulders, 2017). Refugees can bring an additional perspective to policy-making activities in (health) care and welfare. Cultural mediators or buddies can share information on relevant developments among refugees and share ideas for improvement of existing interventions. This enhances collaboration between the municipality and the (local) network partners ((mental) health workers, social workers, welfare organisations, schools, youth and family centres, sports clubs) (Mulders, 2017).

Coordination between (health and non-health) professionals and volunteers

Good coordination and collaboration between (health and non-health) professionals and volunteers in support for individual refugees is important (Bloemen, 2018; Fransen, et al., 2017; Smal & Goorts, 2017; Tinnemans et al., 2020; van Beelen, 2016). Sharing of information will contribute to early detection of (mental) health problems and/or need for psychosocial support, and is especially

important in complex situations (Bloemen, 2020; Razenberg & Asmoredjo, 2019; Smal & Bloemen, 2019; Van Es et al., 2019). Including non-health professionals (for example language school teachers and social workers) will strengthen early detection (Smal & Goorts, 2017).

Besides early detection, good coordination also enhances the development of a more person-oriented and integral approach, as all important aspects of the individual refugee's life can be taken into account (Bloemen, 2020; Van Es et al., 2019). Naturally, consent needs to be obtained when information is shared (Bloemen, 2020; Razenberg & Asmoredjo, 2019; Smal & Bloemen, 2019; Van Es et al., 2019) and refugees can be invited to coordination and follow-up meetings (Smal & Bloemen, 2019).

An example of coordination among professionals and volunteers is the creation of a 'social map'.

Promising practice: social map

A so-called 'social map' is an instrument for coordination at local level. It can be initiated by a municipality or other local actor. A social map is an overview of all local (and possibly regional) actors providing (culture-sensitive) health care and welfare. Once developed, a social map should be updated regularly (Fransen, et al., 2017).

<https://www.socialekaartnederland.nl/>

<https://amersfoort.socialekaartnederland.nl/rubrieken/psychische-gezondheid>

6 Summary Chapter literature study Access to Employment

In our literature study on access to employment for refugees, we distinguished four levels of analysis for describing successful elements: 1) competences and skills of refugees, 2) social network, 3) job matching, and 4) support by municipalities.³⁴ The elements described at each level are the ones most mentioned in the literature.

1. Competences and skills of refugees

Learning the language as soon as possible

Poor language skills are a serious barrier for refugees to access employment in the Netherlands (Guiaux, Uiters, Wubs, & Beenackers, 2008; Klaver, Mallee, Odé, & Smit, 2015; Oostveen, Bouterse, & Gorter, 2019b). Possibilities to start learning the language early, in reception centres, have been increased recently (SER 2016). 80% of municipalities now offer additional language classes, 81% offer 'language buddies' and 59% offer internships focused on learning the language (Razenberg & De Gruijter, 2020).

³⁴ In the Dutch context of the integration process of refugees a major change is the new Civic Integration Act that will be in place in the Netherlands from 1st of January 2022 onwards. This is important for the labour market participation of refugees, because it will change the role and the responsibilities of municipalities with respect of refugees. The law will give Dutch municipalities more possibilities in supporting refugees to access to the labour market.

Tests or assessments

Since many refugees have only enjoyed limited formal education (De Vroome & Van Tubergen, 2010) or cannot present their diplomas (Stavenuiter et al., 2019b), their (professional) skills and competences can in these situations be established with tests or assessments (Dagevos, Klaver, Dekker, Geuijen, & Odé, 2019; Desiderio, 2016; Martín et al., 2016). These provide insights and support matching with employment opportunities (De Jong et al., 2019; Stavenuiter et al., 2019b).

Practising job interviews

Training in presentation skills can reduce stress around job interviews (Oostveen et al., 2021; Stavenuiter, Tinnemans, Kahmann, & van der Hoff, 2019a). Refugees with some basic skills value practising communication with managers and colleagues, and learning about cultural norms and expectations at work and during a job interview (Oostveen et al., 2021; Stavenuiter et al., 2019b). Participation of an employer contributes to a realistic practice setting (Tinnemans & Yohannes, 2019).

Voluntary work or internships with a focus on work

Research into the contribution of voluntary work to participation and integration shows mixed results: it can be a catalyst for participation (Bakker et al., 2018) or an inhibitor for access to the labour market. It is concluded that only voluntary work focused on paid work contributes to participation in the labour market (Booijink, Stavenuiter, & Taouanza, 2017). This must support the refugees' learning process and requires intensive support (Razenberg et al., 2021). Internships focussing on learning skills and/or the language, or as part of an educational or work experience trajectory (*werkervaringsplaatsen*), are other successful elements (Razenberg et al., 2021; Van den Enden, Booijink, & Keuzenkamp, 2019).

Managing expectations

Due to language barriers and lack of diplomas, many refugees cannot work in their 'old' professions. Although it is important to take their dreams and wishes into account - in order to retain commitment - it is equally important to balance their dreams with what is realistic to achieve by managing their expectations of entering the Dutch labour market as early as possible (Razenberg et al., 2021).

2. Social network

Building social networks

A (broad) social network is important to access the labour market, as it creates opportunities to meet future employers (SER, 2019), learn about the labour market and increase social mobility (De Vroome & Van Tubergen, 2010). Refugees lack that social network initially (Klaver et al., 2015) and building it can be difficult, due to language and cultural barriers and concerns about family left behind (Dagevos et al., 2018; Sterckx & Fessehazion, 2018; Tinnemans & Yohannes, 2020). A social network built through interventions often remains limited to the people active in the interventions (Stavenuiter et al., 2019a).

Weak ties and buddies, role models and key figures

For a social network to facilitate entering the labour market, it needs to include contacts - weak ties – with people connected to the labour market (Stavenuiter et al., 2020). Refugees can be supported in building a social network by their own contacts, buddies, coaches or role models and key figures from migrant organisations, voluntary organisations or civil society organisations, who may facilitate contact with employers or other stakeholders in the labour market (Stavenuiter et al., 2020).

3. Job matching

Employment programmes that involve matching and organising contact between employers and refugees, increase refugees' chances of finding work (Correa-Velez, Barnett, & Gifford, 2015; Groenewoud, Mallee, Witvliet, & Blommesteijn, 2014; Klaver et al., 2015; Liu, Huang, & Wang, 2014).

Matching events or other meetings

Personal encounters between employers and migrants can contribute to countering stereotypes of refugees (Razenberg et al., 2021), and employers can see if there is a (personal) connection (Mack, Odé, Witkamp, & Witvliet, 2019; Razenberg et al., 2021). A study on the VIP programme of the Dutch Council for Refugees showed good experiences with matching events; inviting employers to training sessions; and organising (joint) visits to employers (Stavenuiter et al., 2019b, Tinnemans & Yohannes, 2020; Razenberg et al., 2021).

'Jobhunters' or work coaches

Municipalities can appoint intermediary professionals, so-called jobhunters or work coaches, to match candidates with vacancies. By keeping contact with a variety of employers, they can link suitable refugees to potential employers (Oostveen et al., 2019a). In Amsterdam, jobhunters actively approach employers, even when there are no vacancies, and they are present at resulting job interviews (Razenberg et al., 2021). Refugees in Amsterdam were more successful in finding a job than refugees in other parts of the country (Oostveen et al., 2019a); the intervention could be strengthened by enhanced follow-up activities.

Matching should take into account the needs of both the employer and the capacities of the refugee (Garić & de Vries, 2019).

4. Support by municipalities

Creating a relationship of trust

Support or coaching by professionals can (only) be successful if there is a relationship of trust. This is especially important if there are health issues, which could otherwise remain hidden (Razenberg et al., 2021). If a good relationship has been established, refugees are more motivated to participate (Razenberg et al., 2021). Building a relationship of trust takes time and requires a personal connection, open to discussing any problem (Razenberg et al., 2021). It works best with one, easily accessible central person supporting the refugee, who maintains regular contact face-to-face and by telephone (Razenberg et al., 2021).

