FOCUS

IMPLEMENTATION GUIDE TO

DYNAMIC INTEGRATION
The FOCUS Implementation Guide to Dynamic Integration was developed by the IFRC Reference Centre for Psychosocial Support as part of FOCUS, an international research and innovation project funded by the European Commission’s Horizon 2020 programme. FOCUS aims at increasing the understanding of dynamics of integration with a special emphasis on psychological and social factors; and providing an effective, practice-informed approach to integration, to address the challenges of forced migration with arriving and receiving communities living in European host societies. For more information see The FOCUS Living Well Together Resource: [https://www.focus-refugees.eu/resource/](https://www.focus-refugees.eu/resource/).

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# Acknowledgements

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FOCUS Implementation Partners:
1. INTRODUCTION

The Living Well Together Resource has three main components:

1. A theoretical framework that highlights core contributors to dynamic integration, the FOCUS Approach to Dynamic Integration which is documented in two forms: A summary that reflects the prototype for the FOCUS Approach. An extended version that includes reflections from the 5 FOCUS case studies.

2. Illustrative FOCUS case studies conceived and drafted by FOCUS implementing partners, highlighting one or more dimensions of the FOCUS Approach, and providing examples how the various FOCUS Approach dimensions might be implemented.

3. This practical guide to dynamic integration: the FOCUS Implementation Guide to Dynamic Integration, aimed to operationalise the FOCUS Approach, co-created by integration-focused practitioners and policy makers, breaking down its four dimensions into actionable steps.

1.1 How to use the FOCUS Implementation Guide to Dynamic Integration?

Who is this guide for?
This guide is for policy makers, civil society organisations and local communities and designed to help them understand important dimensions of dynamic integration and how to implement them in practice, both in programme and policy development. It is not a recipe book for ‘successful’ integration, but rather practical guidance, based on the expertise, ideas and experiences of practitioners. This guide is here to help you on your way.

What will you find in this guide?
In the first place, the guide explores different programmatic considerations to strengthen social connections, which is the core idea of dynamic integration, of the FOCUS Approach. Secondly it presents key recommendations and indicators that can be used as part of project assessment and design, planning and implementation and monitoring and evaluation. Thirdly, it discusses core cross-cutting principles central to dynamic integration. The Implementation Guide should be read together with the detailed, extended FOCUS Approach to ensure a common understanding of each dimension. You can think of the FOCUS Approach as the theory book, and the Implementation Guide as the practice book to dynamic integration!

Adaptation
The content needs to be adapted to your individual, community or organisational capacities and local expertise. Adaptation involves consideration of your existing resources, timeline, objectives, and potential collaborators. It is very important to make sure that the work is informed by the different cultures and needs of both arriving and receiving community members and the diversity of cultural norms, values, and practices they may bring; what works well within one particular community does not always automatically or fully translate into another. Consider the ‘expertise’ of local communities, while not assuming any knowledge is a given. You may get it wrong, before you get it right.

The FOCUS Approach and this Implementation Guide highlight different ways of looking at what dynamic integration is and what it is not, as a process and an outcome in itself. Most of all, we hope this Implementation Guide to Dynamic Integration will inspire you and help you to develop new ideas and ways of implementing innovative integration practices.

WHAT IS DYNAMIC INTEGRATION?

Within the ‘EU Framework on integration’, integration is defined as ‘a dynamic, two-way process of mutual accommodation by all immigrants and residents of Member States’ (European Commission, 2020). Integration is multi-dimensional – depending on multiple factors encompassing access to resources and opportunities as well as social mixing. Integration is multi-directional – involving adjustments by everyone in society. Integration depends on everyone taking responsibility for their own contribution including newcomers, receiving communities and government at all levels. Integration is context specific and needs to be understood and planned in relation to its context and within a bespoke time frame. (Nodofo-Tah et al., 2019).
1. INTRODUCTION

1.2 What is the FOCUS Approach to Dynamic Integration?

The FOCUS Approach to Dynamic Integration (see figure on the next page for a summary) is a practical framework to strengthen existing promising integration practices and support the development of new ones.

It has at its core the idea of fostering social connections among arriving and receiving communities within host societies. The FOCUS Approach aims to highlight key elements which promote trust and reciprocity, social connectedness, wellbeing, resilience, and a sense of belonging of all community members.

What is new about the FOCUS Approach?

The FOCUS Approach provides a broader understanding of different dimensions or components that research and practice have shown to be instrumental to supporting dynamic integration. The FOCUS Approach also builds on the premise that promising integration practices should aim at strengthening the quality of intergroup relations between different arriving and receiving communities and their members within European host societies, with a focus on trust and mutual reciprocity. This creates a ‘whole-of-community’ approach, instead of providing only ‘refugee targeted’, or one-way, short term integration interventions. The principal outputs of this activity, for the first time, make accessible in a practical and comprehensive manner, information and guidance on dynamic integration, to serve what is a very diverse community of practice in this field.

How was this guide created?

Central to FOCUS’s work has been the active engagement with end-user organisations and representatives. They noted that organisations, most of all, need guidance on ‘how’ practices can be adapted to include core elements of ‘innovation’ in dynamic integration. This guide has, at each stage, been developed to respond to the identified needs of these practitioners. These include their recommendations that:

- Integration practices should be included as illustrative examples;
- Emphasis should be on how to adapt existing integration practice to be better aligned with an overall, more programmatic, approach to dynamic integration;
- The guide should be simplified as much as possible, to ensure that small community-based organisations with low levels of funding would be able to take the resource and try out some of the guidance given.

The co-creative design involved four rounds of consultation with practitioners and other knowledgeable stakeholders, including refugee-lead organizations and experienced senior researchers and policy leads in dynamic integration, in the form of the FOCUS End User Committee (EUC), with the purpose to co-create and refine the FOCUS Implementation Guide.

“The Focus Approach Dimensions, a visual summary”
You can think of the Approach as the *theory* book, and the Implementation Guide as the *practice* book to dynamic integration.

The FOCUS Approach and this Implementation Guide highlight different ways of looking at what *dynamic integration* is and what it is not, as a process and an outcome in itself.

**2. STRENGTHENING SOCIAL CONNECTIONS WITH THE FOCUS APPROACH**

**2.1 The Indicators of Integration framework**

FOCUS’s work draws upon a broad research base and, in particular, the accessible and extensive work of scholars Alison Strang and Alistair Ager. Their theoretical framework guides FOCUS and is best detailed in the Indicators of Integration Framework (Nodofor-Tah et al., 2019). The framework defines core domains of refugee integration that have had a significant impact on the discourse surrounding refugee integration, and a major role in shaping policy, practice, and academic debate. It is structured around 14 key domains that evidence suggests are of central importance to integration.

It is important to note, as we emphasise throughout this guide, progress in these 14 domains depends on the contribution of members of the receiving communities and local institutions as well as the new arrivals, be they refugees, migrants or other groups who are new to the community. The Indicators of Integration framework has four headings: markers and means; social connections; facilitators and foundation, as illustrated below:

**I. MARKERS AND MEANS** summarise the domains of ‘Work’, ‘Housing’, ‘Education’, ‘Health and Social Care’ and ‘Leisure’. These domains represent the context in which integration takes place, as well as major areas of attainment that are widely recognised as critical to the integration process.

**II. SOCIAL CONNECTIONS** are three domains summarised below: bonds, bridges, and links. Taken together, they recognise the importance of relationships to our understanding of the integration process and elaborate different kinds of relationships that contribute to integration:

- ‘Social bonds’ are connections with others, with a shared sense of identity and high levels of trust and reciprocity, characterised by the exchange of both practical and emotional support that can...
provide individuals and groups with the confidence and security required for integration (e.g., family, close friendships). It is important not to assume that groups sharing key characteristics, such as ethnicity, faith or national background, all benefit from bonding relationships. For example, political tensions may occur between people from the same country of origin.

Social isolation is characterised by a lack of social bonds.

- ‘Social bridges’ are social connections with people of a different background. These relationships connect diverse people or groups. Whilst they are not categorised by the same high levels of trust as social bonds, social bridges are characterised by sufficient trust to enable people to interact and exchange resources. Social bridges provide the route for the sharing of resource and opportunity between people who are dissimilar. Through the mixing, trust and reciprocity is built up. Social segregation is characterised by a lack of social bridges even though strong bonds may be present within a segregated group.

- ‘Social links’ are connections with institutions, including local and central government services. They refer to ‘vertical’ relationships between people and the institutions of the society in which they live. To live as a full member of society, it is necessary to access rights or services and to fulfil obligations. Social links connect the individual to the power structures of society in both directions, as a contributor (e.g., through voting and paying taxes) as well as a beneficiary (e.g., when needing to access support or care). A sense of alienation may be characterised by a lack of social links.

In this Implementation guidance we will further explore in what way the dimensions of the FOCUS Approach can be used to strengthen social connections in dynamic integration practice.

III. FACILITATORS include the five core domains or competencies and factors of ‘language and communication’, ‘culture’, ‘digital skills’, ‘safety’, and ‘stability’ which are the key facilitators that enable the integration process. Research and practice confirm the importance of both a sense of personal safety and also social stability in allowing people to engage with services and with other people to establish their lives and to integrate. This could include feelings of safety when walking alone and reported incidents of hate crimes. In recent research by Strang and Quinn (2019), it is suggested that ‘trust & reciprocity’ should be included as a sixth facilitator in the Indicators of Integration Framework.

IV. FOUNDATION contains the core domain of ‘rights and responsibilities’, which refers to the basis upon which mutual expectations, obligations which support the process of integration, are established. This includes ideas of citizenship and nationality and the associated rights, as these fundamentally shape what counts as integration in a particular context. The acquisition of citizenship and the exercise of the rights and actions this entails in itself, provides an important bedrock to the integration of any individual in a society. Research also highlights how both the attitudes of members of receiving communities towards groups such as migrants or refugees, and members of minority groups towards the process of integration itself, are influenced by perceptions of responsibilities, rights, and entitlements.

These dimensions are interlinked, and their interplay is what FOCUS research considers to be dynamic integration: a two-way process assigning rights and responsibilities to both the arriving and receiving communities (Supik & Spielhaus, 2019) in a host society. For FOCUS research findings click here.
2.2 Mental Health & Psychosocial Support (MHPSS)

Mental health and psychosocial support (MHPSS) includes any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or treat mental health conditions. Mental health and psychosocial wellbeing of receiving and arriving communities require equal attention. Key to organising mental health and psychosocial support is to develop a layered system of complementary support that meets the needs of different groups, with an eye on the intersectional, ecological, and person-centred approach as described in the cross-cutting considerations chapter.

WHAT IS ‘MENTAL HEALTH’?
Mental health is defined by the World Health Organization as a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to their community.

WHAT DOES ‘PSYCHOSOCIAL’ MEAN?
Psychosocial is a term used to describe the interconnection between the individual (e.g., a person’s internal, emotional, and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (e.g., their social context).

WHAT IS ‘PSYCHOSOCIAL SUPPORT’?
Psychosocial support refers to actions relating to the social and psychological needs of individuals, families, and communities.

The multi-layered approach as depicted in the pyramid model below, does not imply that all stakeholders or agencies must provide services in all layers. However, every actor is expected to assess, refer, and advocate in relation to the full spectrum of mental health and psychosocial support presented in the pyramid model below, from basic psychosocial support through to specialised mental health care.
2. STRENGTHENING SOCIAL CONNECTIONS WITH THE FOCUS APPROACH

SPECIALISED MENTAL HEALTH CARE – the top layer of the pyramid in Figure 2– includes specialised clinical care and treatment, for individuals with chronic mental health conditions, and for persons suffering severe distress and over such a period that they have difficulty coping in their daily lives, by clinicians who received extensive clinical training and on the job supervision in specialised mental health care. This includes individual treatment in clinical settings, combined with strengthening community capacity and awareness, in coordination with the lower-layer psychological and psychosocial supports, as this is critical for the success of the top layer of specialised mental health care.

Treatment of mental health conditions and mental health promotion are two distinct but interrelated efforts, as they have risk and protective factors in common. Clinical practice alone cannot address issues of stigma or barriers to service access or utilisation, hence coordination and partnership among and across the layers are crucial, not only to ensure holistic and culturally responsive integration programs, but also to ensure that individual MHPSS programs are achieving the goal of dynamically integrating communities, and mainstream support systems.

PSYCHOLOGICAL SUPPORT – the third layer of the pyramid in Figure 2– includes prevention and treatment activities for individuals and families who present with more complicated psychological distress, and for people at risk of developing mental health conditions. This includes culturally responsive, trauma-informed treatment at community clinics, at torture survivor centres, or at private practice. For example psychological support for significant symptoms of grief or acute distress, harmful use of alcohol and drugs, and other significant mental health complaints, combined with considerable difficulty with daily functioning (beyond what is culturally expected), or if people seek help for their symptoms.

FOCUSED PSYCHOSOCIAL SUPPORT – the second layer in Figure 2– includes promotion of positive mental health and psychosocial wellbeing and prevention activities, with a specific focus on groups, families, and individuals at risk. This includes building healthy coping mechanisms and support systems in families and communities, through community-based and peer-based interventions, such as reciprocal support groups, community-based wellness groups, or health education and family interventions. These activities increase awareness and capacity for stress coping, preventive mental health, community awareness around substance use and domestic violence, and other issues in families and communities. Activities that strengthen family systems and community support are critical to successful dynamic integration.

BASIC PSYCHOSOCIAL SUPPORT – the bottom layer of the pyramid in Figure 2– promotes mental health and psychosocial wellbeing, resilience, social interaction, and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to all. This includes psychological first aid (PFA, see text box on the next page) and interventions that support cultural adjustment and social integration, emphasising resilience, prevention, and early detection of mental health needs. Integration services including case management, language classes or vocational training, and cultural orientation are examples of activities relevant to the layer of basic psychosocial support.

BROADER COMMUNITY SERVICES - are additional activities that support dynamic integration. This involves mainstreaming social service functions, such as housing, employment, public transportation, schools, and basic health, human and social services. Key aspects of these services include recognition of the unique psychosocial needs of refugees and the importance of creating a trauma-sensitive environment for all community members. Broader community service programmes should encourage and support newcomers not only to learn the cultural norms and language(s) of the host community, but also to maintain and exercise their own cultural practices and values, for a healthy balance in a bi- or multicultural setting.

