



A digital/online educational module and monitoring/recommendations guidelines for trainers regarding the psychosocial support of refugees
I04: Psychosocial Support through Communities' engagement & mobilization



ARISTOTLE
UNIVERSITY OF
THESSALONIKI



VRIJE
UNIVERSITEIT
AMSTERDAM



GREEK
COUNCIL
FOR
REFUGEES



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



The following module is part of the Erasmus+ KA2 Strategic Partnership Project: “*S.U.C.R.E.: Supporting University Community Pathways for Refugees-migrants*”. S.U.C.R.E. is funded by the European Commission through the Hellenic National Agency (IKY).

Consortium:

- ▶ Aristotle University of Thessaloniki, Greece
- ▶ Vrije Universiteit Amsterdam, The Netherlands
- ▶ University of Cologne, Germany
- ▶ Greek Council for Refugees, Greece



Authors

Anna Bibou, Professor, School of Primary Education

Lia Figgou, Assistant Professor, School of Psychology

Aphrodite Baka, Assistant Professor, School of Psychology

Research assistants

Martina Sourvinou, PhD candidate, School of Psychology

Dimitra Anagnostopoulou , MSc student, School of
Psychology

Maria Rapti, MSc student, School of Psychology

Marina Hantit Noour, BSc student, School of Psychology

Dimitris Voutirakis, Social Worker, Greek Council for Refugees

The context

- By the end of 2016, more than 55,000 people have been registered in settlements throughout Greece (Amnesty International, 2017).
- During the arrival of refugees, Greece had already been facing a long period of economic crisis and severe austerity measures. Economic turmoil was accompanied by a severe lack of adequate infrastructures to host the incoming population.

UNHCR 2017

Major source countries of refugees

- Syria 6.3 million people, 1/3 of the world's total refugee population
- Afghanistan 2.6 million people

UNCR 2017

Major host countries of refugees

- Turkey, 3.5 million mostly Syrians
- Pakistan 1.4 million
- Uganda 1.4 million....
- & Germany 1 million



Main countries of asylum for new asylum seekers

Greece 2008-2017

- 19.900 to 57.000

Unaccompanied children and adolescents

- UNHCR 3.500, 96% boys, 5.5% of them less than 14 years, 43% Syria, 27% Iraq, 7% Afghanistan
- Greek statistics from Asylum documentation
6886 unaccompanied minors

- In Greece, as in many other EU Member States, the reception and settlement of refugees were delegated to International and National Organizations and NGOs (which were mostly concerned to provide basic humanitarian assistance, like health, food and shelter).
- At the same time refugees' psychosocial care needs originated from a number of intertwining and overlapping issues.
- Educational integration of children/young adults proved to be a thorny issue (Comprehensive and accessible systems of primary and secondary education had not been established, making equitable admissions strategies for higher education difficult).

- The general objective of the educational module is aimed at
 - local community workers,
 - specialized psychosocial and mental health care practitioners,
 - and other humanitarian actors working with the refugee population.
- The module is based on the practitioners' experience and academic knowledge (relevant literature)



Main rationale and objectives of the educational module

- Perspective of the NGO professionals, moves away both from a narrow policy-driven focus and from a problem focused perspective.
- A combination of academic research with the world of policy/practice.
- Focus on ‘observable social realities’ (Zelberg, 1984, p. 4), as documented by the practitioners' focus groups, desisting from legal and administrative definitions.
- Considerations of the refugee population welfare are constantly negotiated through shifting immigration laws.

Main Resources and structure of the material

Towards the above mentioned objectives we conducted:

- A) Practitioners' needs survey (by conducting interviews and focus groups)
- B) Desk research (in an attempt to identify relevant literature as well as existing interventions and examples of “good practices”).



Hence the educational module is structured as follows:

The first part: a brief presentation of the main thematic categories identified in practitioner's interview/focus group discourse.

The second part: assumptions and considerations from the relevant literature.

The third part: examples of the “good practices” identified.