Integral approach

In an integral approach refugees are working on all domains of life simultaneously and the trajectory is coherent (de Gruijter, Razenberg, & Tinnemans, 2019; Razenberg et al., 2021; van den Enden et al., 2019), with stakeholders closely coordinating complementary activities that range from language classes, learning about work to practical or administrative support (Garic & de Vries, 2019). This approach is essential, especially when several implementing partners are involved (Razenberg et al., 2021). An integral approach can create room for (social) participation, as it includes the wider context of a refugee in addition to skills development and language deficiencies (Razenberg et al., 2021).

Fast-track integration approach

Fast-track integration trajectories to support refugees entering the labour market are considered important (Garic & de Vries, 2019; Kok, van der Linden, & Dagevos., 2020; Oostveen et al., 2019a; SER, 2019; Tinnemans, Van Gent, Avric, & De Groot, 2020). Already the WRR³⁵ strongly advised that learning the

language, finding a job and completing the civic integration programme take place simultaneously, and not consecutively (Engbersen, Dagevos, Jennissen, Bakker, & Leerkes, 2015).

Dual trajectories

The Social and Economic Council of the Netherlands (SER) recommends dual trajectories, combining work experience and language (SER, 2018). Learning the language at the workplace should prevent the lock-in effect: refugees taking language classes are less available (to look) for work. As women generally focus on learning the language first, they are (more) often affected by the lock-in effect (de Gruijter et al., 2019; Liebig, 2007). Participating in a dual trajectory can increase chances on the labour market (Dagevos et al., 2019; Oostveen et al., 2018; Razenberg et al., 2021; Stavenuiter et al., 2019b); refugees can immediately apply their learnings into practice; learn workplace-specific language and participation is stimulated at an early stage (Razenberg et al., 2021). Professionals find that dual trajectories have an added value compared with a consecutive approach (Oostveen, Mack, & Ode, 2018).

35 WRR: a scientific council for government policy .

7 Literature Study Access to Employment

7.1. Introduction

In this chapter we will provide an overview of successful elements and good and promising practices in the field of access to (durable) employment for refugees in the Netherlands, as emerging from our literature study. We use the following definition of paid labour: 'to do a paid job, as an employee or as a self-employed person'³⁶. The aim of the chapter is to support a process of mutual learning and show (potential) scaling of successful (elements of) interventions.

We have distinguished four levels of analysis for describing successful elements of access to the labour market for refugees. These are: 1) competences and skills of refugees, 2) social network, 3) job matching and 4) support by municipalities.³⁷ For each level we describe successful elements and provide available good and promising practices. A 'good practice' is an intervention which has been classified as an effective intervention or an intervention with positive results for which an effect study and/or in-depth explanatory study is available.³⁸ A 'promising practice' is a practice for which no effect study or other (in-depth)

³⁶ See <https://www.cbs.nl/nl-nl/onze-diensten/methoden/begrippen/betaald-werk>.

³⁷ In the Dutch context of the integration process of refugees a major change is the new Civic Integration Act that will be in place in the Netherlands from 1st of January 2022 onwards. This is important for the labour market participation of refugees, because it will change the role and the responsibilities of municipalities with respect of refugees. The law will give Dutch municipalities more possibilities in supporting refugees to access to the labour market.

³⁸ We defined a good practise on the basis of a level 4 or level 3 study, see appendix 3.

explanatory study is available, but which has been identified as promising in the literature.

This literature review is based on studies on access to employment assembled by the Knowledge Platform Integration & Society (KIS), an overview report by the Social and Economic Council of the Netherlands³⁹ (SER, 2019); and the Terms of Reference (ToR) for the assignment by MFA-NL. We included relevant studies by research institutes in the Netherlands (Movisie, Regioplan, Significant, the Verwey-Jonker Institute and universities (Radboud University and University of applied sciences Windesheim)) and the most recent publications (from mid-2019) based on an internet search, google scholar, and World cat (through university search engine of University Leiden)⁴⁰ and relevant recent (synthesis) studies published in 2020. We also took into account the suggestions by the Reference Group.

We found some 45 studies (see annex references). A number of them focus on specific interventions in municipalities, others give a more general description of the (employment) situation and challenges of refugees in the Netherlands. Some studies focus on specific refugee groups (e.g. Syrian or Eritrean refugees). Although discrimination at the labour market (of people with a migration background, including refugees) does have an impact on the chances of refugees at the labour market of host countries, literature on interventions to prevent discrimination at the labour market was not part of the scope of this study and is therefore not included.

³⁹ The Social and Economic Council of the Netherlands (SER) is an advisory body in which employers, employees and independent experts (Crown-appointed members) work together to reach agreement on key social and economic issues.

⁴⁰ The following combinations of search terms were used: 'refugees and/or asylum seekers' and '(effective) interventions'. And 'refugees and/or asylum seekers' and 'work'. And 'refugees and/or asylum seekers' and 'support to employment'.

7.2. Competences and skills of refugees

In this section we describe five successful elements at the level of competences and skills of refugees: learning the language as soon as possible; tests or assessments; practising job interviews; voluntary work or internships with a focus on work; and managing expectations. These elements are mentioned most in the literature and we have found examples of good or promising practices for these elements.

Learning the language as soon as possible

Research shows that poor language skills are among the biggest barriers for refugees to access employment in the Netherlands (Guiaux et al., 2008; Klaver et al., 2015; Oostveen et al., 2019b). Since a few years, refugees who are likely to get a residence permit, have been granted the opportunity - while the asylum procedure is still ongoing – to start learning Dutch in the reception centres (SER, 2016).

A research published in 2020 shows that 80% of municipalities in the Netherlands offer additional language classes (besides the language courses at language schools) and 59% offer internships focused on learning the language. In 81% of the municipalities, refugees are offered the opportunity to be introduced to a 'language buddy', i.e. someone to further practice the language with (Razenberg & De Gruijter, 2020). It is not only beneficial to start learning the language at an early stage, but also to have enough opportunities to practise the Dutch language, especially in the workplace.

Good practice: Taalboost in Amsterdam

As part of the Amsterdam approach, the municipality of Amsterdam offers extra support for refugees in learning the (Dutch) language (Oostveen, Klaver, & Born, 2019a). Taalboost has been developed in 2016. In four weeks, Taalboost (provided by an external organisation) offers refugees language classes focused on speaking the Dutch language in the context of a specific sector or employer. Attention is being paid to 'learning skills' (how to learn) and presentation skills. This is done with group training, individual practice and individual coaching. Taalboost is flexible and can be adjusted to the capacities of individual refugees (Oostveen et al., 2019a).

Research (both quantitative and qualitative) among professionals and refugees shows that Taalboost is considered to have great added value. It contributes to enhanced presentation and communication skills, language capacities (general and sector-specific), self-esteem and social skills. The smaller the group composition, the more it contributes to the intensity of the classes and the attention being paid to individual participants (Oostveen et al., 2019a).

<https://www.taalboost.nl/>

Tests or assessments

Evaluating refugees' (professional) skills and capabilities is useful for refugees who received relatively few years of formal education in their country of origin. Many recent refugees in the Netherlands were only able to enjoy a limited number of years of education in their country of origin (De Vroome & Van Tubergen, 2010). Many refugees were not able to bring their diploma from their country of origin or lost it on the way (Stavenuiter, Tinnemans, Kahmann, & van der Hoff, 2019b).

When diploma validation is not possible, it can be useful to test (professional) skills and competences through tests or assessments (Dagevos et al., 2019; Desiderio, 2016; Martín et al., 2016). Tests or assessments can provide refugees insights into their own talents and (professional) skills, and they can play a role in finding a better match with employment opportunities (De Jong et al., 2019; Stavenuiter et al., 2019b).