The MHPSS framework stresses the importance of ensuring that services are CULTURE-AND TRAUMA-INFORMED, meaning that services are culturally responsive, sensitive to (traumatic) experiences and (bi- or multi-cultural) backgrounds of all groups in the community, and that they focus on building trust and a sense of safety, agency, and social belonging for all. Additionally, the model emphasises culturally appropriate and timely referrals between the different layers of the pyramid and to the broader community services, to facilitate integration.

Without a PROTECTIVE ENVIRONMENT, it is impossible to address the mental health and psychosocial needs of affected individuals, families, and communities. A protective environment should be created by providing quality assistance to individuals, families and communities with mental health and psychosocial needs and by promoting and ensuring respect for the relevant normative frameworks and bodies of law including international human rights law and international humanitarian law. Physical safety is an obvious component of a protective environment. Without it, people with mental health conditions and psychosocial needs do not survive and others suffer from distress and other debilitating symptoms. Physical safety is particularly pertinent for individuals living with mental health conditions and for people exposed to severe violence, such as victims of sexual violence and victims of torture or ill-treatment. These individuals are often marginalised within their families and communities and may be deprived of their liberty, either by the authorities in institutions or by their families at home, for example, by being physically restrained, chained, or locked into a room. Mental health and psychosocial needs should be identified in all protection assessments to facilitate identification of protection risks and access to protection that may otherwise be impaired.

PSYCHOLOGICAL FIRST AID (PFA)

Psychological first aid is a simple, yet powerful way of helping someone in distress. It involves paying attention to the person’s reactions, active listening and, if relevant, practical assistance to help address immediate problems and basic needs. Learning psychological first aid skills and understanding reactions to crises empowers helpers to help others and apply the same skills to their own lives.

The IFRC PS Centre toolkit on Psychological First Aid (PFA) A Guide to Psychological First Aid comprises: A Guide to PFA, four training modules on PFA: Module 1: An Introduction to PFA; Module 2: Basic PFA: Module 3: PFA for Children and Module 4) PFA in groups, next to the PFA for young Peers Handbook and Online PFA training during COVID-19 and Orientation package PFA in times of conflict and uncertainty
Provide culture- and trauma-informed MHPSS

Prevent ‘parachuting’ western ideas of formalised healthcare, especially around mental health care, when working with communities from diverse cultural backgrounds. Consider cultural appropriateness and work alongside community members to determine what is most appropriate and what is desired, next to what is evidence-based or -informed (see also the Assessment & design key considerations for MHPSS, as well as the Participatory & co-creative approaches chapter in this guide).

Work towards trauma-informed care instead of trauma-focused care

Work towards trauma-informed care instead of trauma-focused care, as arriving and receiving community members alike need a holistic, multi-tiered approach to their mental health and psychosocial support needs (see also the guidance below on participatory community-based approaches to MHPSS). A too narrow focus on MHPSS needs can create an environment in which positive mental health and social functioning are seen merely as a lack of mental illness. Trauma-focused care may increase the stigma of mental health issues and create negligence of other psychosocial needs critical to dynamic integration at a community level.

To learn more about trauma-informed and culturally-informed support and care, to better embed mental health and psychosocial support services into integration programs, read the FOCUS Approach section on MHPSS.

RECOMMENDATIONS FROM THE SWEDISH FOCUS CASE STUDY (LAN)

MHPSS integration practices should build resilience and strengthen personal resources among arriving community members. This represents a paradigm shift from a treatment focus, to a preventive focus, emphasising resilience applied at the individual, family, and community levels. Resilience refers to people’s capacity to adapt, leading to a positive trajectory in the face of adversity. LAN’s research suggests that preventative mental health interventions for arriving community families in resettlement can operationalise resilience by building on protective resources.

The Swedish case study found that MHPSS integration practices should be culturally tailored and anchored where possible, without language barriers and with consideration for cultural concepts and practice around MHPSS. MHPSS-focussed integration practices should be trauma-informed, to avoid fostering potentially (re-)traumatising environments, while avoiding a dominance of the medical model of mental health support for refugees. MHPSS integration practices should be designed on the solid foundation of creating an enabling environment, and should aim to promote social support, and access to social networks. Referrals and structures for continued support beyond the specific intervention should be established. MHPSS integration practices should promote mental health literacy, to prevent social stigma and discrimination. Click here to read the full Swedish case study.

RECOMMENDATIONS FROM THE BRITISH FOCUS CASE STUDY (BRC)

MHPSS should employ a broader understanding of wellbeing and programming that pays adequate attention to potential protection and safety issues (e.g., child protection and gender-based violence) which might be present within arriving and receiving communities. This means ensuring staff are primed to detect potential protection risks, and community members are provided information on their rights and where to access help if needed. Activities that wish to target wellbeing more directly should consider diverse methodologies beyond traditional ‘talking therapies’ to ensure cross-cultural appropriateness. Arts-based activities represent a promising potential avenue for exploring the topic of wellbeing through creative expression within a safe environment. Click here to read the full British FOCUS Case Study.

Promote mental health literacy, peer support and self-care to prevent social stigma and discrimination. To empower mental health, it is advisable to actively work with mental health literacy components, such as knowledge about mental health, the mental health care system, how to access it, and other sources of support, as well as cultural perspectives on mental health, across different integration practices.

Think of including a mapping of services, that include not only access to tertiary, secondary and primary (mental) health care, but also pathways that include social welfare and care systems, this should include informal community care systems through for instance community-based organisations, including spiritual and faith-based communities, as well as non-formal care systems with peers and family.

The WHO mhGAP community toolkit, developed in close collaboration with the IFRC PS Centre, provides guidance for programme managers on how to identify local mental health needs and tailor community services to match these needs. It offers practical information and necessary tools for community providers to promote mental health, prevent mental health conditions and expand access to mental health services. See the mhGAP community toolkit: field test version.
Participatory and community-based MHPSS interventions

Recognise an individual as embedded within a community. Community-based MHPSS interventions focus on local acceptance and contextual relevance of an MHPSS intervention and their intended and unintended outcomes. Ensure that MHPSS interventions ‘do no harm’, that they are resource-efficient and evidence-informed or -based as much as possible (Wood & Kallestrup, 2021). See more guidance on how to implement community-based MHPSS approaches in all phases of your project in the project cycle chapter and in community-based approaches to MHPSS programmes: a guidance note.

Focus on MHPSS activities, projects and programs that focus on maintaining or re-establishing individual agency, that promote individual and community resilience as well strengthen skills, capacities, and partnerships for coordinated MHPSS care. To learn more about the downsides of a vulnerability framework in MHPSS, listen to this dynamic integration podcast episode 1/2 and episode 2/2 or read it as a brief.

Key recommendations for strengthening social connections

SOCIAL BONDS SOCIAL BRIDGES SOCIAL LINKS

Pre-arrival

If possible, inform new arriving community members before/during the migration route, so they are well informed about what life could look like in the (expected) host society. It is important to start early with psychosocial support, including information about mental health and potential integration challenges, so prospective arriving community members know as much as possible what to expect.

The arriving community will remain socially connected to friends, family, and former community members, persons in their country of origin or along the migratory journey and in diaspora. Receiving community members with a migratory background likely also have family, friends and other social connections living or migrating in other parts of the world. They may connect with them via phone, letters, or social media and this will be an important part of their day-to-day social networking.

- Ensuring that people have access and the means to contact (and expand) their existing social network is an essential step in (re-)establishing social bonds and of assuring psychosocial support.
- Social connections can be primarily positive and supportive, rather neutral, or negative/harmful (for example, LGBTQIA+ community members being threatened, women’s decision-making freedoms being restricted, domestic violence being perpetuated), hence the need to assess this in a safe, and trusting space.

Psychosocial support should also start for the receiving community members prior to the arrival of new community members, to inform the receiving community about who is arriving and when, what the community can expect, what the different newly arriving community members’ migratory journeys may have been like. This is especially important when working in smaller/rural communities, but also in smaller community settings within larger urban contexts, to increase opportunities for ‘social bridges’.

Social bonds

GOOD PRACTICE: ASSESSING STRENGTHS AND NEEDS

The Strengths and Needs Assessment Framework (SANAF) developed for asylum seekers, refugees, and vulnerable migrants in the UK, was originally developed by the Australian Red Cross and adapted to the UK context, where it has been piloted and evaluated by the British Red Cross together with other UK asylum seeker and refugee support organisations.

SANAF is a way of understanding and measuring somebody’s wellbeing and will also help a caseworker to support the person being assessed. It helps to identify which areas of life someone already feels strong in and which areas they need support with. The SANAF sets out 10 areas of life which can affect a person’s wellbeing: housing; finance; safety and the law;
2. STRENGTHENING SOCIAL CONNECTIONS WITH THE FOCUS APPROACH

Psychosocial support for people separated from family members, as well as support in loss and grief processes, are essential MHPSS practices in integration programs.

- See Broken Links: Psychosocial support for people separated from family members: A field guide and its related resources including training manuals, which can be delivered as a one day workshop or as part of a longer training.
- Please note the Red Cross Red Crescent Movement has a special mandate for Family Reunification, see bringing families together and RCRC Working Group on Family Reunification (FRWG).
- See for support during grief and loss the publication Loss and grief during COVID-19 which was developed as an online psychological first aid orientation module during the COVID-19 pandemic and, can be easily adapted to other contexts.

Start peer support and advocacy efforts within migrant arrival and transit centres:

- Consider how peer support is implemented. It should not be viewed as a cost-efficient option to target needs that really require professional support;
- Make sure that peers themselves are appropriately supported;

employment and education; physical health (including health issues relating to a person’s disability); mental health; alcohol and other drugs; identity and culture; family and social connections; my children and children in the household. Where it is possible, a caseworker can provide the client with information or refer to other organisations and services.

The SANAF aims to help a client and a caseworker to discuss which areas they feel need the most support. This will help the caseworker to focus on these areas and provide the support to meet needs. SANAF will help to understand which areas of life people most frequently need support with. This will help to focus on particular areas and improve the support provided.

SANAF aims to demonstrate the impact of integration programs. The information entered into the database by caseworkers will help to create visual graphs and charts, which show how people’s situations have changed in different areas and whether the case work helped to improve their wellbeing. These graphs and charts will help clearly show others, such as funders and government policy makers, how the support provided has an impact on people’s wellbeing. The graphs and charts shared with others will provide an overview of all of the people supported and will not show any specific identifying information.

SANAF can help visualise an integration journey. At any time, a client can ask to see the information that has been entered into the database. The SANAF database can produce graphs that show the integration journey across the ten different life areas. The graphs can show whether a score in each of the life areas has changed.

As of April 2022, the BRC SANAF pilot findings were about to be published by the British Red Cross.

‘Social bonds’ are connections with others, with a shared sense of identity and high levels of trust and reciprocity, characterised by the exchange of both practical and emotional support.

‘Social bridges’ are social connections with people of a different background. They provide the route for the sharing of resource and opportunity between people who are dissimilar. Through the mixing, trust and reciprocity is built up.

‘Social links’ are connections with institutions, including local and central government services. They connect the individual to the power structures of society in both directions.
2. STRENGTHENING SOCIAL CONNECTIONS WITH THE FOCUS APPROACH

Social bridges

Train staff and volunteers to facilitate intercultural dialogue between arriving and receiving community members

- Seek cooperation with diaspora organisations
- Provide opportunities for trust-based dialogues, highlighting taboo topics and cultural differences between peers. See whether a peer-to-peer transfer of knowledge about the host society and its services (see below recommendations on social links) is included

Link with existing diaspora organisations for peer support initiatives:

- Link through ‘buddy systems’ and other types of peer support to improve access to various services, strengthen social links via social bonds.

Social links

Consider a holistic perspective towards integration that includes mental health and psychosocial support, next to socio-economic integration. Make sure to prepare employers and employment services on specific challenges and needs of newcomers by providing them with information about:

- How to best support the wellbeing of newcomers (including referral options if more support needs are identified);
- Information to target potential stigma and -discriminatory beliefs;
- Systemic barriers to employment around racism and discrimination that community members often face;
- Highlight newcomer resiliency and agency next to challenges and specific need, to avoid continued perpetuation of harmful narratives around migrants and refugees.

Make sure to link labour market integration programs to MHPSS needs and services by establishing a referral system. Make sure newcomers receive information, via awareness raising efforts, on their rights and different pathways to access services, at different stages of their integration process.

- Invest in a transfer of information and knowledge about society and health communication (for example, civic- and health communication) for both arriving and (marginalised) receiving community members who experience lack of access to services. Knowledge is a prerequisite for agency, empowerment, independence, and health equity, and information is a basic need.

Assure that MHPSS, as well as other services, are experienced as safe spaces for newcomers as well as existing community members, including those with a refugee background, and make sure to explain how the services function to all users equally and equitably:

- For example, training around (un)useful attitudes and -language should be required for staff/volunteers working with arriving and receiving communities, assuring that services are considered safe spaces by all services users equally, see also the cross-cutting considerations section on a intersectional (UNHCR, 2018), ecological or person-centred approaches (Clauss-Ehlers et al., 2019)
- See, for example, from the Promoting integration through social connections- (UNHCR Integration Handbook, 2001) these recommendations:
  - Provide professional development programs to people working in key social support positions (e.g. teachers, health care professionals);

RECOMMENDATIONS FROM THE GERMAN FOCUS CASE STUDY

Findings from the FOCUS case study in Germany concluded that the relevance of racism, its impact on trauma, and the broader field of MHPSS, should be understood within the broader field of dynamic integration work.

This highlights that MHPSS should be understood as a broader concept that explores societal impacts at the individual level and vice versa. For psychotherapists, psychologists and social workers, the German case study concluded that anti-racism measures should be incorporated within training, occupational induction courses, and where relevant, supervision sessions, to ensure all staff are provided with foundational knowledge on how to better support their clients who face this issue. The German case study partner BAF highlighted the importance of advocacy to better support clients accessing the service and to address systemic examples of racism. They recommend that advocacy is essential to highlight and encourage change to structural and systemic racism that at times may be (in)visible in policies and support services.