PART I

EXPLORING PRACTITIONERS' EXPERIENCES AND NEEDS

Practitioners' needs survey included the following stages:

- Identification of potential participants (organizations and refugees) and construction of interviews and focus groups guide
- Mobilization of participants and interviews/FG implementation
- Data thematic analysis (Braun & Clarke, 2006)
- Data were coded using a hybrid inductive-deductive approach.
- The main thematic categories that emerged are the following:



Exploring practitioners' needs

1. Professional identity

- **Uncertainty and precariousness** (continuous transfers from one place (camp) to another or from one NGO to another, or geographical transfers from the camps to community centers in the city/Lack of a stable working context and of a sense of belonging)
- **Lack of relevant (focused) training/ need for legal and medical training , need for cultural awareness**

2. Organizational-Administrative context (collaboration issues within NGOs and state services, Limited information sharing and exchange between services, issues of confidentiality, Bureaucratic difficulties)

Exploring practitioners' needs

3. Refugees' reception by the local communities

- Positive perceptions: proactive engagement of the host community in welcoming the refugees and establishing integrative practices
- Negative perceptions: exotic view of refugee population, touristic attraction and curiosity/ fearful reactions/ racism/ stereotypes about refugees

4. Other challenges/difficulties

- Constant movement and fluidity
- Educational integration
- Need for cultural awareness
- Asylum procedures (slow/ineffective)

5. Special groups

- Adolescents and youth facing double transitory processes
- Unaccompanied minors, detention in prison, guardianship issues

6. Trauma/ separations



2.2 Strengths and limitations in practitioners' discourse

Strengths

Professionals addressing real needs in the present, such as accommodation, legal advice, health problems, family reunification

Professional roles enriched by a combination of disciplinary approaches

Useful or even necessary shifts (in contexts with shifting laws/policies and refugees on the move) between locations and institutions

Flexible task orientation



2.2 Strengths and limitations in practitioners' discourse

Limitations

Short term duration/ insecure funding/ marginal status

Staff morale

Uncertainties concerning the programs' viability

Practitioners' uncertainties mirroring the refugees' uncertainties

Lack of continuity in terms of support

Low impact and influence in promoting changes in policy and practice

PART II

Findings, assumptions and considerations from the relevant literature ON REFUGEE NEEDS

Key concepts and assumptions from the relevant literature

- **The refugee movement as *crisis* and the rhetoric of emergency**
- **Temporality**
- **Securitization and Border politics**
- **Legal/administrative** definitions of refugee population and **category fluidity** (Immigration control trajectory)

Key concepts and assumptions from the relevant literature

- **Resisting the homogeneity of refugee experience**
- **Racialisation** (Fanon, 1967)
- **Intersectionality** (Crenshaw, 1997)
- **Transnational turn**-migration as a continuum (Vertovec, 2010).



Key concepts and assumptions from the relevant literature

- Approaching refugee children through a **community based psychosocial perspective**
- Approaching **Integration as a multifaceted and dynamic process**
- **Refugees' agency** (Sennet, 2006).

PART III

EXAMPLES OF GOOD PRACTICES

1. Social Care and Psychosocial support

- (eg. Good practice in social care for refugees and asylum seekers SCIE, 2010, IRC's **Guiding Principles for Psychosocial Programs**)

2. Children's care and protection

- (eg. Good practices in supporting children and young people, BPS, 2009)

3. Clinical issues (eg. Trauma and the 'Trauma Grid', Papadopoulos, 2007, 2018)

4. Migration and family matters

- (eg. Reception and living in families (RLF). Overview of family-based reception for unaccompanied minors in the EU Member States. Nidos, Swedish Association of Local Authorities and Regions, 2015)

5. Education

- (eg. The British Psychological Society's Code of Ethics and Conduct 2009)

6. Conclusions: Mainstream assumptions

- The main axes of service provision (Watters, 2005) negotiate specific dilemmatic situations such as
 - issues of separation and integration,
 - control versus autonomy,
 - projects designed top down or bottom up,
 - emphasizing participation and trajectories addressing immigration control versus welfare.

6. Conclusions: Mainstream assumptions

Need to take into consideration, two mainstream assumptions

- **The role of international organizations-** given its project-based and proximity to Western receiving states, it is bound to be involved in some of the toughest measures against undocumented migration. (Pecoud, 2017).
- **The sense of belonging and psychosocial care for refugees.** The sense of belonging is a dynamic process, instead of a reified fixity, with a naturalized construction of a particular hegemonic form of power relations.