Practising job interviews

Refugees who are new on the Dutch labour market are not familiar with the implicit and explicit communication norms during job interviews. Training focusing on presentation skills can reduce stress around job interviews (Oostveen et al., 2021; Stavenuiter et al., 2019b; Stavenuiter et al., 2019a). Research on two interventions (NVA work trajectories and Refugees Invest in Participation (Dutch acronym VIP) concluded that refugees who already have some basic skills, value the importance of practising communication with managers and with colleagues, and learning about cultural (behavioural) norms in the workplace (such as a proactive attitude) and about employers' expectations during a job interview (Oostveen et al., 2021; Stavenuiter et al., 2019b). Participation of an employer in the training setting contributes to a realistic practice setting (Tinnemans & Yohannes, 2020).

Good practice: Refugees Invest in Participation (VIP)

The aim of the VIP-programme is to support refugees in finding a job or in accessing a vocational training or other educational trajectory. The Dutch Council for Refugees works together with employers, education centres and municipalities in this programme. The trajectory takes about six months, but can be extended depending on participant's needs.

In the VIP group training, participants learn about cultural (communication) norms in the Netherlands, such as non-verbal communication (eye contact, firm handshake, etc.) and participants practise presentation skills. Employers' expectations are discussed with participants and participants practise pitching themselves. Participants also practise conducting job interviews together, by using role plays. Sometimes employers participate in these role plays (Tinnemans & Yohannes, 2019).

Refugees consulted on the VIP intervention were positive about starting to work first in a 'bread job'. It enabled them to follow an education in addition to their work, to improve their Dutch language capacities, or it enabled them to better combine working with family life (Razenberg et al., 2021; Stavenuiter et al., 2019b).

<https://www.vluchtelingenwerk.nl/wat-wij-doen/onze-projecten/onze-afgeronde-projecten/project-vip-vluchtelingen-investeren-participeren>

Voluntary work or internships with a focus on work

Research (Bakker et al., 2018) into an intervention stimulating asylum seekers and refugees, living in reception centres in the Netherlands, to do voluntary work, concluded that this can act as a catalyst for participation and integration. However, others conclude that voluntary work can have a negative effect on labour market participation, because people are not sufficiently pushed to take the step to paid work. Therefore, Booiijink, Stavenuiter, and Taouanza (2017) conclude that voluntary work can only enhance labour market participation of refugees when this voluntary work is focused on paid work from the outset. Other successful forms are internships focusing on learning skills and/or the language, internships as part of an educational or work experience trajectory (werkervaringsplaatsen).

For work-oriented voluntary work it is important to be clear from the start about its purpose. In order for voluntary work to contribute to accessing employment, it must support the refugees' learning process and intensive support is required (Razenberg et al., 2021). In case a refugee (receiving social assistance) is doing voluntary work due to a municipal requirement, it is important that this voluntary work does not prevent the person from going to the next stage: doing paid work (Booiijink et al., 2017).

Good practice: Piëzo method

The Piëzo method (PiëzoMethodiek) has been implemented in ten municipalities in the Netherlands. Seven domains of life are addressed during intake (through a so-called 'intake circle'). The intervention aims at increasing social participation of people unable to fully participate in society, including refugees.

The intervention has been developed in 2006 and consist of five (chronological) phases whereby participants focus on learning the language, doing voluntary work focused on learning⁴¹ (in a safe environment, mostly at the Piëzo centre), and participating in vocational training (for example at a regional vocational training centre). During each phase, a staff member is responsible for monitoring the development of the participant and checking if any blockages occur in the process.

Research on the Piëzo method in one municipality shows that refugees who participated were positive about the method. They found it a valuable approach for newcomers in the Netherlands, who do not yet speak Dutch, are illiterate or have difficulties getting used to their new environment. Participants described the Piëzo centre as a place where they could work on their development and become more (socially) active, and hoped that volunteering could help them to find a paid job (Van den Enden et al., 2019).

<https://www.movisie.nl/artikel/zes-werkzame-mechanismen-piezomethodiek>

41 Also called: lerend vrijwilligerswerk.

Refugees also gain work experience through internships or a work experience placement, or an internship focused on learning the language at a workplace ('werkervaringsplaats') (Razenberg et al., 2021; Van den Enden et al., 2019). Refugees sometimes have certain expectations of work in specific sectors in the Netherlands; being present in the workplace gives them a more realistic perspective.

Good practice: Traineeships with local entrepreneurs and organisations by NewBees

NewBees is an organisation, based in seven cities throughout the Netherlands⁴², that matches newcomers with local entrepreneurs and organisations through suitable traineeships: a temporary position with a local organisation or company.

These traineeships are tailor-made programmes organised around the talents, experiences and ambitions of refugees. For three months, NewBees offers monthly 'intervision' workshops for refugees. In these sessions, the experiences of the refugees are evaluated and training sessions on soft skills and skills for professional interaction in the workplace are offered. In the meantime, NewBees matchers continue to support the refugees. At the end of a trajectory, participants receive a certificate which reflects the number of hours they worked during the traineeship and the skills they have shown during the traineeship (Stavenuiter et al., 2020).

Research shows that the traineeships of the organisation have a

strong positive effect on the well-being of its participants, such as the general job satisfaction, increased number of social contacts, changes in social status due to having a job, and an increased sense of autonomy amongst participants (Van den Elzen et al., 2020).

<https://en.new-bees.org/the-traineeship>

Managing expectations

It is important that professionals regularly explain what is to be expected of employees in the workplace (Garic & de Vries, 2019). Understandably, refugees often wish to work in the professions they had in the country of origin. However, they face difficulties in doing so, due to language barriers and the lack of (required) diplomas (Razenberg et al., 2021). Professionals and trainers acknowledged it is important to have an eye for the wishes and dreams of the refugees; they also believed it necessary to ensure that refugees have realistic expectations about their future and their opportunities in the Dutch labour market (Razenberg et al., 2021). This can be done by making a realistic assessment of the type and level of education of the refugee (acquired in the country of origin). Refugees can be supported in finding a suitable educational or vocational training institute, which may be in a different sector or at a lower level than the refugee was working or educated in originally, if that proves to be more realistic. By managing expectations as soon as possible, disappointments can be prevented at a later stage (Razenberg et al., 2021). However, when refugees do not recognise themselves in the future goal or job, there is a risk they no longer feel committed to the trajectory (Razenberg et al., 2021).

⁴² The seven NewBees offices are located in: Amsterdam, Zaanstad, Amersfoort, Utrecht, Rotterdam, Leeuwarden and Arnhem.

Good practice: Work trajectories by Integratiewerk ('Integratiewerk', formerly NVA Amersfoort)

One of the ways to manage expectations is by sketching a trajectory from 'bread job' to 'dream job'⁴³. This means a refugee tries to find a job in the sector he or she is interested, but at a lower-level than what the person aims for. Once they are working in their 'bread job', they are stimulated and supported to further develop towards their 'dream job'. This requires long-term tailor-made support, continuing after someone has already found (paid) work.

In the intervention NVA work trajectories in Amersfoort, refugees start in work trajectories from 'bread job' to 'dream job', so that they are able to invest in an education or learn the language and combine this with family obligations. Some refugees prefer to start working quickly and therefore accept work at a level below their capacities (Stavenuiter et al., 2019b; Razenberg et al., 2021).

<https://www.integratiewerk.nl/expertise/traject-naar-werk-kopie>

7.3. Social network

Building social networks

Dutch research shows that having a social network usually has a positive effect on participation of refugees in the labour market (De Vroome & Van Tubergen, 2010). A broad social network is crucial to accessing the labour market, since it gives refugees the opportunity to meet a potential employer (SER, 2019). Contacts from the host community can share a lot of country-specific knowledge about the labour market with refugees, and they may have other (influential) social contacts. This gives refugees access to relevant information and enhances social mobility (De Vroome & Van Tubergen, 2010). However, refugees often do not have such a network (Klaver et al., 2015), at least not in their first phase after arrival in their new host country. When refugees interact more with local people, the chances of finding a job will increase (De Vroome & Van Tubergen, 2010).