RECOMMENDATIONS FROM THE SWEDISH FOCUS CASE STUDY

See the FOCUS case study in Sweden on health communication for migrants by the Partnership Skåne (LAN). This in-depth programme for migrant mental health and wellbeing consists of 1) dialogue support groups/study circles on mental health and wellbeing for the arriving community members; 2) coordinated efforts to create an enabling environment around the dialogue circles; 3) training in mental health and wellbeing for civic and health communicators (CHCs).

GOOD PRACTICE: BUILDING INCLUSIVE COMMUNITIES

Chilypep’s RUBIC is a project working to enhance social cohesion in Sheffield UK and takes a holistic approach to improving integration and easing tensions surrounding social cohesion, using safe space dialogues, community mediated, awareness raising sessions, peer support and a young community leaders programme. The project focuses on the north of Sheffield, making connections between newly arrived migrants and refugees and more established residents in their own neighbourhoods, helping to increase understanding and create more resilient communities. From: Respect and Understanding; Building Inclusive Communities project.

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• Work force development initiatives aimed at enhancing the number of personnel with bilingual skills or with migratory backgrounds;
• The development of resource materials (such as videos and manuals) to enhance professionals’ understanding of the refugee and resettlement experiences;
• Special funding programs to support services and systems to build their capacity to meet the needs of arriving communities;
• Formal social support and targeted services that recognise the different needs of diverse groups;
• Welcoming and supporting newcomers.

It is important to work and coordinate with specialised mental health services such as counseling centres, to ensure they are culturally informed and that they, vice versa, work with you to ensure your integration practice is mental health informed, including providing referrals for people who require more specialised mental health services.

Accessibility of (mental health) services is best created through a multilingual approach and via various communication channels, including in written, verbal and illustrated formats. This should support the accessibility of services and critical information for people with mental health and psychosocial support needs and/or for persons with a disability.

Interpreters, especially from within established migrant communities, can be important social connections between arriving and receiving community members.

However, the dependency on, and lack of reliable or trusted and consistent interpretation can also be a great barrier to accessing information, rights, care, services and decrease chances of integration as research shows (Mangrio et al., 2017).

The example, below:

**ACCESS TO HEALTHCARE FOR REFUGEES**

A study on refugees’ experiences of healthcare in host countries identified different barriers and facilitators to accessing healthcare.

Limited language skills and lack of professional interpreters prevented most study participants from getting access to or benefits from mental health counseling services, caused by a lack of (reliable) interpreters. Refugees that were accompanied by a friend, relative or refugee agency staff experienced a more trouble-free process. Low proficiency in the language also created issues in making appointments independently, and because of this, clients preferred verbal reminders over written reminders. If interpreters were available, there could be a problem with confidentiality, especially when most interpreters were from the same community as the refugees themselves. Fear of personal information being disclosed among the community was noted as an obstacle for people seeking or continuing care, especially around more sensitive topics such as mental health. Incompetency in medical terminology amongst interpreters was deemed likely to increase a misunderstanding of instructions for proper usage of medications. The study concluded that, while general interpretation services can appear to be well organised and reliable within primary healthcare, sustainable access to an interpreter, for instance during key moments of a stay in a hospital can be problematic.

Language barriers, as well as financial barriers, were found to be the main reasons for missing appointments. Source: Mangrio et al., 2017

Invest in operational research into the impact of MHPSS supports on markers and means of dynamic integration such as education, employment, housing, health and social care, and leisure, and make sure to include receiving community members as research participants. See also the example of community researchers in the FOCUS Participatory & Co-creative Approaches dimension.

**GOOD PRACTICE: INTERCULTURAL HEALTH**

The Mimi programme ‘With Migrants, For Migrants: Intercultural Health in Germany’ recruits, trains, and supports individuals from within immigrant communities, to become cultural mediators, who can help navigate new and different ways of dealing with traditions of health and illness, and the body.

The goal of the program is to make the German health system more accessible to immigrants, increase their health literacy, while simultaneously empowering immigrant communities, by prompting their direct participation in the process. The Mimi approach is based on the belief that migrants are experts in their own causes, and that as a community, they have experiences and resources that need to be better leveraged. Mimi promotes both integration, and the building of bridges between cultures. Candidates for the mediator training are recruited from local immigrant communities and then provided with over 50 hours of training. Once they are certified, they can begin to plan and conduct information sessions. These sessions are tailored to be culturally sensitive for the community and are held in their preferred language. The discussion ranges from understanding and navigating the German health system, to community specific health issues. In co-operation with 80 other health related organisations, Mimi also regularly produces and updates a Health Guide that is available in over 16 languages. This guide provides information on targeted health topics and insight into understanding and navigating the German health system. The goal is to help immigrant communities increase their use of available resources – particularly around preventative care and early check-ups.

From: Welcome Stuttgart Center: Health Project Mimi
2.3 Arriving & receiving communities/volunteerism

Integration is a dynamic process that depends on the whole of community and the whole of society see cross cutting considerations section and figure 3 on the next page. Within this process, communities adapt and change. Arriving community members may become receiving community members over time, depending on factors such as agency around migration, including motivation to transition and migrate to other countries, motivation to integrate or to return, as well as international protection needs and (other) legal rights and options, together creating individual migration- and integration pathways.

To avoid the potential stigma that sometimes is associated with language around migration, and to emphasise the dynamic nature of integration, the FOCUS project uses the terms ‘receiving’ and ‘arriving’ communities (Supik & Spielhaus, 2019). The names of ‘arriving’ and ‘receiving’ communities reflect a ‘status quo’, not a definite nature, as communities change naturally and constantly. Community membership does not fully define the individuals belonging to these groups (see also the cross-cutting considerations on an intersectional-, ecological- and/or person-centred approach).
Focus on strengthening equal voluntary participation between arriving and receiving community members and make sure receiving community members with a refugee or migration background are equally and equitably engaged and activated along with other members of the receiving community point.

Buddy initiatives can be important to facilitating social bonds and bridges, and where possible volunteers may be engaged from both communities to facilitate interactions amongst arriving and receiving community members.

ARRIVING COMMUNITIES
‘Arriving communities’ is used within FOCUS to refer to recent migrants, including newly arrived refugees. The arriving community includes migrants recently arrived in the host community. These community members have widely ranging life experiences, both in their migratory- and integration journey and process, as individuals, family members, and community members.

RECEIVING COMMUNITIES
The term ‘receiving communities’ is used within FOCUS to refer to host communities (residents of EU Member States within the country hosting migrants). The receiving community includes both community members that are host country born for multiple generations, as well as residents with a migratory background, including refugees who have settled in the host society. Receiving community members with a migratory background can be first generation foreign-born residents, as well as their host country-born children and/or (great) grandchildren, for instance.

VOLUNTEERISM
Volunteerism represents a common motivation uniting all those working as a volunteer (IFRC, The Fundamental Principles, 2022): a desire to help others, this can both be a source of inspiration and a statement of solidarity. Whether members volunteer without pay or with some form of acknowledgement or even modest remuneration, it is ideally inspired by individual commitment and devotion to a community development, community organisation or humanitarian purpose.

Volunteerism should be freely chosen and accepted as part of the services agencies provide to their communities. Often people join a volunteer organisation in the wake of a crisis. Many enjoy volunteering so much that they stay on, sometimes for decades. Volunteers often come from the communities they serve. This means they have first-hand knowledge of, and are trusted by, their communities. However, arriving community members could and should be given the opportunity to equally contribute their skills, talents, motivation, and time.

Mostly, formal qualifications are not needed to volunteer, which is why additional training and supervision is ideally provided. All that is needed is the motivation and time to spare. Ideally, volunteers are diverse and of all ages and backgrounds. Volunteering provides a potential vehicle for facilitating interactions between arriving and receiving communities. Both receiving and arriving community members through volunteering are provided with an opportunity to learn about one another and interact in a meaningful manner and contribute to their community and society. Volunteerism is sometimes seen and utilised as an entry pathway to social networking, training, and employment. Expectations of employment by prospective volunteers should ideally be clarified before the volunteer commitment, including the realistic opportunities around training and employment.
Recent years have seen a shift in the way many people volunteer (IFRC PS Centre, 2020). They are less bound to established organisations and more driven by causes and events. Spontaneous unaffiliated volunteers are often exposed to the same stressors as affiliated volunteers and professional staff. But there are also stressors specifically related to not being affiliated with an organisation: lack of (offered) training, not being familiar with emergency response structures, not being part of an established team, unclear expectations and roles, to name a few. It is imperative that community organisation and crisis management stakeholders work together to fulfill their duty of care towards spontaneous unaffiliated volunteers.

Key recommendations for strengthening social connections

Social bonds

Include volunteers from the receiving community with a refugee and/or migratory background. Encourage people (arriving + receiving community members) to meet around a common interest (chess, swimming, sewing, etc.). Include a focus on information, accompaniment, action and empowerment over assistance, support and help in volunteer training.

Address volunteers directly and use and develop their competencies and skills for society, for instance, in the form of qualification courses, networking with other volunteers (e.g., in some municipalities volunteer agencies or volunteer officers are part of refugee and dispora networks and organisations).

Newly arrived community members can be involved as volunteers themselves, from the very beginning:

- Make sure to introduce this possibility to the newly arrived community members and discuss expectations clearly;

- Acknowledge that newly arrived community members should not feel pushed or pressured into voluntary service, identify ways for the newly arrived to signal their readiness or desire to volunteer;

- Encourage both arriving and receiving communities to consider voluntarism as a potential pathway to employment. This should be weighed against the risk that community members could be utilised as ‘free labour’, especially for those without employment. It is important to manage expectations around this from the start;

- See also ‘Power Dynamics’ in the cross-cutting issues chapter and the ‘Connections Continuum’ below (Baillot et al., 2019) in figure 4 on the next page.

Social bridges

Volunteerism is connected to participation:

- Equal participation and equitable opportunities for both arriving and receiving community members is/are essential;

- Integration work and debate tends to be focused on the participation of arriving community members, while both the arriving and receiving communities need to be included, activated, and participate;

- See also the chapter on participatory and co-creative approaches.

Focus on strengthening equal voluntary participation between arriving and receiving community members and make sure receiving community members with a refugee or migration background are equally and equitably engaged and activated along with other members of the receiving community point. This may require creating or updating a community engagement and accountability strategy, to ensure it includes diversity and inclusion. See also the cross-cutting section on power dynamics.

Danish Red Cross’s experiences

Newly arrived refugee families are sometimes matched with local receiving families: the connection may not be fully reciprocal or two-way from the start, as trust and reciprocal relationships need to grow with time. Arriving community members also need to settle in first to be able to expand their social connections. See also the ‘Connections Continuum’ further explained in the Approach and depicted below in fig.4, (Baillot et al., 2019).

The Danish Red Cross creates courses where the arriving and receiving communities do and learn something new together, for instance, assembling a lunch pack for children together or doing First Aid courses together. During these activities arriving and receiving community members share the same (learning) experience together. Make sure, the design of the activity addresses the particular barriers and opportunities for different participants (for example, the language of the course and its promotional material). See also the FOCUS Danish Red Cross case study.
Address motivation and responsibility of the volunteers in the volunteer agreement, during training, and during monitoring/evaluation of activities. For active and equal participation, the motivation of the volunteer (to become active as a community volunteer in dynamic integration) is an important factor to consider.

- Create awareness among organisations and volunteers to assess and establish: why is the volunteer volunteering, and what is the objective of their agreement to volunteer?
- Volunteers should be made aware, especially in the beginning of their volunteering, of issues around power dynamics and the narrative utilised in the voluntary work (see the cross-cutting issues chapter on power dynamics and change of narrative).
- Reflections from the volunteers themselves are needed, what is their goal and personal motivation: supportive help or enabling an equal and equitable social connection or partnership?

**Figure 4 FOCUS’ adaptation of ‘The Connections Continuum’ (Baillot et al., 2019)**

**INTEGRATION OR ISOLATION?**

Drawing on an innovative participatory mapping approach, the Strang & Quinn (2019) refugee social connections and wellbeing study examined the social connections of isolated single refugee men from Iran and Afghanistan (highlighted as particularly marginalised) and the implications for their mental health and wellbeing, in Glasgow, Scotland.

Findings indicated very low levels of contact with family, local friends or local services, difficulties establishing trust and few opportunities for reciprocal relationships. The article establishes two key priorities for policy and practice: enabling asylum seekers and refugees to develop sufficient close bonding relationships and finding more effective ways of building knowledge and trust of relevant resources and services.

**CASE STUDY EXAMPLE: BRITISH RED CROSS**

Buddy initiatives can be important to facilitating social bonds and bridges, and where possible volunteers may be engaged from both communities to facilitate interactions amongst AC and RC members. Should volunteers be utilised in programming, their motivation and interests should be explored to ensure they are appropriately ‘matched’ to a community member with similar motivations and interests – this can help to facilitate more meaningful, quality interactions.
It is the responsibility of volunteers to support equity and empowerment for migrants, by creating an enabling and accompanying voluntary connection, rather than a ‘supportive’ one, while being aware of the power structures that exist. The objective is not to form a friendship but to provide guidance, although friendship may well emerge naturally, if this is a desirable outcome on both sides of the volunteer relationship or integration dynamic.

Safeguard both volunteers and the communities they serve by ensuring the issue of personal boundaries is addressed in the volunteering agreement and training, and through regular, continuous supportive supervision.

- Provide information to volunteers on common responses to adversity, including where applicable their own flight/asylum process, and how to access support, to avoid burn out.
- Make sure all volunteers are not just signatories to but also trained on the Code of Conduct (IFRC, Code of Conduct, 2022), protection and safeguarding protocols and guidelines, including prevention of sexual exploitation and abuse (PSEA) and child safeguarding, see for example the minimum standards for PGI in emergencies and the IASC PSEA Technical Expert Group.

Try to facilitate opportunities for gradual change of the social connection into a more equitable connection, for instance through the facilitation of (online and offline) opportunities to socialise and network via (individual, family) peer activities, social groups, meet ups and events, social networks. Where possible, facilitate and encourage this social connection to be more dynamic, two-way, and not stuck in ‘helping’ power dynamics. Where possible, utilise emerging and existing social connections to create refugee-lead (voluntary or professional) networks.