6. Conclusions: Uncertainty - Displacement

- The participating practitioners as humanitarian actors working in different national and international NGOs and educational posts, hold **different roles** depending upon the levels of hierarchy such as heads of regional offices to recently appointed field workers.
- A significant source of **uncertainty** relates to the fact that refugees do not have access to clear or convincing information. They are continually evaluating their safety and the best strategy for protecting themselves, in the middle of rumors, and contradictory accounts and terrified of pain, loss and death.

6. Conclusions: Uncertainty - Displacement

- People's future orientation may change during a **prolonged period of displacement**. Even when people are ‘moving on’ and developing their lives in displacement, they remain fixed within a political status and a humanitarian category that continues to produce uncertain futures.
- Displacement, the movement from one place to another, relates to questions of mobility, who moves, where and why. **Relations of power** that shape that mobility, processes of inclusion and exclusion.
- The category ‘**protracted refugee situation**’ fixes refugees to particular locations such as camps and collective centers and thus reduces them to the dehistoricized humanitarian category of refugees.

6. Conclusions: Temporality & space

- **Temporality and space** are interrelated closely. States of emergency are negotiated in terms of temporal and spatial insecurity within a humanitarian and/or political framework (temporality and emergency, transitions, change, discontinuity, pre-/post-migration, short vs long term interventions and policies, disruptions, temporal ruptures, past vs present vs future) (Fassin & Pandolfi, 2010)
- **Refugee people are represented as living in limbo**, passive in their longing of the past and consequently devoid of agency, with the practitioners' attempts to move them from limbo to liminality.

6. Conclusions: Temporality & space

- The temporal orientation of refugees often circles **around the past and the future**;
- In terms of **space** (camps, houses, reception centers, community centers, street-work, protective guidance, schools, police stations, circulation, mobility in lives, safe space, push backs, place identity, border politics), practitioners were negotiating the **place identities of refugees** as an attempt to subvert the dehumanizing state policies by resisting, claiming and facing conflicts regarding their role.

6. Conclusions: Humanitarianism

- ‘There is no axiological neutrality in **humanitarianism**. From the outset, the humanitarian sector stands in the sphere of ethics: located above private and political interests, with the aim of saving lives and alleviating suffering in a time of crisis’ (Resseguier, 2018, p. 62) .
- The ethics concept moves in between morality in a particular cultural context and law conception based on the notion of justice and legislation (Fassin, 2008).

6. Conclusions: Humanitarianism

- ‘There is an inevitable and inherent **inequality in any helping relationship**. This inequality is composed of capacities, that is, humanitarian resources and competencies, to respond to the needs and vulnerability of crisis-affected individuals and communities’ (Resseguier, 2018, p. 70).
- This constitutive asymmetry can lead to either **abuse of power** (people objectified and losing the sight of human being, with the adoption of managerial or mechanical attitudes towards refugees) or **lack of recognition** (that is related with the becoming of the relationship functional or utilitarian and the ‘helped’ feeling that no substantial help is being offered to them).

Conclusions

- The reality of safety and normalcy is a varied context, sometimes undermining the sense of hope that we claim to be providing through our interventions.
- Practitioners as ‘outside experts’ might be ignorant of local and cultural norms and raise expectations that are unmet.
- Addressing psychosocial needs in the context of refugees implies collective and community initiatives for enhancing belonging.

Conclusions

- The psychosocial support suggests collective responses that empower the population in need and break with individual or personal growth projects above collective social accountability (Sousa & Marshall, 2015).
- Need for psychosocial interventions that foster community initiatives, encourage a sense of control and counteract the dependency and inertia in many refugee settings (Silove, Ventevogel, & Rees, 2017).



Good practice in psychosocial support for refugees

Autonomy in terms of involvement in decisions and worthiness of the field practitioners' role

Provision of ongoing supervision of workers to avoid burn out

Resilience as a collective form or practice

Interventions that adopt phases with priorities such as practical family and social support followed by other needs. Need for stepped care models

Advocacy that does not shy away from issues of social justice or from acknowledging the broader socio political context

Problematizing the psychological discourse and practice

Training based on the status of evidence-based practices in the field

Contextualization of psychosocial support and mental health distress. We know that programs built on existing community structures improve outcomes in terms of resilience and cohesion