Some refugees or refugee groups are better able to build a social network in their new host country than others, due to language barriers, different (cultural) backgrounds, previous experiences, and (stress factors due to) concerns about family members who have stayed behind (Dagevos, Huijnk, Maliepaard, & Miltenburg, 2018; Sterckx & Fessehazion, 2018). The extent to which refugees build their social network through support of interventions is (often) limited to direct contacts with the (people involved in the) intervention (Stavenuiter et al., 2019a). The language barrier is a factor limiting the opportunities to do so (Tinnemans & Yohannes, 2020).

43 Some municipalities refer to Plan A and Plan B.

Weak ties and buddies, role models and key figures

A recent synthesis study providing an overview of 'what works' in the Netherlands in the reintegration of women without recent experience on the labour market, concluded that a *strong* social network in itself is not necessarily effective, for instance when the network mainly consists of other unemployed people (Stavenuiter et al., 2020). Some contacts - weak ties - with people connected to the labour market can increase the chances of finding work. Female refugees often have a small (Dutch) social network; it pays to invest in supporting these (and other) refugees to build their network. This support can happen by their own contacts, buddies, role models or key figures from migrant organisations, voluntary organisations or civil society organisations (Stavenuiter et al., 2020). When a refugee's social network is weak at the start of a (work-oriented) trajectory, a buddy or coach can facilitate contact with employers or other stakeholders in the labour market, and thus contribute to strengthening the network (Stavenuiter et al., 2020).

7.4. Job matching

Research in the Netherlands and elsewhere concludes that employment programmes that involve matching and organising contact between employers and refugees, increase refugees' chances of finding work (Correa-Velez et al., 2015; Groenewoud et al., 2014; Klaver et al., 2015; Liu et al., 2014). Refugees often lack information about job opportunities, and employers are often unaware of refugees' potential. In this chapter we will describe two successful elements in job matching: organising matching events and using 'jobhunters'.

Matching events or other meetings

Personal encounters between employers and migrants can, under certain conditions, contribute to countering stereotypes of refugees (Razenberg et al., 2021). In The Hague, 25% of employers who had participated in a matching event for employers and refugees, had a more positive attitude towards hiring refugees (Razenberg et al., 2021). Meeting refugees in person is important for employers, to see if they connect (Mack et al., 2019; Razenberg et al., 2021). Matching can be done by organising speed dates, visits to companies or market events (Garić & de Vries, 2019). A study on the VIP programme of the Dutch Council for Refugees showed good experiences with matching events, inviting employers to training sessions, and organising (joint) visits to employers (Razenberg et al., 2021; Stavenuiter et al., 2019b; Tinnemans & Yohannes, 2020).

Promising practice: Meet and greet by Refugee Talent Hub

The organisation Refugee Talent Hub connects refugees and employers, to support refugees in getting paid jobs. The organisation strives to ensure that employers see and use the talents of refugees, so that refugees have equal opportunities in the (Dutch) labour market. To achieve this goal, Refugee Talent Hub organises small-scale meetings (ca. 5 people) between refugees and employers at the employers' workplaces. These meet- and greets are built around personal contact between refugees and employers; they are informal, practical and all about doing a concrete (work-related) activity together. Refugee Talent Hub also organises bigger events, workshops, trainings, traineeships and mentoring for refugees.

<https://refugeetalenthub.com/en/>

'Jobhunters' or work coaches

Municipalities can also appoint so-called 'jobhunters' or work coaches to match the right candidates with relevant vacancies. This intermediary professional is in regular contact with employers in various sectors, and can introduce refugees to potential employers (Oostveen et al., 2019a). In Amsterdam, jobhunters actively approach employers, even if there are no (formal) vacancies (yet). When there is a potential match, a job interview will be organised at which the jobhunter is also present (Razenberg et al., 2021). An in-depth study concluded there is empirical evidence that jobhunters have positive effects on finding work (Oostveen et al., 2019a). Refugees in Amsterdam were more successful in finding a job than refugees in other parts of the Netherlands and the intervention's effect could be strengthened by increased attention for follow-up activities (Oostveen et al., 2019a).

Other studies also underline the importance of the role of jobhunters in finding jobs for refugees (Garić & de Vries, 2019). Matching should take into account the needs of both the employer and the capacities of the refugee. In addition, former refugees in the host country can act as an ambassador towards employers (Garić & de Vries, 2019).

Good practice: Jobhunters of the municipality of Amsterdam

In the Amsterdam approach, the role of the jobhunter is to match refugees with (potential) employers. A jobhunter explores - together with the refugee - potential interesting and available jobs, and identifies potential employers. Employers become open to introductions to refugees, based on their faith in the jobhunters' networks. Jobhunters also support refugees in developing a CV, preparing for job interviews and by being present during job interviews. There is support for employers and refugees, so the placement can become sustainable. The jobhunter provides follow-up support if necessary (Oostveen et al., 2019a).

Research (Oostveen et al., 2019a) showed that refugees who were supported by a job hunter in the Amsterdam approach were more successful in finding a job, compared to those outside the programme. The study also showed that job hunters in the municipality of Amsterdam succeeded in realising 958 matches between refugees and employers (or placements).

<https://www.amsterdam.nl/zorg-ondersteuning/ondersteuning/vluchtelingen/amsterdamse-aanpak/>

7.5. Support by municipalities

Over the years - especially since 2015/2016 when an increased number of refugees arrived in the Netherlands - municipalities, educational centres, civil society organisations and employers have been actively involved in developing and implementing strategies and interventions to support refugees in accessing the labour market. Based on the literature, we identified four successful elements: creating a relationship of trust, an integral approach, fast-track

integration approach, and dual trajectories (learning the language and gaining work experience is combined).

Creating a relationship of trust

Support or coaching by professionals can (only) be successful if there is a relationship of trust between the professional providing the support (municipal professional, councillor, job coach or other) and refugees receiving the support. In a relationship of trust, refugees can speak openly about their motivations, wishes and obstacles, and problems can be quickly identified. This is especially important in case of health issues, as it is more likely that refugees will hide their symptoms during conversations if there is no relationship of trust (Razenberg et al., 2021). Research in The Hague shows that refugees with whom a (good) relationship has been established, show more motivation to participate (Razenberg et al., 2021).

Building a relationship of trust takes time and requires a personal approach. Creating a (personal) connection with the refugee is key (Razenberg et al., 2021). Professionals must be open to any problems that refugees would like to discuss. (Razenberg et al., 2021). Building a relationship of trust works better if there is one central person supporting the refugee (Razenberg et al., 2021). Other ways to strengthen the relationship of trust are: maintaining regular contact with the refugee, both face-to-face and by telephone, and being easily accessible. (Razenberg et al., 2021).

Integral approach

An integral approach is an approach in which the refugee is working on all domains of life simultaneously and the different elements of the trajectory are coherent (de Gruijter et al., 2019; Razenberg et al., 2021; van den Enden et al., 2019). Various studies have shown that (in the implementation phase) an integral approach - in which various stakeholders closely coordinate their

activities, and the different types of support and trajectories are complementary - is essential. This is especially relevant when several implementing partners are involved (Razenberg et al., 2021).

An integral approach can create room for (social) participation. For example, in the case of health problems, it is helpful to map (already in the intake or preparation phase) the (wider) context in order to get a better picture of the possibilities of a refugee. Focusing on the wider context of a refugee (such as opportunities to access education, what the labour market looks like and (building) a social network) is as important as investing in skills development and reducing language deficiencies of refugees (Razenberg et al., 2021).

Combining different kinds of support, such as learning the language, learning about cultural differences, and about social interaction at the workplace, but also practical support in administrative issues, is important (Garic & de Vries, 2019).