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GOOD PRACTICE: CONNECTING COMMUNITY, NEW AND OLD

The Paris-based founders of SINGA were not content to simply create better integration outcomes for refugees. They wanted to create social inclusion, value the contributions, talents, and presence of refugees, and change the discourse around refugees. SINGA France successfully established an international network of engaged people, with local SINGA organizations in France, Germany, Belgium, Italy, Great Britain, Canada and Switzerland. All local organizations share common values but are tailoring their work according to local needs. SINGA works to ensure that refugee inclusion is mutually beneficial. According to SINGA co-founder and director Nathanaël Molle, “Listening is everything. Refugees don’t know what to do, where to go or how to express their knowledge or skill to locals. It can be difficult for locals to figure out how to benefit from their presence, we create a bridge to that understanding. It brings people together who have an interest in creating better neighbourhoods and neighbours. The entire community benefits.

Participation of enthusiastic locals is essential for SINGA’s success. Locals know the community, its nuances, and niches and can help accelerate refugee settlement and inclusion, whether through housing, mentoring, playing, shopping, or working together. They are the “unusual integration actors”, not experts in refugee resettlement, but community members interested in finding ways to contribute and solve problems.”

Each community focuses on projects and approaches that work locally. SINGA is the community hub, the facilitator, connector, and enabler. Change happens because a broader community forms around SINGA’s ideals and objectives. Sima Gatea, Founder, SINGA Germany: “A solution that allows you to make social and professional connections which, at the end of the day, is the best way to promote integration on the ground.”

SINGA is making a deliberate effort to impact the language used to talk about refugees. The word refugee has been divisive, with negative connotations, linked to ideas such as the other, alien, illegal, queue jumper, without status, a cost to the host society. Changing the discourse that surrounds migration is important. SINGA wants people to look at refugees in an entirely different way. The move is not towards integration – come, emulate us, learn how we do things and do them that way. But, towards inclusion. Yes, come and learn our ways, but what have you brought, what do you have, what can we learn from you that benefits us all? How can we work together? Thinking of refugees simply as “new French”, “new German” or new “Europeans” could contribute to needed local cultural and attitude shifts. The lens is long term for SINGA. Refugees are an opportunity for societies if we decide to see them that way; if they are included, supported, and able to contribute.

From: https://singafrance.com/
Source: Kim Turner, 2019, Cities of Migration Good Ideas Archive

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Social links
Assure collaboration, coordination and referrals, and where needed advocacy, between civil society (make sure to include local grassroots community-based organisations as well as more formalised non-governmental organisations), private sector service providers and the civic (municipal or regional government) public sector service providers. Think outside the box and try to include as many Indicators of Integration Framework domains as possible:

- Education: connect learning environments, including:
  - Formal education (e.g., schools, universities, language centres);
  - Informal education (youth and leisure clubs, e.g., book clubs);
  - Non-formal education (how people naturally learn socially, e.g., in the family context or other social connections);
- Employment: connect employers to voluntary networks to allow cross-over, while assuring equitable opportunities for all volunteers;
- Housing: connect social media private-community groups to community members looking for housing, as well as to public and private sector housing companies;
- Health and social care: make sure staff and volunteers in civil society have referral pathways mapped out and ready, in case they need to refer someone to health or social care services;
- Leisure: include also cultural institutions such as libraries, museums, youth, women, and sports clubs in your community organisation and integration efforts.

Find ways to bring sports and culture to both arriving and receiving communities simultaneously, especially those with less leisure opportunities. Promote psychosocial communal well-being through sport and physical activity for instance, by utilising the IFRC PS Centre ‘Moving Together’ guide.

For the training manual, see the Moving Together: Promoting psychosocial well-being through sport and physical activity – Training. The Different Just Like you handbook describes best practice in psychosocial support and (disability) inclusion.

GOOD PRACTICE: MUSEUMS WELCOME REFUGEES

The project “Multaqa: Museums as Meeting Point” (Treffpunkt Museum in German, multaqa means “meeting place” in Arabic) is a collaboration between some of Berlin’s finest museums, that together provide guided museum tours by and to refugees in their mother tongue. By collaborating between different institutions, a training program for the guides was developed with a focus on culturally relevant collections, didactics and methodology. Syrian and Iraqi refugees are trained as museum guides, so they can share their knowledge with fellow refugees and all other Berliners. The point is to facilitate an exchange of cultural and historic experiences that can enrich both newcomer and museum regulars. The program is aimed primarily at teenagers and young adults, but also addresses older people, in mixed groups.

These museums include Syrian and Iraqi artefacts. By inviting Syrian and Iraqi refugees to participate as guides, they send a clear message of appreciation and respect, boosting the confidence of newcomers as they deal with the challenges of settling into a new culture. At the same time the museum promotes the two-way dynamic of integration, providing Berliners with a fresh look at the collections and some of their newest neighbours. At the Skulpturensammlung und Museum für Byzantische Kunst, the common origins of the three world religions of Islam, Judaism and Christendom are compared as part of their exhibits. The historic cultures of the Eastern Mediterranean region are characterised by religiously and ethnically diverse societies; in this context, museums are both memorial sites of a common past, and agents of integration, and an inclusive future.

Guides incorporate the visitors into the process of observing and interpreting the objects. Through the mutual dialogue and the consideration of their own history, the visitors become active participants. Further, the guided museum tours also call attention to historical and cultural connections between Germany, Syria and Iraq. The recognition and incorporation of such cultural commonalities helps create a bridge between experiences of the refugees’ countries of origin and their new host country. Clear language, peer-to-peer communication, and something for all age groups: the ‘Multaqa’ project formula not only facilitates refugee access to museums and social and cultural points of connection with Berliners, but it also increases their participation in the public sphere.

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2.4 Participatory and co-creative approaches

Community members (both receiving/host and arriving/refugee communities) are drivers of their own care and of dynamic integration, and should be meaningfully involved in all stages of programming: during assessment and design; planning and implementation; and monitoring and evaluation. Community members are not passive recipients of programs, but active decision-makers with expertise, skills and preferences related to their personal experiences as a community member, as well to their educational, professional, and migratory background.

*DEFINING PARTICIPATION AND CO-CREATION*

Participation can be defined as 'both a democratic right and a process through which community members engage in the public sphere to shape policy' (adapted from Kalandides, 2018).
Co-creation, according to Ind and Coates (2013), “has become a widely used term to describe a shift in thinking from the organisation as a definer of value, to a more participative process where people and organisations together generate and develop meaning. To counter exploitation of end users of services and other stakeholders, who gift their time and intellect for the benefit of organisations, it needs to engage stakeholders in a reciprocally useful way. Co-creation has rich and diverse roots that stretch back into the 20th Century. Rather than adopting a narrow view of the concept, the diversity of co-creation’s heritage should be recognised:

• From participatory design - involving end users leads to more relevant and usable products and services, while reducing risk. This implies a willingness to engage with participants and incorporate their suggestions for the benefit of the user and the organization. Participatory design (like design thinking) can involve the development of iterative prototypes, as a means of testing end user reactions.

• From literary theory - meaning is co-created and interpretation is a two-way process. Meaning emerges as the idea is used and in the conversations that end users have with each other, and the organization in communities, face-to-face interactions and organization-led interventions.

• From the open-source movement - starting with a gift produces more generous returns. Giving something to people, that creates meaning or utility, generates reciprocal behaviour and strengthens the sense of community. People are willing then to share their personal experiences and opinions for intrinsic benefits, associated with participation.

• From collaborative innovation - breakthroughs come from ‘group genius’, not lone epiphanies. Innovations since the renaissance have been dominantly generated by groups (Johnson 2010). This does not deny the creativity of exceptional individuals, but beneath the surface of the claims of individuals, lies the involvement of others.

• From psychotherapy – the answer or insight isn’t already out there waiting; it has to be discovered with others. It is the process of co-creation and the co-discovery through interaction (Shotter 2005) that generates new ways of seeing the world and leads to the opportunity for self-development.

When these strands are woven together, the idea of co-creation moves to a view, that focuses on how individuals can collaborate with each other, to meet their needs for socialisation and meaning making, and how organizations can influence and use the insights of co-creation from a position of equality, rather than dominance.

This is what Follett calls, ‘power with’: ‘whereas power usually means power-over, the power of some person or group over some other person or group, it is possible to develop the conception of power-with, a jointly developed power, a co-active, not a coercive power.’ (Graham 1995, 103).

Seen in this way, co-creation can be a force for participation and democratisation that does create meaning for all, a process that provides an opportunity for on-going interaction, where the organization is willing to share with external stakeholders and can generate in return the insight from their engagement.”


GOOD PRACTICE: COMMUNITY MEMBERS AS RESEARCHERS

Phillimore et al. (2015), conducted a mixed method study investigating how residents access healthcare in two superdiverse neighbourhoods in four European cities: Birmingham, Bremen, Lisbon, and Uppsala, each located in countries with different health, welfare, and migration regimes.

In each neighbourhood, trained polylingual community researchers, together with university researchers, mapped formal and informal provision and infrastructures supportive to health and healthcare, interviewed residents and healthcare providers and investigated local health-supportive practices. The trained community researchers were recruited due to their polyvalent skills: multilingual abilities, knowledge of local networks and NGOs. The community researchers were paired with academic researchers and together identified interviewees via their networks, local organisations, snowball sampling through street mapping and interaction with locals.

By utilising a community researcher approach, and training academics to train community researchers, future capacity at the local level was built, to re-utilise these techniques. These community researchers can offer valuable insights into the local structures in the neighbourhoods. To avoid bias, by a lack of neutrality in community researchers’ perception of the neighbourhood, or by directing the focus of the research towards their own ethnic community, street-mapping and in-depth interviews were carried out by pairs of community and academic researchers.

2. STRENGTHENING SOCIAL CONNECTIONS WITH THE FOCUS APPROACH

Key recommendations for strengthening social connections

**Social bonds**

To enable participatory or co-creative approaches, community members need to be properly informed and engaged, from the start. Utilise the expertise of community members, including those with a migratory or refugee background, to provide accessible and contextualised information (in multiple languages and formats) to prepare the arriving and receiving community members for dynamic integration-related or community organisation-focused programming and activities. Secondly, in order for participatory and co-creative approaches to occur, meeting points or spaces need to be created, either off- or online, to bring people together.

Facilitate the process of both arriving community members, and receiving community members with a refugee or migratory background, equally or equitably utilising their competences and skills for the benefit of their wider community, their society, their (host) country or their diaspora:

- This can be done via peer support actions at individual or family levels;
- Members of the arriving & receiving community can provide advice on how to develop programs that cater to their peers;
- Include arriving and receiving community members in all phases of your project cycle (see the project cycle chapter on how to do so), highlighting that they themselves are experts in their own needs and are well-placed to guide practitioners on what might work best for them
  - With the caveat that one person does not represent all, so diverse representation should be sought (age, gender, ethnicity, ability, etc) See also the section on an intersectional, ecological and person-centred approach in the cross-cutting considerations chapter.

Consider meaningful refugee participation, when developing refugee-led initiatives. Proactive steps towards meaningful participation are:

1. Facilitate ongoing, sustained access;
2. Facilitate refugee preparedness;
3. Initiate institutional self-reflection;
4. Prevent tokenism;
5. Identify and address harmful institutional dynamics;
6. Seek feedback from all participants, both arriving and receiving communities, on an ongoing basis (see Meaningful Refugee Participation as Transformative Leadership: Guidelines for Concrete Action).

**Social bridges**

Integration work depends on the commitment of community members, with and without a migration background, to create a connection to diverse groups of the population. Approach community members directly and/or advertise via ‘multipliers’: civil society, including community-based organisations, private sector, cultural and sport sectors. Create both intrinsic (personal motivation) and extrinsic (financial or in kind compensation) incentives for voluntary participation:

Provide accessible and contextualised information (in multiple languages and formats) to prepare the arriving and receiving community members for dynamic integration.

RECOMMENDATIONS FROM THE AUSTRIAN FOCUS CASE STUDY

To see a participatory approach in action, read the FOCUS case study on the informative podcast of the Austrian Red Cross (ARC). These ARC participatory created podcasts were created to ensure newly arrived asylum seekers receive the necessary information that will facilitate their access to essential services and ultimately support integration.

Also, listen to the first FOCUS Living Well Together podcast on co-creative and participatory approaches to dynamic integration, FOCUS Living Well Together podcast on co-creative and participatory approaches to dynamic integration or read the brief summary here; FOCUS Brief Forum participatory & co-creative approaches.
A study done in Umeå, Sweden (2013) recommended that organizations working with volunteers implement the following to recruit and retain more volunteers, by touching upon their intrinsic motivation:

- Improve communication throughout the whole organisation, from top to bottom with as little hierarchy as possible between management and volunteers;
- Communicate the mission clearly to volunteers so that they have a clear picture of what their work contributes to, and what they and the whole organisation is working towards;
- Make sure that the motivational actions reach every volunteer, and not only the ones that have been there the longest. This can be done through evaluations where the volunteers can explain how they perceive the motivational work that is being done;
- Create greater variety of volunteering activities. For volunteers who would like to contribute but do not have much money or time, organisations would benefit from having volunteering activities that are more or less on the volunteers’ terms, where they can contribute in a way that suits them;
- Take into consideration the communication channel used when attracting new volunteers;
- Some may not have the access to internet, and will not receive the information of what positions that are available, and what they personally can do to help;
- Engage retired people. Motivation for them could lie in both appreciation and strengthening of their social network;
- Equally youth could be a great resource for volunteer organisations, as working voluntarily is a great opportunity to meet new people;
- Many of the volunteer participants explained that their main motivation for volunteering is because of inner drivers, such as a feeling of doing something good, but they also highlighted the benefits of putting on your resume that you have volunteered for future job applications;
- One of the main reasons for volunteering was found to be improving the conditions for other people. People can also be informed that they can improve the conditions for themselves as well, such as meeting other people, and doing things that make a difference, which can improve their self-esteem.

Expertise and time of (arriving as well as receiving) community members needs to be adequately respected. Offer compensation for expenses and/or information about what costs can and cannot be covered such as:

- Childcare, transport costs, and refreshments (to attend meetings); cost of language classes; availability of translation or interpretation services;
- Incentives are one way of showing the value of the work volunteers are doing and can prevent risk for exploitation (especially for those without employment);
- Make sure compensation of expenses fits within the legal framework for newcomers and other community members receiving social welfare (e.g., assure that it does not get deducted from allowances).