Fast-track integration approach

Several studies in the Netherlands stress the importance of fast-track integration trajectories to

support refugees in entering the labour market (Garic & de Vries, 2019; Kok et al., 2020; Oostveen et al., 2019a; SER, 2019; Tinnemans et al., 2020). As early as 2015, the WRR, a scientific council for government policy⁴⁴, strongly advised that interventions ensure that learning the language, finding a job and completing the civic integration programme take place at the same time, instead of consecutively (Engbersen et al., 2015).

44 WRR: *Wetenschappelijke Raad voor het Regeringsbeleid*.

Promising practice: Start-trajectory by municipalities of the region Hart van Brabant

In the region Hart van Brabant, the so-called start-trajectory ('start-traject') has been developed in 2019 and implemented in 2020 in collaboration with the social enterprise Refugee Team. The duration of the trajectory is six months and it is focused on refugees who are new in the municipality. At an early stage, refugees start participating in various workshops and activities, in addition to the mandatory integration classes. The activities are focused on getting to know the municipalities, learning about (cultural) norms in the Netherlands and building a social network, but also on getting an idea of the Dutch labour market, doing voluntary work and (developing) relevant skills at the workplace. Through a buddy programme, participants have access to additional opportunities to practise Dutch and to build a social network (Tinnemans et al., 2020).

An interim report on this intervention (Tinnemans et al., 2020) concluded that professionals found that participants were faster than expected in developing their language skills, attitude, gaining self-confidence and acquiring communication skills. A successful element mentioned by professionals is group dynamics (including group members helping each other). Working with groups and (organising) social activities in combination with coaching seems to boost the self-confidence of participants. Participants are generally (very) positive about the trajectory as they also learned useful practical and soft skills. Refugees appreciated the fact that they were stimulated to speak Dutch and it gave them self-confidence (Tinnemans et al., 2020).

<https://www.nieuwebrabanders.nl/inburgering/starttraject-ib>

Dual trajectories

In addition to the WRR, the Social and Economic Council of the Netherlands (SER) also recommended dual trajectories, combining gaining work experience and language skills (SER, 2018). Learning the language of the workplace in the workplace should prevent the so-called lock-in effect: refugees who focus on learning the language through language classes are less available for work and have less time to look for a job. As women generally put more emphasis on learning the language first, they are (more) often affected by the lock-in effect (de Gruijter et al., 2019; Liebig, 2007).

Several studies conclude that participating in a dual trajectory can be a useful strategy to increase chances of refugees on the Dutch labour market (Dagevos et al., 2019; Oostveen et al., 2018; Razenberg et al., 2021; Stavenuiter et al., 2019b). By activating refugees towards accessing the labour market in addition to other integration activities, refugees can immediately put what they learned into practice and participation of refugees in society is stimulated at an early stage (Razenberg et al., 2021). Professionals involved in dual trajectories find that they have an added value compared with a consecutive approach (Oostveen et al., 2018). Refugees find it important to receive extra support to work on their language skills, for example support in communication in the workplace or in a particular sector with specific vocabulary (Razenberg et al., 2021).

Promising practice: Dual trajectories as part of integral approach by the municipality of Almere

In 2016, the municipality of Almere started an integral approach for the integration process of refugees, which is called 'From refugee to citizen of Almere'⁴⁵. Various (pilot) processes and instruments have been developed. In this approach, support in learning the language and in integrating in society⁴⁶ are integrated or combined with support to find (paid) work, an education, or (other forms of) participation. Processes and instruments within this approach are continuously adjusted on the basis of experiences of municipal professionals and participants (Damen, Van Pelt, & Pouwels, 2020).

One of these integrated (and dual) trajectories is the IB + approach. In this trajectory with 62 participants, learning the language is combined with participation and preparing for (opportunities) to study and work. The different elements of the trajectory (training, guidance, support with practical issues) are all well-integrated and coordinated by one team (Damen et al., 2020).

Research shows that refugees were positive about the IB+ trajectory and other trajectories in Almere combining language with integration in society and support in access to education and employment (Damen et al., 2020). Research (Damen et al., 2020) also shows that participants of the IB+ approach were able to start with their activities quicker, compared to other refugees.

https://vng.nl/sites/default/files/Asiel_en_Integratie/2017/Programmaplan_Van_Vluchteling_naar_Almeerder.pdf

⁴⁵ 'Van Vluchteling Naar Almeerder'.

⁴⁶ In Dutch: 'inburgering'.

Appendices

Appendix 1: Definitions with regard to MHPSS

Mental Health (MH): Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (UNHCR, 2013).

Mental Health Services: Services offered with the goal of improving individuals & families' mental health and functioning with a particular focus on mental disorders. Services may include psychotherapy, medication, counseling, behavioural treatment, etc. In many national health systems the term 'mental health services' includes services for people with neurological disorders such as epilepsy and dementia (UNHCR, 2013).

MHPSS approach: An MHPSS approach is a way to engage with and analyse a situation, and provide a response, taking into account both psychological and social elements. (See also: core MHPSS intervention). Adopting an MHPSS approach means providing a humanitarian response in ways that are beneficial to the mental health and psychosocial wellbeing of refugees. This is relevant for all actors involved in the protection of and assistance to refugees (UNHCR, 2013).

MHPSS intervention: A core MHPSS intervention consists of one or several interrelated activities with the explicit goal to improve the mental health and psychosocial wellbeing of refugees and other persons of concern. While many

interventions in a humanitarian setting may affect mental health and psychosocial well-being, a core MHPSS intervention has the specific aim to contribute improved mental health and psychosocial wellbeing (see also MHPSS approach) (UNHCR, 2013).

Psychosocial: The word psychosocial refers to the two-way relation between psychological factors (the way an individual feels, thinks and acts) and social factors (related to the environment or context in which the person lives: the family the community, the state, religion, culture) (PSW, 2003). Psychosocial is an adjective that needs to be followed by a noun, e.g. a psychosocial problem, a psychosocial intervention, a psychosocial approach (UNHCR, 2013).

Psychosocial problem: A psychosocial problem is a negative life event or an environmental difficulty that causes significant interpersonal stress or an inadequacy of social support or personal resources. Psychosocial problems are generally characterized by both social (interpersonal) problems in the family or social network, and accompanying psychological phenomena such as worry and demoralization. Individuals with unstable or small social networks are particularly at risk for developing psychosocial problems (UNHCR, 2013).

Psychosocial Support (PSS): Psychosocial support includes all processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community. It can be used to describe what people (individuals, families and communities) do themselves to protect their psychosocial wellbeing, and to describe the interventions by outsiders to serve the psychological, social, emotional and practical needs of individuals, families, and communities, with the goal of protecting, promoting and improving psychosocial well-being (UNHCR, 2013).

Psychosocial intervention: Activities with the explicit goal to change aspects of an environment or situation which impacts the social and psychological well-being of affected populations. This is usually achieved by working with the local community, sectors, and organisations to advocate for improved access to community supports and basic services and restore everyday recreational, social and vocational activities in order to promote psychosocial well-being. Psychosocial interventions usually aim to improve one or more of the following domains (UNHCR, 2013):

- a. Skills and knowledge e.g. knowing how to communicate and listen, knowing how to make decisions, using culturally appropriate coping mechanisms, vocational skills, conflict management, knowing who to go to for information.
- b. Emotional well-being e.g. feeling safe, trust in others, self-worth, hopeful for the future with realistic goals, not worrying about being hungry or sick.
- c. Social well-being, e.g. attachment to caregivers, relationships with peers, sense of belonging to a community, resuming cultural activities and traditions, willing and respectful participation in appropriate household responsibilities and livelihood support. (UNICEF, 2011) An important difference with mental health interventions is that psychosocial interventions do not specifically focus on people with mental disorders.

Appendix 2: References literature study MHPSS

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randomised controlled trial on effectiveness and cost-effectiveness. *Epidemiology and Psychiatric Sciences*, 29, E162, 1-24. DOI: 10.1017/S2045796020000724

De Gruijter, M., Kahmann, M., Yohannes, R., & Razenberg, I. (2020). *De inzet van sleutelpersonen in de inburgering.* Utrecht: Verwey-Jonker Instituut.

De Haan, A., Bloemen, E., Beekman, J., & Tichelman, T. (2018). *Overzicht-Preventieve interventies voor het versterken van de psychische gezondheid en veerkracht van statushouders – Wat kunt u inzetten in de gemeente?* Utrecht: Pharos & GGD GHOR Nederlands.

Fahham, L., Beckers, P.J., & Muller-Dugic, J. (2020) *Mental health and labour market participation of refugees. Local policies in the Netherlands and their relation to the Mosaic intervention: The cases of Nijmegen, Arnhem and Tiel.* Nijmegen: Radboud University, Institute for Management Research, Department of Geography, Planning and Environment.

Fassaert, T., Tuinebreijer, W., Lozano Parra, C., De Wit, M. (2018). *Psychosociale screening statushouders. Resultaten gezondheidsonderzoek GGD.* Amsterdam: GGD Amsterdam.

Fransen, N., Beek, L., Davidson, T., De Haan, A., Smal, E., & Goorts, I. (2017). *Update rapport: Veerkracht en vertrouwen: bouwstenen voor psychosociale hulpverlening aan vluchtelingen. Aangevuld met een verkenning naar de rol van psychische gezondheid bij arbeidstoeleiding van statushouders.* Diemen: Arq & Pharos.

Hosper, K., & van Loenen, T. (2021). *Leven met ongezonde stress. Aandacht voor chronische stress in de aanpak van gezondheidsverschillen.* Utrecht: Pharos.

Mulders, J. (2017). *Actieve rol statushouders. Betrek hen bij de plannen en uitvoering van uw (gezondheids)beleid.* Utrecht: Pharos.

Oostveen, A., Bouterse, M., & Gorter, M. (2019). *Evaluatie ESF Actieve Inclusie Vierde verdiepende onderzoek over 2018 (Nr.15127).* Amsterdam: Regioplan.

Oostveen, A., Rens, M., & Klaver, J. (2020). *Alles onder één dak. De uitvoering van het SNTR-programma voor Rotterdamse statushouders in beeld. Bridge Project: Statushouders in Rotterdam*, 3. Rotterdam: Erasmus School of Social and Behavioural Sciences.

Razenberg, I., & Asmoredjo, J. (2019). *De rol van gezondheid bij inburgering van statushouders. Naar een optimale ondersteuning van statushouders met gezondheidsproblemen in het nieuwe inburgeringsstelsel.* Utrecht: Kennisplatform Integratie & Samenleving.

⁴⁷ Retrieved from https://www.coa.nl/sites/default/files/2020-01/factsheet_gezondheidszorg_voor_asielzoekers_in_nederland_0.pdf.

Razenberg, I, Oostveen, A., & Klaver, J. (2021). *Stappen op weg naar werk, lessen uit acht studies naar arbeidstoeleiding van statushouders*. Amsterdam: Regioplan.

Sijbrandij, M., Acarturk, C., Bird, M., Bryant, R. A., Burchert, S., Carswell, K., ... & van Ittersum, L. (2017). Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries. *European Journal of Psychotraumatology*, 8(sup2), 1-11. DOI: 10.1080/20008198.2017.1388102.

Smal, E., & Bloemen, E. (2019). *Tips voor professionals in de uitvoering. Begeleiding van statushouders: over gezondheid en participatie*. Utrecht: Pharos.

Smal, E., & Goorts, I. (2017). *Activering, participatie en gezondheid van statushouders. Hoe te komen tot een samenhangende aanpak?*. Utrecht: Pharos.

Tinnemans, K., Van Gent, E., Avric, B., & De Groot, N. (2020). *Wat werkt bij het bevorderen van arbeidsparticipatie van statushouders? Update 2020*. Utrecht: Kennisplatform Integratie en Samenleving.

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Van Beelen, N. (2016). *Van ver gekomen. Een verkenning naar het welzijn en de gezondheid van Eritrese vluchtelingen*. Utrecht: Pharos.

Van Berkum, M., Smulder E., Van den Muijsenbergh M., Haker F., Bloemen E., Van Wieringen J., ... Jansen J. (2016). *Zorg, ondersteuning en preventie voor nieuwkomende vluchtelingen: Wat is er nodig?* Utrecht: Pharos.

Van Es, C., Sleijpen, M., Ghebreab, W., & Mooren, T. (2019). Cultuursensitief werken met alleenstaande jonge vluchtelingen. *Kind & Adolescent Praktijk*, 18(4), 16-22. DOI: 10.1007/s12454-019-0040-y

Van Gastel, A., & Bloemen, E. (2020). *De weg naar psychische hulp. Een verkenning naar de ervaringen van statushouders met psychische problemen en het vragen om hulp*. Utrecht: Pharos.

Van Heemstra, H.E., Scholte, W.F., Haagen, J.F.G., & Boelen, P.A. (2019). 7ROSES, a transdiagnostic intervention for promoting self-efficacy in traumatized refugees: a first quantitative evaluation. *Eur J Psychotraumatol*, 10(1). DOI: 10.1080/20008198.2019.1673062

Van Schie, R., & Van den Muijsenbergh, M. (2017). *Psychische problematiek bij vluchteling-kinderen en -jongeren*. Utrecht: Pharos.

Van Willigen, L. (2010). *Zorg voor Asielzoekers met Psychische problemen. Literatuurstudie*. Amsterdam: ASKV.

Wilderink, L. (2020). *Handleiding Photovoice*. Almere: Hogeschool Windesheim; Amsterdam: Vrije Universiteit Amsterdam.

Witkamp, B., Klaver, J., Razenberg, I., De Gruijter., Panhuijzen, B., & Verweij, S. (2019). *Gezondheid en participatie. Een verkennende studie naar de rol van gezondheid van vergunninghouders bij de gemeentelijke dienstverlening richting werk en participatie*. Amsterdam: Regioplan; Utrecht: Verwey-Jonker Instituut.

Appendix 3: Classification references literature study MHPSS

The studies which have been referred to in this literature study have been classified in five different categories (study level 1 to level 4 or other). This categorisation further builds on the existing ZonMw classification system for (effective) interventions. ZonMw is an institution in the Netherlands which funds (scientific) research in the field of health and access to employment. Several publications used for this research have been funded by ZonMw.⁴⁸ Below we first present the categories of the categorisation, followed by a list of references and how they have been categorised for this study.

Study Level 1	A study which is not an effect study. The study describes promising practises (or interventions). Research (which could be classified as study level 2, 3 or 4) is not available (yet).	
Study level 2	A study which is not an effect study. This category includes studies with (a combination of) one or more of the following research instruments: (group) interviews with professionals, experiential experts and/or participants; literature review; analysis of (existing) survey data.	This is research which can be focussed on a specific intervention, but this is not necessarily the case.
Study level 3	An effect study without control group, done through other forms of measurement, such as longitudinal research (often combined with literature study and explanatory research).	This is research focussed on a specific intervention.
Study level 4	An effect study with a control group (often combined with literature study and explanatory research)	This is research focussed on a specific intervention.
Other	Other studies or documents, such as guidelines, an overview of overview of good & promising practises or a descriptive study on the basis of a survey, or annual survey	On the basis of (previous) research or on the basis of other forms of knowledge and experiences.

⁴⁸ This research has been funded through the programme 'Vakkundig aan het Werk'. See for more information: <https://www.zonmw.nl/en>.