Incentives are however not the only way to care for volunteers, see also Guidelines for Caring for Staff and Volunteers in Crises and Caring for Volunteers: A Psychosocial Support Toolkit.

In 2007, 18 teenage girls from three different schools – one Islamic, one Roman Catholic and one secular – left the comforts of their familiar surroundings for a residential weekend away in Darwen, Lancashire, where they spent two days getting to know one another. The aim was to bring girls from different backgrounds together, to learn from each other, to engage with each other, to talk together about their different beliefs and cultural traditions; but most of all, to discover the many things they had in common.

“Meet Your Neighbours” was designed to build bridges across faith groups through intercultural dialogue. Ice-breaking exercises got the girls to discuss their favourite things and where they hoped to be in ten years’ time. The teenagers discovered they had shared interests, such as music, and similar aspirations and ideals. The girls participated in team games, drama and art activities and had debates about cohesion and difference, as well as enjoying a group dinner.

Two weeks after the trip, they reunited to share the experiences with funders, teachers, school governors and parents. They were also encouraged to share what they had learned with their peers at school. Participants described how the experience had changed their perceptions, and given them a greater awareness and understanding of other faiths and cultures. The program was rolled out again in 2008, this time for 24 boys from four different schools.

Source: Kim Turner, 2019
Cities of Migration Good Ideas Archive
Social links

To enable participation and co-creation of services utilised, contact needs to be established first of all between service providers and users. To allow for bottom-up approaches to setting this up, provide information on the institutions (e.g., municipality, regional authorities, community centres etc) including different service providers’ units, different institutions, and their contact information. Assess, monitor and evaluate, whether service provider communication channels are open to receive input in different languages and formats, and whether they can be made more two-way.

Utilise public health communicators and/or representatives from refugee- or migrant oriented and -led organisations, who have received training to support others and link them to local grassroots community actors to support co-creative processes.

Engage as many different groups as possible in the arriving communities early on after their arrival, and keep the dialogue with them going after arrival. Once more settled, there will be more opportunities to co-create actions together, see the ‘Connections Continuum’ in figure 4.

• Make sure you create meaningful needs-based activities;
• To do so, include intercultural competence training for all service providers;
• Assure contextual understanding, and ensure a ‘rights-based approach’ throughout (see the Cross-cutting considerations chapter);
• Avoid ‘using’ people’s competencies, rather, create the circumstances under which they can utilise their competences themselves, whenever they think it suits their community’s circumstances;
• Consult and actively involve both arriving and receiving community members during the different steps of a project.

“ Avoid ‘using’ people’s competencies, rather, create the circumstances under which they can utilise their competences themselves whenever they think it suits their community’s circumstances. ”

2.5 Multi-stakeholder partnerships & coordination

Multi-stakeholder partnerships (sometimes known as public private partnerships for development, cross-sector collaboration, collective action) are a vehicle through which stakeholders can collaborate on specific challenges or exploit opportunities in ways that achieve greater impact than they could achieve alone.

The United Nations in 1955 considered community organisation as complementary to community development (The Partnering Initiative, 2016). The United Nations assumed that community development is operative in marginalised communities and community organisation is operative in areas in where levels of living are relatively high and social services relatively well developed, but in where a greater degree of integration and
community initiative is recognised as desirable. Murray G. Ross (1967) defined community organisation as ‘a process by which a community identifies needs or objectives, takes action, and through this process, develops cooperative and collaborative attitudes and practices within a community.

Coordination, especially humanitarian coordination, involves bringing together actors to ensure a coherent and principled response to humanitarian needs. The aim is to assist people when they most need relief or protection. Inter-cluster coordination is a cooperative effort among humanitarian sectors or clusters to assure coherence in achieving common objectives, avoiding duplication and ensuring areas of needs are prioritised.

“The importance of multi-stakeholder partnerships for refugee integration was also acknowledged by the UN General Assembly in their New York Declaration for Refugees and Migrants in 2016. ‘We invite the private sector and civil society, including refugee and migrant organizations, to participate in multi-stakeholder alliances to support efforts to implement the commitments we are making today. (...) We will support enhanced global and regional dialogue and deepened collaboration on migration, particularly through exchanges of best practice and mutual learning and the development of national or regional initiatives (...) we acknowledge the importance of multi-stakeholder dialogues on migration and development, (...) should involve a multi-stakeholder approach that includes national and local authorities, international organizations, international financial institutions, civil society partners (including faith-based organizations, diaspora organizations and academia), the private sector, the media, and refugees themselves.”

Given the diverse socioeconomic and psychosocial needs of both arriving and receiving community members (including community members with a refugee or migratory background), it is essential for partnerships to be established and collaboration as well as coordination to occur with all relevant stakeholders such as civil society, the private sector, government service providers and EU stakeholders (European Commission, 2017; OECD Library 2022; SHARE Network, 2021).

Connected to the definitions of MHPSS but also of Volunteerism, coordination also includes clear and monitored referral pathways to more specialised services by less specialised people or agencies, or cross-sectoral referral, advocacy, and coordination.

For a holistic and person-centred approach to both arriving and receiving community members’ needs, assessment, referral, and advocacy in relation to the full spectrum of services, and by that (cross-sectoral) coordination, becomes a necessity. Strong coordination also assures a cost-effective and efficient response to community members’ needs, especially in times of a rise in demand of services, as it avoids duplication and assures gaps in service provision are addressed.

Key recommendations for strengthening social connections

Social bonds and bridges

Ensure linkages with the different diaspora as they can potentially support interaction amongst newly arrived community members. Provide capacity building and professional trainings for persons with a migratory background who can work as a facilitators/communicators to bridge arriving and receiving community members, see for an example: Civic and health communicators at Partnership Skåne (PS/LAN).

Encourage cooperation between the public sector and civil society, to create opportunities for social interaction between arriving and receiving communities.

GOOD PRACTICE: NETWORK - ACTIVITY - PARTICIPATION

Integration in association, developed as a part of the Network-Activity-Participation (NAD) method, is a method developed in order to give newly arrived migrants information and inspiration, regarding involvement in activities in civil society associations and public adult education.

• Via dialogue-based presentation, information is provided about involvement in associations and public adult education, to encourage personal commitment, and give support/guidance to those who are interested in engaging in an activity.
• The set-up varies locally; it is designed in collaboration with municipalities and local civil society organisations all over the region.
• Available activity options are usually presented to newcomers in ‘Swedish for Immigrants’ classes, but the material may also be used in other forums, where newly arrived migrants can be reached.
• The presentations are either given by a NAD coordinator, or necessary training is given to local civil society or municipality representatives, who then present the programme. NAD provides process support and quality assurance.

• The NAD coordinators also assist in planning and carrying out more tailor-made information efforts, aimed at newly arrived migrants. For example: association fairs, designed information meetings, or other local solutions. It can also offer guidance/matching at an individual level. From: Partnership Skåne; Integration in Association

Social links
Assure multi-sector inclusion planning at the local level: See for instance Multi-Sector Immigrant and Refugee Inclusion Planning at the Local Level. From this practice the following steps can be recognized:
1. Appoint a multi-sector steering committee to lead your local effort; 2. Make sure the local inclusion steering committee reflects the diversity of the community; 3. Identify primary barriers to inclusion; 4. Write, disseminate, and implement your welcoming plan.

Invest in establishing long-term, sustainable, broad and intersectional cooperation with research, public authorities but also civil society and private sector actors. This is a process, rather than a one-off activity. Make use of existing knowledge bases and existing networks. Build social links with the arriving and receiving communities by designing programmes that promote multidisciplinary cooperation between research, practice and policy stakeholders.

RECOMMENDATIONS FROM THE SWEDISH FOCUS CASE STUDY
The FOCUS Case Study in Sweden concluded that putting in place a long-term and sustainable approach to intersectoral cooperation should be seen as essential. It is a process rather than a one-off activity and it benefits from the knowledge and networks developed over time. In the overall assessment of Partnership Skåne, six key components of a successful multistakeholder collaboration have been developed:

• A systematic approach as the basis for collaboration;
• A holistic model that ties in strategic cooperation with operative organisation;
• The importance of a collaborative climate;
• Managerial support;
• A relationship to regional context;
• The power of narratives.

Design inclusive policies that consider a multi-stakeholder approach or a “whole-of-society” approach and aim for higher levels of stakeholder engagement (see also the co-creation and participatory approaches chapter). As an example, see the experience of over 400 cities and towns reflected in the Local Inclusion Action Tool, developed by OECD, Migration Policy Group (MPG), Welcoming International and Intercultural Cities/Council of Europe. It formulates a table of inclusion objectives in an effort to highlight common themes from existing tools, making them action-oriented and adapted to different contexts. The tool intends to enact inclusion policies and practices in communities, and to measure the impact of those efforts.

Build social links with the arriving and receiving communities, by designing programmes that promote multidisciplinary cooperation.

BENCHMARKING INTEGRATION
Consider peer-review benchmarking as part of a more inclusive and more dynamic approach to integration policy development, such as the Benchmarking Integration Governance in Europe’s Cities, lessons from the Inti-cities project (Eurocities, 2008).

This project created a platform for municipal integration experts to meet with counterparts in other cities and find inspiration in approaches to local integration policy taken elsewhere, in an intensive and focused way of interaction. The project chose to implement a peer review process based on a common co-developed benchmark and standardised methodology. Often, such peer reviews start with a common set of standards, a benchmark against which peers assess progress, compare approaches and draw up suggestions for improving policies and practices.

Inti-cities focused on the way the municipality organises itself, in relation to the spectrum of actors who influence the way integration policy works, by exploring the general set-up of integration policy; the organisational relationships established with different levels of government, and the connections between departments within the municipality; the involvement of external partner organisations and associations; and the municipality’s efforts to reach out to and engage with individual migrants and the wider public.
3. THE FOCUS DIMENSIONS IN A PROJECT CYCLE

3.1 Phase 1: Assessment and design

**Phase 1: Key considerations mental health and psychosocial support (MHPSS)**

**Needs assessment:** Utilise a needs assessment including a cultural assessment:
- understanding cultural idioms of distress, what services are actually wanted and needed?
- Map the needs and barriers to the services that you are working with;
- Map and understand the contexts in which you work;
- Identify specialised services that will support MHPSS and identify services across the layers of the pyramid (see figure 2);
- Identify overlapping services that can enrich or complement your particular MHPSS service context;

**A SUMMARY OF KEY MHPSS ASSESSMENT CONSIDERATIONS**

1. Use a participatory, gender and age-appropriate contextual approach, which assures both arriving and receiving community participation.
2. Community members of all ages and genders should be part of the assessment team, discussing assessment objectives, methods, and priorities, while considering language and literacy barriers.
3. Ensure that local authorities, governments as well as community subgroups across age, gender and diversity spectra are represented throughout the process.
4. Identify risks as well as resources and strengths.
5. Share assessment results.

**DESIGN CONSIDERATIONS**

1. Prioritise problems and needs together with the target individuals & communities to determine a programme strategy, building a partnership with people of concern.
2. Jointly identify, design, contextualise and define indicators with the community: include important aspects of what matters the most for this population. Include indicators that look not only at individual improvements but also at systemic effectiveness.
3. Avoid fragmentation & stigmatisation: make sure to integrate all MHPSS activities into wider community support, school, health, and social service systems. These tend to reach more people, are often more sustainable, and tend to carry less stigma and mitigate protection risks.

Source: Adapted from the IASC MHPSS RG Community-Based Approaches to MHPSS Programmes Guidance note, 2019
3. THE FOCUS DIMENSIONS IN A PROJECT CYCLE

Consider cultural appropriateness and adaptation

For existing programs, consider if cultural adaptation is needed. Utilise cultural adaptation frameworks to support contextual and cultural adaptation efforts e.g., the Bernal framework that encourages adoption across 8 dimensions: language, persons, metaphors, content, concepts, goals, methods and context (Bernal & Saez-Santiago, 2006). Exert caution when using cultural adaptation frameworks and conduct testing to ensure the framework’s relevance.

Consider Leave No One Behind agenda

Consider who the program intends to target in both arriving and receiving communities and consider how different groups will be engaged (e.g., people with mental health and psychosocial support needs, persons with disabilities, LGBTQIA+ community members, children, youth and older adults, ethnic or religious minorities, people who speak different languages than the host country’s official languages etc) aligned with guidelines for Leave No One Behind programming.

Budget for volunteer and staff care, training, and supervision

When developing funding proposals ensure that adequate care, training and supportive supervision opportunities for staff and volunteers are budgeted for, including communication materials such as education materials and information about available health and social services, including specialised ones. Consider budgeting for volunteer incentives, see the chapter on volunteerism.

Follow core MHPSS principles

When designing a program follow core principles of MHPSS, as outlined in the IASC guidelines for MHPSS in Emergency Settings (2007) This document is endorsed by more than 35 organisations involved in humanitarian assistance. It provides essential guidance for multi-sector responses to protect and improve people’s mental health and psychosocial well-being during an emergency, but all key principles still apply outside of emergency settings!

- Human rights and equality (see also core humanitarian principles under ‘Planning & implementation’);
- Participation (see also ‘Participatory and co-creative approaches’);
- Do no harm (assure yourself your action does not have unintended negative effects);
- Building on available resources and capacities;
- Integrated support systems: integration-focused and MHPSS services should be integrated into other supportive services and should not be stand-alone in nature – see also the Multi-stakeholder partnerships and coordination dimension chapter.

Consider specific MHPSS principles to cater to specific needs for refugees, asylum seekers and migrants on the move in Europe: Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants. As well as the recently updated (global) guidance for People on the Move during Covid-19: Guidance for People on the Move during Covid-19.

Phase 1: Key considerations arriving & receiving communities and volunteerism

Identify barriers to the equality or equity between arriving and receiving community members during assessment and design of your actions, for example, limitations to the mobility of community members. Facilitate or enable equal/equitable & progressive partnership relations. Create objectives in volunteer work around equity and partnership between arriving and receiving community members, in the creation of social bonds, bridges and links.

Encourage community members to meet around:

- Common interests;
- Sharing of talents, knowledge, and experiences;
- Learning new skills together, that serve both arriving and receiving community members and their community organisation.

Assess skills and experiences and interests of new arriving but also receiving community members broadly, also to see how they can be an active volunteer in their community, and connect them to initiatives, agencies, and clubs.

- For example, organise easily accessible ‘markets’, on and offline, and make sure to share information about activities in multiple languages and formats, and via diverse platforms, including Social Media.
- Make sure to check for any legal issues regarding voluntary work, especially for those still in the asylum process, for instance voluntary work with a stipend for travel costs may be deducted from allowances. Advocate with (local) authorities to find practical solutions for these issues.

Phase 1: Key considerations participatory & co-creative approaches

Offer participants an opportunity to design an activity based on their own needs, to increase ownership, and maximise impact, by supporting participants to feel heard. Consult and co-create the design of the action with different community members, based on their willingness and availability.

Bring arriving and receiving communities together; listen actively to and dialogue with both, do not make assumptions on what people may need. The key is the willingness to work together and to sit down with different groups to find out what is actually needed.

Ensure a supportive environment for intra- and intergroup dialogue and ensure participatory methodologies are employed to inform the inception phase of programme development.

Consider representativeness of different groups and how to make sure you are hearing everybody’s voices (see cross-cutting consideration on intersectoral approach). Initiators must take the role of ‘facilitators’ not ‘experts’ in this process.

The design phase and the evaluating part of programs are equally important and tied to one another. There is a need to involve arriving and receiving community members throughout the project cycle (e.g., use feedback-loop from a pilot test and make sure that arriving and receiving communities are both ‘on board’).
The SHARE Network webinar ‘Participation and co-creation for refugee and migrant integration in the EU (2020) brought together 180 actors and stakeholders from 23 EU countries for a series of expert presentations and discussions in three key areas: participation for integration & inclusion in the EU, co-creating actions for integration & inclusion & participation in policy, advocacy & governance.

The webinar discussions highlighted how implementing participatory and co-creation approaches for integration can create a ‘triple win’, producing benefits for:

- Refugees and migrants: who have opportunities to voice their opinions, bring attention to issues affecting their lives and potential solutions to address them, and build individual skills and capacities.
- Organisations and authorities working with refugees and migrants: improving the effectiveness and efficiency of integration programmes and interventions and promoting active citizenship amongst refugee and migrant populations.
- Policy and decision-makers: developing policy and funding frameworks that better respond to the actual needs, capacities and aspirations of refugees and migrants.

SHARE produced two key tools to guide its activities and advocacy and that of the SHARE network (both are shown below):

1. The SHARE Network Ladder of Participation (Refugee & Migrant Integration) provides a framework to assess the type and level of engagement and involvement of current work, and a reference tool to guide the development of new participatory and co-creation activities.
2. The SHARE Network’s 10 Key Principles for Refugee & Migrant Participation.

**GOOD PRACTICE**

**DOING TOGETHER**

**Organisational Governance & decision-making**

- Refugees and migrants are members of
  - Organisational Boards and management committees.
  - Strategic meetings
  - Statutory consultative and policymaking bodies

- Associations and public authorities provide:
  - Direct funding
  - Legal & administrative support
  - Skills development opportunities
  - Access to professional and policy networks
  - Formal partnerships

**Refugee & Migrant-led organisations**

**DOING WITH**

In an equal & reciprocal relationship

- Refugees and migrants are partners in designing, implementing and evaluating integration actions
- Act as volunteers or with some form of financial compensation

**DOING FOR**

In an equal & reciprocal relationship

- Refugees and migrants are consulted via:
  - Satisfaction surveys
  - Focus & discussion groups
  - Feedback & suggestion mechanisms

**SHARE NETWORK: 10 KEY PRINCIPLES FOR REFUGEE & MIGRANT PARTICIPATION**

1. Refugees and migrants are “experts of their own experience”, with unique knowledge and perspective that can improve integration programmes and policies.
2. Sustained and not ad-hoc involvement, wherever possible.
3. Dedicated budgets for participation (Policymakers and authorities/organisations working directly with refugees and migrants).
4. Preparation before participation (through skills development and professional orientation).
5. Interpretation and translation support tailored to the language needs of participating refugees and migrants.
6. Gender sensitive approach to ensure the inclusion of refugee women and girls in participatory activities.
7. Refugees and migrants facilitate training and capacity-building for professionals and volunteers facilitated.
8. Peer support and mentoring for refugees and migrants engaging in participatory work, wherever possible.
9. Refugee/migrant participation as a core evaluation criteria for all activities, programmes and policymaking designed to benefit them.
10. Compensation for refugees and migrants engaging in participatory work as far as possible, while acknowledging the value of volunteering (especially for vulnerable groups).
3. THE FOCUS DIMENSIONS IN A PROJECT CYCLE

### Phase 1: Key considerations multi-stakeholder partnerships and coordination

Map key stakeholders in community organisation or integration practice, research and policy, to increase understanding of how they can be effectively engaged, and identify potential barriers to stakeholder engagement.

- Involve all key stakeholders from the start before you have already defined an idea, before you have mobilised resources, or before you have selected a project or program, to ensure that stakeholders can still provide input to some or even all parts of the project cycle, and that they can equitably benefit from your actions.
- The gathering of stakeholders could be to find out what challenges, possibilities or needs there are, and how these are prioritised, according to different stakeholders;
- Include both arriving and receiving community member (leadership) and/or volunteers, local faith leaders, community- and faith-based organisations, as much as possible, to allow for a participatory and co-creative approach;
- Involvement of different and diverse groups at an early stage is necessary;
- Involve arriving community and diaspora organisations around the common interest of community development or community organisation.

All stakeholder groups and representatives need to be identified (who are the relevant stakeholders?).

- **The Indicators of Integration Framework** (see chapter 2) could serve as guidance for which stakeholders to approach, especially at the ‘markers and means’ and ‘foundation’ levels.
- Involve all target groups, and assure this includes the receiving community, of the integration-focused activities, to ensure everyone’s diverse needs and interests are captured and catered for. Assure representation of all groups, including marginalised and socially isolated groups.
- Wide consultation with arriving community members must occur to ensure the accurate identification of key stakeholders (e.g., which persons, organisations, authorities) are most relevant and important for them and what involvement would they like to have with the identified stakeholders (see also ‘Participatory and co-creative’ approaches).

Good Practice: #RethinkingRefugee

In 2008 Fuad Mahamed established Ashley Community Housing (ACH) to provide refugees and vulnerable homeless people with affordable housing. Mahamed says when he arrived in the UK as a refugee 20 years ago, he “found a lot of goodwill, but a system which was fragmented and lacking focus on long-term integration.” A stable home is the first step for refugees, but it is not enough. Moving towards integration requires additional supports, especially around employment and enterprise, or entrepreneurial skills. ACH works to help refugees become self-sufficient contributors to the local economy and community, with employment supports and economic opportunity are at the core of their approach. In their experience, refugees quickly become independent and self-reliant with a limited amount of targeted support.

In addition, the ACH lead #rthinkingrefugee campaign sought to shift the media conversation, as ACH was having difficulties securing enough properties to house refugees, due to the overall high demand for housing in Bristol, and extremely high housing prices. The #rthinkingrefugee campaign moved offline, with an in-person event in Bristol; a conference for 100 local businesses, the local City Council, five cabinet members and landlords. Their goal was to shift landlords from seeing refugees as liabilities to community assets. It was a success. Seven new landlords pledged affordable accommodation to house refugee tenants. An agreement with Bristol City Council gave ACH empty and dilapidated buildings to renovate. In return, the properties would be rented to ACH’s refugee tenants, at reduced cost, over 10 years. Some of the renovations are being done by future tenants. They’re building skills that could lead to employment opportunities in the construction sector.

As the #rthinkingrefugee campaign found success, ACH shifted the campaign once again. This time they focused on employment. ACH wanted local authorities, employers, and education providers to see how refugees are community assets, and it built partnerships with employers looking to diversify their organisations and hire refugees. They have encouraged employers to offer refugees opportunities, from work experience positions to full-time paid roles. Already active in three UK cities, with 50 staff, ACH has resettled over 2,000 refugees and it has set an ambitious goal to get 25,000 refugees into median salary jobs by 2028.

**Source:** Cities of Migration; Good Ideas Archive; CERC The Canada Excellence Research Chair in Migration and Integration, Ryerson University

#rthinkingrefugee campaign could serve as guidance for which stakeholders to approach, especially at the ‘markers and means’ of the Indicators of Integration Framework could improve in terms of dynamic integration or community organisation.

Involve all key stakeholders from the start.

To strengthen partnerships and coordination, assess which areas of arriving and receiving community members’ daily life (work, housing, education, health and social care, leisure, all ‘markers and means’ of the Indicators of Integration Framework) could improve in terms of dynamic integration or community organisation.

For instance, work with schools to ensure teachers, school counsellors and parent committees all have the competencies to accept the arriving community children and parents in their daily school life, as a resource and strength to their community. This can also be applied to healthcare and social service systems, housing systems, leisure clubs, etcetera.
3. THE FOCUS DIMENSIONS IN A PROJECT CYCLE

GOOD PRACTICE: TEACHER TRAINING, WITH AND FOR REFUGEES

Internationally trained teachers can become re-certified in Germany. However, German teachers typically take seven years to become certified and are competent to teach in two subjects. A combination of German language competency, and the fact that most of the refugee teachers were Syrian (where teachers are expected to have competency in one subject) meant that most newcomers would spend years upgrading and studying before ever setting foot inside a classroom.

The Refugee Teachers Program, piloted by the University of Potsdam, Germany, set out to shorten that timeline. Selected refugee teachers participate in a fast-tracked 1.5-year program. Initially, students spend up to six hours a day learning German. Intensive German courses continue throughout the program, complemented by specialized instructional, pedagogical, and school education seminars. The program is rounded off by an in-class internship and regular exchanges with local teachers to get to know the school system and culture.

The program was immediately popular with the skilled refugees who were looking to get back into their teaching careers. More than 700 applied for 25 initial spots. Given this demand, as well as the reality of over 4000 refugee students in the state of Brandenburg who could benefit from teachers with a similar background, the number increased to 75 refugee teachers for the first cohort. The program has worked with four groups of refugee teachers so far. Forty participants from the first 2 groups are currently working as assistant teachers or helping personnel in local schools. The previous two groups are continuing their qualification training until the end of this year. Almost 100 refugee teachers have been part of the program so far. With their success, the program has been refunded and will continue to offer opportunity to refugee teachers.

Potsdam University says that they are currently working on re-conceptualizing the program for the next three years. They hope other universities will follow suit: “It is important to give a chance to the many highly qualified teachers among the refugees.” The demand for teachers, due to an ageing teacher population in Germany, is enormous. Bielefeld University in North Rhine-Westphalia has already launched a similar initiative.

Source: Cities of Migration; Good Ideas Archive; CERC The Canada Excellence Research Chair in Migration and Integration, Ryerson University

Programs involving arriving and receiving community members do not need to involve the word “integration” to be integrative. Make things more accessible at all levels to make sure arriving and receiving communities are not overwhelmed. Preparedness from all involved partners is important, since services in a community should be available to all (both arriving and receiving communities).

Consider diverse activities – the topic doesn’t always have to be ‘integration-focused’:
- The focus rather can be on social activities, clubs;
- Not always centred around the arriving community and their ‘inclusion’ but rather gathering people around common interests;
  - This can help to create a framework for integration, but in a simplified form focused on community organisation;
  - This also avoids stigmatisation and improves inclusion, and ultimately, dynamic integration.

GOOD PRACTICE: DIGGING IN FOR COMMUNITY

Just a stone’s throw away from the bustling East London streets of Brick Lane, the ‘Coriander Club’ meets twice weekly to manage the community gardens at Spitalfield’s City Farm. The Coriander Club consists of mainly older women from Bangladesh, and this communal gardening provides them with opportunities to cultivate South Asian produce, and to socialise.

Members of the Coriander Club tend to live in Tower Hamlets, an area better known for its street markets and curry houses than for its green space. With its rabbit hutches and guinea pigs, grazing heritage sheep, and abundance of vegetables, aromatic herbs and wildflowers, the Spitalfield City Farm is a definite curiosity in the area. Despite its young and diverse population profile (24% of the entire Bangladeshi population in the UK is concentrated here), Tower Hamlets remains one of the most deprived boroughs in the country. It has high overall levels of both unemployment and dietary illnesses (including lifestyle diseases such diabetes and cardiovascular disease).

Lutfun Hussain, the current Project Coordinator of the Coriander Club, founded the initiative in 2000 to engage a specific group of local people that were considered at risk for social exclusion. However, something as simple as growing plants soon provided a greater sense of ownership, accomplishment, and community.

Today, the women keep fit and active by growing the organic vegetables for their families and the cooking classes help to promote healthy diets. Through its membership with the Women’s Environmental Network, the Coriander Club participates in cross-cultural activities during International Women’s Week, such as recipe- and seed-swapping, and it has even produced its own bilingual cookbook.

Source: Cities of Migration; Good Ideas Archive; CERC The Canada Excellence Research Chair in Migration and Integration, Ryerson University

Consider resource and time efficiency in setting up partnership/coordination mechanisms. Front line services have limited time and resources to address certain issues. Online and offline platforms can allow them to connect with each other without much additional work involved. Online platform allows different parties to connect (labour market integration, accommodation, sports, legal services), but these need funding to be established and maintained.
3. THE FOCUS DIMENSIONS IN A PROJECT CYCLE

Identify barriers to equality/equity in participating in the community or society for:

- Both arriving and receiving community members;
- Advocate with authorities and decision makers, to enable rights and resources to enable full participation of both arriving and receiving communities.

Work to prepare the receiving community to be open and receptive of newcomers, should include anti-racism and anti-discrimination campaigns. Public initiatives like the two best practice examples given below embed measures at local policy level, combatting systemic racism.

### GOOD PRACTICE: ANTI-RUMOUR CAMPAIGN

When Barcelona City Council in 2010 unveiled its long-term strategy to improve coexistence among local and new immigrants, it launched a public service campaign to dispel rumours, misconceptions, and the prejudices that many local people held about minorities and immigrants. They recruited and trained ‘anti-rumour agents’ to dispel myths and spread the campaign through local organisations and the city’s neighbourhoods.