Reference	Category
Fransen, N., van Beek, L., Davidson, T., de Haan, A., Smal, E., & Goorts, I. (2017). "Veerkracht en vertrouwen: bouwstenen voor psychosociale hulpverlening aan vluchtelingen". Aangevuld met een verkenning naar de rol van psychische gezondheid bij arbeidstoeleiding van statushouders. Diemen: Arq Psychotrauma Expert groep & Pharos.	Study level 2
Arq Psychotrauma Expert Groep. (2016). <i>Veerkracht en vertrouwen. De bouwstenen voor psychosociale hulpverlening aan vluchtelingen.</i>	Study level 2
Bakker, L., Bekkers, R., Reitsma, J., Sederel, C., Smets, P., & Younes, Y. (2018). <i>Vrijwilligerswerk: stimulans voor tijdige participatie en integratie? Monitor- en evaluatie onderzoek vrijwilligerswerk door asielzoekers en statushouders die in de opvang verblijven.</i> Barneveld: Significant; Den Haag: ministerie van Sociale Zaken en Werkgelegenheid.	Study level 3
Berkum, M. Smulder E., Van den Muijsenbergh M., Haker F., Bloemen E., Van Wieringen J., ... Jansen J. (2016). <i>Zorg, ondersteuning en preventie voor nieuwkomende vluchtelingen: Wat is er nodig?</i> Utrecht: Pharos.	Study level 2
Bloemen, E. (2018). 'Geef ons de tijd...' <i>Begeleiding van vluchtelingen met oog voor psychische gezondheid.</i> Utrecht: Pharos.	Other (guidelines)
Bloemen, E. (2020). 'Leven na de vlucht is zwaar...' <i>Handreiking Begeleiding van Eritrese vluchtelingen met psychische klachten.</i> Utrecht: Pharos.	Other (guidelines)
Bloemen, E., De Haan, A., & Tichelman, P. (2018). <i>Wijkgericht werken aan de psychische gezondheid van mensen met een vluchtelingenachtergrond. Tips voor wijkteams, huisarts en praktijkondersteuner ggz.</i> Utrecht: Pharos.	Other (guidelines)
De Been, M., Van den Muijsenbergh, M., & Duijnhoven, T. (2018). <i>Gezondheid en kwaliteit van zorg voor iedereen. Wat maakt het verschil?</i> Utrecht: Pharos.	Other (guidelines)
De Graaff, A., Cuijpers, P., McDavid, D., Park, A., Woodward, A., Bryant, R., ... Sijbrandij, M. (2020). Peer-provided Problem Management Plus (PM+) for adult Syrian refugees: A pilot randomised controlled trial on effectiveness and cost-effectiveness. <i>Epidemiology and Psychiatric Sciences</i> , 29, E162, 1-24. DOI: 10.1017/S2045796020000724	Study Level 4
De Haan, A., Bloemen, E., Beekman, J., & Tichelman, T. (2018). <i>Overzicht-Preventieve interventies voor het versterken van de psychische gezondheid en veerkracht van statushouders – Wat kunt u inzetten in de gemeente?</i> Utrecht: Pharos & GGD GHOR Nederlands.	Other (overview of good & promising practices)
Fahham, L., Beckers, P.J., & Muller-Dugic, J. (2020) <i>Mental health and labour market participation of refugees. Local policies in the Netherlands and their relation to the Mosaic intervention: The cases of Nijmegen, Arnhem and Tiel.</i> Nijmegen: Radboud University, Institute for Management Research, Department of Geography, Planning and Environment.	Study level 2

Fassaert, T., Tuinebreijer, W., Lozano Parra, C., De Wit, M. (2018). <i>Psychosociale screening statushouders. Resultaten gezondheidsonderzoek GGD. Amsterdam: GGD Amsterdam.</i>	Other
Mulders, J. (2017). <i>Actieve rol statushouders. Betrek hen bij de plannen en uitvoering van uw (gezondheids)beleid.</i> Utrecht: Pharos.	Other (guidelines)
Oostveen, A., Bouterse, M., & Gorter, M. (2019). <i>Evaluatie ESF Actieve Inclusie Vierde verdiepende onderzoek over 2018 (Nr.15127).</i> Amsterdam: Regioplan.	Effect study level 3
Oostveen, A., Rens, M., & Klaver, J. (2020). <i>Alles onder één dak. De uitvoering van het SNTR-programma voor Rotterdamse statushouders in beeld. Bridge Project: Statushouders in Rotterdam, 3.</i> Rotterdam: Erasmus School of Social and Behavioural Sciences.	Study level 3
Razenberg, I., & Asmoredjo, J. (2019). <i>De rol van gezondheid bij inburgering van statushouders. Naar een optimale ondersteuning van statushouders met gezondheidsproblemen in het nieuwe inburgeringsstelsel.</i> Utrecht: Kennisplatform Integratie & Samenleving.	Study level 2
Razenberg, I., Oostveen, A., & Klaver, J. (2021). <i>Stappen op weg naar werk, lessen uit acht studies naar arbeidstoeleiding van statushouders.</i> Amsterdam: Regioplan.	Other (guidelines)
Smal, E., & Bloemen, E. (2019). <i>Tips voor professionals in de uitvoering. Begeleiding van statushouders: over gezondheid en participatie.</i> Utrecht: Pharos.	Other (guidelines)
Smal, E., & Goorts, I. (2017). <i>Activering, participatie en gezondheid van statushouders. Hoe te komen tot een samenhangende aanpak?.</i> Utrecht: Pharos.	Other (guidelines)
Sijbrandij, M., Acarturk, C., Bird, M., Bryant, R. A., Burchert, S., Carswell, K., ... & van Ittersum, L. (2017). Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries. <i>European Journal of Psychotraumatology</i> , 8(sup2), 1-11. DOI: 10.1080/20008198.2017.1388102.	Study level 2
Tinnemans, K., Van Gent, E., Avric, B., & De Groot, N. (2020). <i>Wat werkt bij het bevorderen van arbeidsparticipatie van statushouders? Update 2020.</i> Utrecht: Kennisplatform Integratie en Samenleving.	Study level 2
UNHCR. (2013). <i>Operational guidance mental health psychosocial support programming for refugee operations.</i> Geneva: UNHCR.	Other (guidelines)
Van Beelen, N. (2016). <i>Van ver gekomen. Een verkenning naar het welzijn en de gezondheid van Eritrese vluchtelingen.</i> Utrecht: Pharos.	Study level 2
Van Es, C., Sleijpen, M., Ghebreab, W., & Mooren, T. (2019). <i>Cultuursensitief werken met alleenstaande jonge vluchtelingen.</i> <i>Kind & Adolescent Praktijk</i> , 18(4), 16-22. DOI: 10.1007/s12454-019-0040-y	Other (guidelines)
Van Gastel, A., & Bloemen, E. (2020). <i>De weg naar psychische hulp. Een verkenning naar de ervaringen van statushouders met psychische problemen en het vragen om hulp.</i> Utrecht: Pharos.	Study level 2

Van Schie, R., & Van den Muijsenbergh, M. (2017). <i>Psychische problematiek bij vluchtelingkinderen en -jongeren</i> . Utrecht: Pharos.	Other (guidelines)
Van Willigen, L. (2010). <i>Zorg voor Asielzoekers met Psychische problemen. Literatuurstudie</i> . Amsterdam: ASKV.	Study level 2
Witkamp, B., Klaver, J., Razenberg, I., De Gruijter., Panhuijzen, B., & Verweij, S. (2019). <i>Gezondheid en participatie. Een verkennende studie naar de rol van gezondheid van vergunninghouders bij de gemeentelijke dienstverlening richting werk en participatie</i> . Amsterdam: Regioplan; Utrecht: Verwey-Jonker Instituut.	Study level 2

Appendix 4: References

literature study Access to Employment

Bakker, L., Bekkers, R., Reitsma, J., Sederel, C., Smets, P., & Younes, Y. (2018).

Vrijwilligerswerk: stimulans voor tijdige participatie en integratie? Monitor- en evaluatie onderzoek vrijwilligerswerk door asielzoekers en statushouders die in de opvang verblijven. Barneveld, Significant.