The first part of the project identified the main stereotypes and prejudices that were circulating in Barcelona. Next, they equipped the ‘anti-rumour agent’ with accurate information about migrants and techniques for addressing misconceptions. So, when someone complained that ‘subsidised apartments go mainly to foreigners’, the city anti-rumour agent could quickly interject: “Today only one in 20 immigrants receive such a benefit.”

The city launched its campaign through a network of 80 local organisations that work in the field of social cohesion and coexistence. The Anti-Rumour Network members are all connected through a dedicated website offering information, free training sessions and online guides to address key challenges. Once trained, anti-rumour agents are able to spread their messages throughout their own networks as well as participate in public discussions and debates. More than 30 information and training have been held at local civic centres (casals) with more to come. So far more than 350 people have been trained as ‘anti-rumour agents’. A new guidebook to combat prejudices and stereotypes is now available online.

Barcelona City Council not only created a dedicated intercultural dialogue fund, of €200,000 per annum for community led projects that promote anti-rumour campaign goals, it has also invested in a powerful partnership with local media organisations, to educate journalists, promote awareness and be ready to respond constructively to negative news.

### GOOD PRACTICE: TRANSPORT LINKS, RACISM DIVIDES

When reports of racial abuse of city transport workers found their way into local media, transportation companies Dublin Bus, the National Transport Authority, Veolia Transport Dublin Light Rail Ltd, and Irish Rail (Iarnród Éireann) banded together to do something about it.

While investigating the increasing number of racial incidents, it was also discovered that drivers and inspectors were reporting lack of knowledge on how to deal with these situations. After examining reports of racism, three separate focus groups (Asian healthcare workers, Dublin Bus drivers originally from Africa, and a multi-ethnic group from Veolia Transport) were conducted.

While many of the participants were naturalised Irish citizens, they discussed the kinds of everyday racism they faced in their jobs, and the feeling that their complaints were not properly understood by management.

This research was the basis of a partnership that the Immigrant Council of Ireland (ICI) forged with Dublin transport companies and resulted in the development of a new campaign to help stamp out racism on public transport, called ‘Dublin’s Transport Links, Racism Divides’. The campaign involved developing posters and ads, holding a photo call which featured employees of the transport companies, and a media campaign. The slogan and advertising were displayed by the public transport partners on buses, trams and suburban trains and Dublin’s 12,000 licensed taxi drivers.

In addition to the public awareness campaign, the transport companies provided staff with training and developed innovative systems for reporting racist incidents that could improve institutional response to racism on trains, trams and buses. A mobile phone app was designed, to engage younger and social media savvy commuters, who were encouraged to capture...
3. THE FOCUS DIMENSIONS IN A PROJECT CYCLE

3.2 Phase 2: Planning and implementation

**Phase 2: Key considerations mental health and psychosocial support (MHPSS)**

Adhere to a human rights-based approach, also when implementing MHPSS practices, activities, projects or programs.

**QUALITY RIGHTS**

WHO’s Quality Rights initiative’s goal is to change mindsets and practices in a sustainable way, and empower all stakeholders to promote rights and recovery, in order to improve the lives of people with psychosocial, intellectual, or cognitive disabilities everywhere. This includes a comprehensive package of training and guidance materials. The materials can be used to build capacity among mental health practitioners, people with psychosocial, intellectual and cognitive disabilities, people using mental health services, families, care partners and other supporters, nongovernmental organisations, organisations of persons with disabilities and others, on how to implement a human rights and recovery approach, in the area of mental health, in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards.

See the QualityRights materials for training, guidance and transformation.

Consider whether your psychosocial support activity focuses on all of the key principles of psychosocial support interventions, also known as the ‘Hobfoll Principles’ (Hobfoll et al., 2007). These principles were created especially for the early to mid-term response to a large-scale emergency; for broad-scale interventions that inform prevention, psychological first aid, family and community support functioning (Hobfoll, et al., 2007), and have proven to also be effective in day-to-day psychosocial practice in non-emergency settings.

**GOOD PRACTICE: HOBFOLL PRINCIPLES IN ACTION**

Danish Red Cross is applying the 5 key Hobfoll principles of psychosocial support in their everyday work, providing support to asylum seekers in asylum reception centres. All Danish Red Cross volunteer activities are planned to target as many of the principles as possible. More specifically around:

**Safety:** Safety is based on a feeling of security and trust. Therefore, it is important that volunteers working with refugees and asylum seekers are particularly aware of creating a safe space for both group and one-to-one activities. Here are some examples of how you as a volunteer can promote the safety principle:
- Create predictability: inform clearly and well in advance about planned activities, and changes. Set out fixed meeting times;
- Create recognizability: organise regular structured activities, for instance regular football trainings of the same duration and structure;
• Create common ground rules: When planning the activities, aim for creating a calm and positive environment by setting clear and transparent ground rules. Consider the group dynamics.

**Calming:** Creating an emotional calming environment for the participants is a basic prerequisite to creating a ‘surplus’ in energy, acceptance and understanding of one’s own feelings and reactions. Here are some examples of how you as a volunteer can help to promote emotional peace:
• Listen actively;
• Be aware of your own limits and abilities in the psychosocial support you provide;
• Create a free and safe space: make sure that the families in the asylum centre have a safe and friendly place where the children can play and have a good time, so that the parents can calmly participate in activities, or have a meeting with service providers.

**Self- & community-efficacy:** Having the agency of change is one of the biggest drivers for people living under difficult conditions and in difficult situations. Therefore, it is important that you support the families and individuals in being able to create positive change in their lives (self-help). Here are some examples of how you can help to promote self-efficacy:
• Include participants in activity planning;
• Promote empowerment.

**Connectedness:** Asylum seekers often have experiences of loss of social network, feelings of loneliness and social isolation, and it can be difficult to find a way to join new communities. Here are some examples of how you can promote connectedness:
• Create cohesion through the activities: plan for community organisation activities. An example could be football tournaments, where there are coaches, matches and prizes at stake. The aim is to experience action and strong community, with a focus on the game, interaction, unity and victories, as well as failures, across the asylum situations and nationalities;
• Make sure to connect the above activities with the wider receiving community.

**Hope:** Asylum seekers often experience loss of control over their lives and feelings of hopelessness. It is important to focus on restoring a sense of hope and belief and support them in finding the meaning in their lives. Here are some examples of how you as a volunteer can help promote hope:
• Celebrate small victories: promote the activities that can give individual hope for the future;
• Support in developing future plans: support the participants in using their skills to create a more meaningful and valuable everyday life, by encouraging plans for the future and exploring the opportunities and offers that exist for the participants.

Source: Adapted and translated from Danish from: Danish Red Cross, Humanity in practice (2020). Available upon request.

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**Adhere to core humanitarian standards:**

**CORE HUMANITARIAN STANDARDS (CHS)**

The original intention of the CHS is to provide a statement of humanitarian organisations’ commitments in a way that can easily be understood by the communities and people affected by crisis, as follows:

What can you expect from our organisation as a person affected by crisis?
When our organisation works with a community to help them respond to a crisis, we promise to follow nine general commitments. This page explains those commitments in plain language, so you know what you can expect from us. Emergencies can bring problems for us too. So, although we always try to follow the commitments, sometimes we might not be able to. But we want to learn and improve over time, so you can help us by providing us feedback. We will do our best to:
• Understand and meet your needs;
• Give support when you need it;
• Provide support that helps you to recover and prepares you to respond to a similar emergency in the future;
• Assure we do not harm you;
• Inform you about the support you can expect and how you should be treated;
• Give you a say in decisions about the support provided;
• Ensure that you can report problems if you are unhappy with the support we provide or with the way our staff treat you. No one should harm you if you make a complaint. We will act in response to complaints;
• Work together with other organisations that provide support. We try to combine our knowledge and resources to better meet your needs;
• Learn from experience so that the support we give you improves over time;
• Ensure that the people who work for us have the skills and experience to support you;
• Manage resources in a way that is responsible, limits waste and has the best result for you. “Resources” refers to all of the things, such as materials, money, and medical care, that we use to support people affected by the emergency.

Source: Core Humanitarian Standards

Train (all) staff, volunteers, and community members in Psychological First Aid:
• At a minimum ensure staff and volunteers interacting frequently with people in severe distress are trained on Psychological First Aid (PFA).
• An introduction or (online) orientation to PFA will take between 3-5 hours.
• As PFA is a skillset that you need to practice learning it well, the basic training in PFA with more skills training and role plays included will take between one full day to a full week (see for some guidance the overview below):
  • A Guide to Psychological First Aid
  • Online Psychological First Aid Training for COVID-19 – additional module: Remote supportive communication
3. THE FOCUS DIMENSIONS IN A PROJECT CYCLE

PSYCHOLOGICAL FIRST AID (PFA) TRAINING MODULES

<table>
<thead>
<tr>
<th>How long does it take?</th>
<th>1. Introduction to PFA</th>
<th>2. Basic PFA</th>
<th>3. PFA for Children</th>
<th>4. PFA in Groups - Support to teams</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-5 hours</td>
<td>8.5 hours</td>
<td>8.5 hours</td>
<td>21 hours (three days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who is the training for?</th>
<th>All staff and volunteers with some prior knowledge and experience of providing psychosocial support</th>
<th>Staff and volunteers whose work involves interaction with children and their caregivers</th>
<th>Managers or others who provide care and staff support to staff and volunteers</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What is it about?</th>
<th>Introduces participants to basic PFA skills</th>
<th>Introduces basic PFA skills and present a range of situations faces by adults, their reactions to crises, and how helpers may respond appropriately</th>
<th>Focuses on children's reactions to stress and communicating with children and their parents and caregivers</th>
<th>Provides PFA to groups of people who have experiences a distressing event together such as teams of staff and volunteers</th>
</tr>
</thead>
</table>

Provide staff and volunteers working on MHPSS or Social Protection with supportive supervision:
- See [Integrated Model for Supervision handbook](#) which is currently (2022-2023) being pilot tested.

Monitor staff and volunteer wellbeing: check in on staff and volunteer wellbeing and use existing guidelines and toolkits.
- See [Guidelines for Caring for Staff and Volunteers in Crises](#) and [Caring for Volunteers: A Psychosocial Support Toolkit](#).

Ensure referral systems are in place and functioning:
- Be sure to not only provide contact details of relevant organisations but also (where possible) make connections between the potential service-user and the service provider.
- Ensure referrals exist across the various layers of the [MHPSS framework](#) at the start of this chapter, and across the various ‘domains’ of the [Indicators of Integration Framework](#) at the start of this guide: employment, education, housing, health and social care, leisure.
- Use referral forms to ensure referrals are appropriately documented, communicated and acted upon, but ensure safe storage and due consideration for privacy and confidentiality. Example: [IASC Referral Form and Guidance Note](#).

SUMMARY OF KEY MHPSS PLANNING & IMPLEMENTATION CONSIDERATIONS

0. Prepare: It is important how the participation or co-creation of MHPSS practices is communicated to community members, and their expectations should be discussed. Consulting, participating or co-creating community members should understand what will happen with their contributions, how we plan to make use of their opinions, and factors that could affect implementation. This to assure expectations are well-managed, to avoid disappointment and distrust if community members don’t see the kind of implementation that they envisioned.

For more on this read the [Participatory and Co-Creative Approaches Dimension chapter](#).

1. Resource mobilisation: analyse findings of assessment; in consultation with communities, determine which areas need to be addressed; the resources available to meet those needs, and what they can support: a) individual skills and expertise, b) social resources and c) significant religious/spiritual resources.

2. Community mobilisation and strengthening: involve both arriving and receiving community members in all discussions, decisions and actions that affect them and their future: establish contact with different community members and different community leaders, networks, or platforms; build an understanding of the social, gender and power dynamics; and bring people together to agree on ways to address challenges (and strategies to move forward?).

**Step 1:** From the assessment findings and priorities, select community and/or target population for your MHPSS programme.

**Step 2:** Whenever possible, identify multiple Community Support Structures (CSS), if no CSS exist, consider supporting their creation (i.e., Child Protection Committees).

**Step 3:** Assess the perceived needs and capacities of the CSS.

**Step 4:** Development of an activity and/or capacity-building plan for a CSS.

**Step 5:** Facilitate Interactive Learning and Activity Sessions as well as ongoing support (e.g., technical, resources) with a CSS.

**Step 6:** End engagement with the CSS by planning for an exit strategy including monitoring and evaluation protocols from the beginning (step 1).

3. Provide information: develop an easily accessible information and communication mechanism, tap into existing communication feedback and complaints mechanisms if available. E.g. use storyboards/images, verbal and audio mechanisms like radio or case stories, if literacy rates are low.

4. Monitoring: Regular participatory monitoring, collection of feedback and adjusting of activities.

5. Inclusion: Facilitate meaningful participation of marginalised people: avoid strengthening subgroups at the expense of others, and to promote the inclusion of people who are usually marginalized.

Source: adapted from the [IASC Community-Based Approaches to MHPSS Programmes: A Guidance Note (2019)](#).
Delegate: give more responsibility to people from both the arriving and receiving communities, equally and equitably, and let them use their competences to the goal of (inclusive) community organisation:

- While the delegator will most likely be from the receiving community, receiving community members do not need to be a partner in all aspects of an integration-oriented program all of the time, for community organisation-oriented programs this will be different.
- Arriving community members might be able to take care of tasks themselves, and/or share responsibilities with receiving community members.
- Sharing responsibility with arriving community members enables them to achieve smaller and bigger victories themselves and influence decisions affecting them.
- Identify the different diverse groups that may benefit from the action to be designed, and involve them in all activities and by doing so, strengthen the ownership of the outcome.

Create an enabling environment and enhance arriving communities’ access and participation in the daily life of their community. Encourage economic participation through implementing labour-market integration measures adapted to age, profile and needs.

- For example, for arriving community youth, a focus can be placed on access to education and vocational training; an orientation on acquiring skills sought by host society employers; for the older adult participants the emphasis could be given to reinforcing existing skillsets and network building.
- The relevance of an enabling environment is guaranteed through Multi-stakeholder partnerships and coordination.

For more guidance on rights- and needs-based socially inclusive integration in the Red Cross Red Crescent Movement see: Moving forward together: Red Cross approach to the social inclusion of migrants (Red Cross EU, 2018).