Booijink, M., Stavenuiter M., & Taouanza, I. (2017). *Werkend leren als opstap naar werk voor vluchtelingen, handreiking voor de begeleiding van vrijwilligerswerk, taalstages en werkervaringsplaatsen.* Utrecht: Kennisplatform Integratie & Samenleving.

Correa-Velez, I., Barnett, A. G., & Gifford, S. (2015). Working for a better life: Longitudinal evidence on the predictors of employment among recently arrived refugee migrant men living in Australia. *International Migration*, 53(2), 321–337. DOI: 10.1111/imig.12099

Dagevos, J., Huijink, W., Maliepaard, M., & Miltenburg, E. (2018). *Syriërs in Nederland. Een studie over de eerste jaren van hun leven in Nederland.* Den Haag: Sociaal en Cultureel Planbureau.

Dagevos, J., Klaver, J., Dekker, R., Geuijen, C.H.M., & Ode, A. (2019). Leren en werken voor vluchtelingen: Beleid en interventies in drie grote gemeenten. *Beleid En Maatschappij*, 46(1), 43–64. DOI: 10.5553/BenM/138900692019046001005

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Razenberg, I. & De Gruijter, M. (2020). *Monitor Gemeentelijk Beleid Arbeidstoeleiding Statushouders*. Utrecht: Kennisplatform Integratie & Samenleving.

Razenberg, I., Oostveen, A., & Klaver, J. (2021). *Stappen op weg naar werk, lessen uit acht studies naar arbeidstoeleiding van statushouders*. Amsterdam: Regioplan.

Sociaal-Economische Raad (2016). *Nieuwe wegen naar een meer succesvolle arbeidsmarktintegratie van vluchtelingen*. Den Haag: SER.

Sociaal-Economische Raad (2018). *Vluchtelingen en Werk. Een nieuwe tussenbalans*. Den Haag: SER.

Sociaal-Economische Raad (SER) (2019). *Integratie door werk. Meer kansen op werk voor nieuwkomers*. Den Haag: SER.

Stavenuiter, M., Kahmann, M., Kok, E., Van Mourik, K., Out, M., & De Gruijter, M. (2020). *Re-integratie van vrouwen met een afstand tot de arbeidsmarkt*. Utrecht: Verwey-Jonker Instituut.

Stavenuiter, M., Tinnemans, K., Kahmann, M. & van der Hoff, M. (2019a). *Werkzame factoren van interventies arbeidstoeleiding statushouders (VIP en NVA Werktrajecten)*. Utrecht: Verwey-Jonker Instituut.

Stavenuiter, M., Tinnemans, K., Kahmann, M. & van der Hoff, M. (2019b). *Statushouders tussen droombaan en realiteit. De werking van twee interventies voor arbeidstoeleiding (VIP en NVA werktrajecten)*. Utrecht: Verwey-Jonker Instituut.

Sterckx L. & Fessehazion, M. (2018). *Eritrese statushouders in Nederland. Een kwalitatief onderzoek over de vlucht en hun leven in Nederland*. Den Haag: Sociaal Cultureel Planbureau.

Tinnemans, K., Van Gent, E., Avric, B., & De Groot, N. (2020). *Wat werkt bij het bevorderen van arbeidsparticipatie van statushouders? Update 2020*. Utrecht: Kennisplatform Integratie en Samenleving.

Tinnemans, K., Yohannes, R. (2020). *Vluchtelingen op weg naar werk. Een verkennend onderzoek naar de impact van het VIP project van VluchtelingenWerk*. Utrecht: Verwey-Jonker Instituut.

Van den Enden, T., Booijnck, M., & Keuzenkamp, S. (2019). *De effectiviteit van de PiëzoMethodiek. Voor participatie, toeleiding naar werk of opleiding en gezondheid van deelnemers in het algemeen en de nieuwe statushouders in het bijzonder*. Utrecht: Movisie

Appendix 5: Classification references literature study Access to Employment

The studies which have been referred to in this literature study have been classified in five different categories (study level 1 to level 4 or other). This categorisation further builds on the existing ZonMw classification system for (effective) interventions. ZonMw is an institution in the Netherlands which funds (scientific) research in the field of health and access to employment. Several publications used for this research have been funded by ZonMw.⁴⁹ Below we first present the categories of the categorisation, followed by a list of references and how they have been categorised for this study.

Study Level 1	A study which is not an effect study. The study describes promising practises (or interventions). Research (which could be classified as study level 2, 3 or 4) is not available (yet).	
Study level 2	A study which is not an effect study. This category includes studies with (a combination of) one or more of the following research instruments: (group) interviews with professionals, experiential experts and/or participants; literature review; analysis of (existing) survey data.	This is research which can be focussed on a specific intervention, but this is not necessarily the case.
Study level 3	An effect study without control group, done through other forms of measurement, such as longitudinal research (often combined with literature study and explanatory research)	This is research focussed on a specific intervention.
Study level 4	An effect study with a control group (often combined with literature study and explanatory research)	This is research focussed on a specific intervention.
Other	Other studies or documents, such as guidelines, an overview of overview of good & promising practises or a descriptive study on the basis of a survey, or annual survey	On the basis of (previous) research or on the basis of other forms of knowledge and experiences.

⁴⁹ Through the programme 'Vakkundig aan het Werk'. See for more information: <https://www.zonmw.nl/en>.

Reference	Category
Bakker, L., Bekkers, R., Reitsma, J., Sederel, C., Smets, P., & Younes, Y. (2018). <i>Vrijwilligerswerk: stimulans voor tijdige participatie en integratie? Monitor- en evaluatie onderzoek vrijwilligerswerk door asielzoekers en statushouders die in de opvang verblijven</i> . Barneveld, Significant.	Study level 2
Booijink, M., Stavenuiter M., Taouanza, I. (2017). <i>Werkend leren als opstap naar werk voor vluchtelingen, handreiking voor de begeleiding van vrijwilligerswerk, taalstages en werkervaringsplaatsen</i> . Utrecht: Kennisplatform Integratie & Samenleving.	Other (guidelines)
Correa-Velez, I., Barnett, A. G., & Gifford, S. (2015). Working for a better life: Longitudinal evidence on the predictors of employment among recently arrived refugee migrant men living in Australia. <i>International Migration</i> , 53(2), 321–337. DOI: 10.1111/imig.12099	Study level 3
Dagevos, J., Huijnk, W., Maliepaard, M., & Miltenburg, E. (2018). <i>Syriërs in Nederland. Een studie over de eerste jaren van hun leven in Nederland</i> . Den Haag: Sociaal en Cultureel Planbureau.	Other (descriptive study on the basis of survey)
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Appendix 6: Overview of practices MHPSS and Access to Employment

Good and promising practices MHPSS

Prevention

- Good practise: [Mindfit](#)
- Good practise: [The power of thoughts \(De kracht van gedachten\)](#)
- Good practise: [Mind-Spring](#)
- Promising practice: [Getting Started \(Aan de slag\)](#)

Early detection

- Good practise: [Person Profile Scan-V](#)
- Promising practice: [MIRROR Refugee app](#)
- Promising practice: [Protect questions](#)

Care & support

- Good practice: [PM+](#)
- Promising practice: [Mosaic](#)

Professionals with specific expertise

- Promising practice: [Photovoice](#)
- Promising practice: [Cultural interview](#)

Institutional level

- Promising practice: [Social map](#)

Good and promising practises Access to Employment

Competences and skills of refugees

- Good practise: [Taalboost](#)
- Good practice: [Refugees Invest in Participation \(VIP\)](#)
- Good practice: [Piëzo method](#)
- Good practice: [Traineeships NewBees](#)
- Good practice: [Work trajectories](#)

Social network

Job matching

- Promising practice: [Meet and greet](#)
- Good practice: [Jobhunters](#)

Support by municipalities

- Promising practice: [Start-trajectory](#)
- Promising practice: [Dual trajectories](#)

COLOPHON

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