Implement inclusive leisure activities in which both arriving and receiving community members can participate as equals.

**GOOD PRACTICE:**

**INTEGRATION THROUGH SPORTS**

“Buntkicktgut” (which translates loosely as “colourful football,” or fancy footwork) is the name of the intercultural street football league in Munich. It was founded in 1996 by two social workers at a refugee home, after they began to use street football (the most popular activity among the boys at the home) as a means for identification and integration. Today, the program includes over 150 teams with approximately 1,500 players. The participants range from 8-21 years and include both males and female players.
One of the main differences between Buntkickgut and other sports events, is the continuity of the league and the frequency with which they regularly bring together the various teams. The longevity of the league, with players staying on as they move from age group to age group is another key element of what makes it successful. The league creates ties between the youth and the staff, and helps socialize the players with regard to the value system of the league. When new teams join, seasoned participants help them to learn the rules. The teams are almost always made up of players from a cross-section of cultural communities. The league encourages responsibility by having teams register on their own and organising themselves.

One of the primary goals of the project is the prevention of violence. The project concentrates heavily on the peaceful resolution of conflicts within an intercultural context (i.e., racist prejudices and intercultural misunderstanding). The participants are taught peaceful strategies for conflict resolution, democratic negotiation, and the idea of individual and group participation. To reinforce these ideas, players can join the League Council. The League Council is democratically made up of youth representatives from individual teams. The league council gets involved when red cards are given to players for physical or verbal incidents, or if players do not fulfil their duties (cleaning up post game) or if changes are made to the team during the season. The attractiveness of the league is so strong that any sanctions are taken very seriously by the players.

The league offers the players recognition and respect, and it strengthens their self-confidence. The relationship to the staff members is close and friendly. The benefits extend to the audience as well since game day usually results in a “mixed” crowd that wouldn’t normally meet or speak mingling and talking and cheering for their team.

In 2000, the project received recognition from the City of Munich and was then recognised in 2002 by German President when it won first prize for successful integration projects. Similar projects have been launched in both Switzerland and Austria and are now also being considered for launch by other cities around Europe. In 2006 Buntkickgut became a global initiative when they hosted the International Streetfootball League in Munich. Over 56 teams from around the world came to participate in the event. The success of the event led to the involvement of the marketing team from the World Cup, to make sure the next tournament is even bigger and better.

Source: Cities of Migration; Good Ideas Archive; CERC The Canada Excellence Research Chair in Migration and Integration, Ryerson University

Create opportunities for arriving community members, by meaningfully engaging them in volunteering activities and integrating them into existing local groups of volunteers. Use volunteerism as a tool to strengthen trust and reciprocity, such as shown in the example below:

“Salama” means safety and peace in Arabic. In Finnish, it refers to sudden light and energy in the darkness. This is how the multicultural group of Finnish Red Cross volunteers, “Salama-Tiimi” (“Tiimi” meaning “team” in Finnish), sees itself: a group of people willing to use their energy to assist people in need. The team is composed of people from different nationalities and backgrounds who reside in the region of Oulu; from asylum seekers, refugees, and migrants, to exchange students, and Finnish citizens.

Founded by local volunteers and Osama Al-Ogaili, an asylum seeker and engineer from Iraq, the group is now composed of 130 members that receive guidance and supervision from Red Cross coordinators. Salama-Tiimi aims to increase mutual respect and understanding in local communities across Finland through a broad range of volunteering activities. “We do our best to respond to the needs of the local population. They contact us, and we explore what is feasible together”, explains Mr Al-Ogaili. “Our activities have ranged from shovelling snow, conducting outdoor maintenance work, and organising events for elderly people, to giving a helping hand to families that were moving house”.

Volunteers also intervene in schools and community events, where they share their personal experiences as migrants living in Finland. By creating opportunities for migrants to meaningfully engage in various activities, SalamaTiimi has managed to facilitate social interaction with local inhabitants in the Oulu region and promote active citizenship. Moreover, the initiative has increased the visibility and recognition of migrants’ contributions to their host city and has shown the positive impact that volunteering can have in building trust. Not only does it serve to establish a dynamic social life, but it also contributes to developing skills and experiences that will be useful to the migrants’ future endeavours, whatever they may be.

Source: Moving forward together: Red Cross approach to the social inclusion of migrants (Red Cross EU, 2018)

GOOD PRACTICE: BUILDING BRIDGES BY VOLUNTEERING

“Use volunteerism as a tool to strengthen trust and reciprocity.”
Phase 2: Key considerations participatory and co-creative approaches

Aim for a mixture of formal community structures (with appropriate support and trainings) and more fluid/informal community structures, for instance: forums and events, ongoing grassroots initiatives that facilitate consultations with both arriving and receiving community members that are not community leaders, to provide an opportunity to elicit more input and feedback to ideation processes.

Create meaningful, needs-based activities & share the outcome of the co-creative process, which should be equal to all involved partners.

RECOMMENDATIONS FROM THE BRITISH FOCUS’ CASE STUDY

- Providing opportunities for integration service end-users to engage in program design and implementation is recommended to ensure buy-in of participants and key stakeholders.
- Selecting the appropriate venue for implementation may also create opportunities for further engagement, with an emphasis on selecting locations where targeted communities may already naturally meet.

Source: British FOCUS case study.

Phase 2: Key considerations multi-stakeholder partnerships and coordination

Develop linkages with local or regional authorities (e.g., mayor’s office, municipal or regional authorities) to garner their support as they play a key role in facilitating a receptive environment. They can also support by ensuring arriving community members have access to their rights.

Explore potential partnerships with local and regional media, as they play an important role in information sharing, forming of public opinion and community engagement. Discuss with these media whether the narrative they apply to matters of integration is dynamic and addresses the cross-cutting considerations discussed in this guide. Engage and educate the media to ensure how they communicate is appropriate and they use the right terminology:

- For example, Canada has good media examples of how to engage on this issue positively and proactively in a humanised manner;
- Tell the stories that humanise the experience of the arriving communities’ journeys, also beyond the point of arrival;
- Describe integration by using individual stories (in an anonymized manner if desirable by the person themselves, assure also social protection in such cases). The arriving community will become contributing members of our society, this could be a narrative part of storytelling;
- Try to use human stories and a storytelling ‘win-win narrative’ about both newcomer success and the enrichment of the receiving community as a co-beneficiary, e.g., the arriving community contributes to the health, wealth, and well-being of overall community;
- Consider sharing short (written) guidance on talking and writing about migration, refugees and integration with local and regional media. As an example see Guide on Talking and writing about psychological support.

The commitment of all actors is important. Consider what form of commitment you will need, for instance, a concept note, a joint declaration/manifesto, a Memorandum of Understanding, a Letter of intent.

GOOD PRACTICE: PACT FOR INTEGRATION

Stuttgart Pact for Integration is an alliance of politics, administration, business, civil society, and other actors based on a holistic approach.

Stuttgart Pact for Integration

Since the beginning of the century, the city of Stuttgart has explicitly considered immigration as desirable for the development of the region; the large percentage of people with a migration background has been seen as a benefit and resource for the city as a whole. Hence, the municipal integration policy has been re-orientated towards a resource approach. The target groups of the municipal integration policy are newly arrived migrants, established immigrants as well as the native-born population.

The city maintains that successful integration of migrants is the ‘glue’ for social cohesion and, in order to be successful, the endeavour towards integration needs the backup of a strong partnership between the public sector, the private sector and civil society. Consequently, Stuttgart city council has adopted a comprehensive integration policy concept in the form of the Pact for Integration. This Pact, developed in a top-down process, is a coalition between the public sector (politics and administration), the private sector (special interest groups and businesses), and the civil society (associations, sport clubs, community groups, and other NGOs). The Pact for Integration specifies three goals for the municipal integration policy: participation and equal opportunity for everyone, peaceful cohabitation and social cohesion and the capitalisation of cultural diversity to extend competences within the international municipal society. In particular, the latter goal seeks to gain advantage from Stuttgart’s multicultural population.
The practical implementation is undertaken in twelve fields of activity:

- Language training
- Language and educational support in preschool education
- Equal opportunities in schools and education
- Integration in the labour market
- Intercultural orientation of the administration
- Integration and participation within the municipal districts
- Urban planning and housing policies
- Intercultural and international orientation of culture, economy and science
- Safety and security
- Religious dialogue
- Political participation
- Public relations

Many of the services provided by the municipality are organised and offered in cooperation with other local bodies such as schools and NGOs.

The Pact gained national and international recognition: in 2003, for instance, the city was awarded the ‘Cities for Peace Prize’ by UNESCO and in 2004, the European Council adopted key points of the pact as its official policy on integration. It has further become a model for the development of integration strategies in other communities.

Source: Luken-Klasen D, 2008, Case Study on Diversity Policy in Employment and Service Provision. Stuttgart Pact for Integration

Integration policies and services offered should be inclusionary in nature and best-applied horizontally across all services and sectors.

GUIDANCE ON REFERRALS

A referral is the process of directing a client to another service provider because they require help that is beyond the expertise or scope of work of the current service provider. A referral can be made to a variety of services, for example health, psychosocial activities, protection services, nutrition, education, shelter, material or financial assistance, physical rehabilitation, community centre and/or a social service agency.

The successful implementation of an inter-agency referral system includes participating agencies to

- Endorse uniform referral documentation (e.g., a uniform referral form);
- Agree on specific referral pathways, procedures, and standards for making referrals (e.g., which organisation will be best suited to serve which kind of clients);
- Train relevant staff on the use of documentation, standards, and procedures;
- Participate in coordination activities such as a 4Ws service mapping (Who is doing What, Where and When), coordination meetings and referral workshops.
Clarify mandates and roles and responsibilities. Stakeholders' mandates must be clear, and services offered, along with how to access such services must be transparent, clearly communicated and where possible in a diverse range of languages. Roles and responsibilities of stakeholders must also be clear to prevent persons acting outside of their scope of expertise (e.g., peer support staff should not feel pressure to take on a role if not appropriately trained/supervised).

Work alongside business and private enterprise (i.e., potential employers) to support them to reach out to and engage with refugee support organisations that can facilitate entry to the labour market.

Engage regularly with local leadership (e.g., Mayor's office, municipal authorities etc.) to update them on services being offered, progress, challenges and on topics where their support might be required (e.g., advocacy, fundraising, policy etc.).

Understandable communication to and amongst partners is often difficult (it is difficult to frame messages that are not overwhelming in complexity or emotive in nature):• Concentrate advocacy work on how to communicate concrete ideas;
• Challenges to be considered are for example: how to connect to local or regional authorities, how to write messages or describe demands and problems in a way that there is easily understood by people outside the integration work field;
• Community members and actors themselves can change the narrative:
  • For instance, work with schools and parents in educating the children around topics of migration and integration including racism and discrimination, as part of their education in what active role they can play themselves in community organisation;
  • Invite arriving and receiving community members to schools together.

At its most basic, the steps required to make a successful referral are:
• Identify the problem- what does the client need?
• Identify which organisation or agency can meet this need;
• Contact the service provider to confirm eligibility;
• Explain referral to the client. Keep in mind that the client can choose to not be referred;
• Document consent. Parental/care giver consent should be obtained if the client is a minor
• Make the referral;
• Follow up with the client and the receiving agency to ensure the referral was successful and exchange information, where client consent allows for this;
• Storage of information and confidentiality. All referrals’ forms and case files should be stored in secure (locked) cabinets to ensure the implementation of safe and ethical data collection, management, and storage of information;

Source: Inter-Agency Referral Form and Guidance Note

Establish linkages with a diverse range of stakeholders to ensure broad expertise exists within programming and that referrals are in place to address the diverse needs of service users (FOCUS British Red Cross case study recommendation).

Consider the role of advocacy in promoting policy-level transformation as part of multi-stakeholder partnerships and coordination:
• Apply careful consideration to how data is collected and shared (respecting appropriate privacy policies);
• Data collection can be essential to ensure that information on integration and community organisation objectives’ impact is maximised, allowing for the sharing of lessons learned and also to provide a further avenue for advocating for change based on data-driven facts.

Advocacy is also important to better support clients accessing services and to address systemic examples of racism. Advocacy is essential to highlight and encourage change to structural and systemic racism, that at times may be visible in policies and support services. Therefore, incorporate advocacy as a facilitator to supporting dynamic integration.

Plain language is clear, concise, organised, and appropriate for the intended audience.
• Write for your reader, not yourself.
• Use pronouns when you can (she, you, him, them, this, and who).
• State your major point(s) first before going into details.
• Stick to your topic.
• Limit each paragraph to one idea and keep it short.
• Write in an active voice. Use the passive voice only in rare cases.
3.3 Phase 3: Monitoring and evaluation

Phase 3: Key considerations mental health and psychosocial support (MHPSS)

Develop a results framework with measurable MHPSS indicators:

- When designing a program (or before implementing an existing program) consider how the intervention will be monitored and evaluated, to ensure lessons learned are captured, and to allow for continued refinement of the intervention to be aligned with stakeholder feedback (see the evaluation considerations below), select indicators that will support to measure intended outcomes;
- Consult MHPSS specific M&E guidelines and toolkits: Use existing M&E tool kits;
- Where possible, aim for the triangulation of data;
- Consider tools for cultural appropriateness: where possible existing tools should be used, cultural and contextual appropriateness must be considered along with translation needs. If anything needs to be translated, then please follow appropriate translation protocols e.g., ensuring back translation and independent check of accuracy;
- IFRC PS Centre Monitoring & Evaluation (M&E) Toolkit:
  - Indicator guide
  - Guidance note
  - Toolbox

Source: Plain Language Guidelines

KEY EVALUATION CONSIDERATIONS

1. Share and discuss evaluation findings with the community: refer back to the participatory assessments and first baseline for determining what is or is not working, to celebrate success and to determine whether activities have the intended effect. E.g., of an existing method: ‘Most Significant Change’, which does not use pre-defined indicators and utilises the ‘storytelling’ approach.
2. Re-adjust goals and activities: together with community members identify reasons why activities may not have had intended effects; or whether some groups have been missed and how they could be reached. Try to speak with community members to explore and better understand the barriers to their participation.

Source: Adapted from the IASC MHPSS RG Community-Based Approaches to MHPSS Programmes Guidance note, 2019

Phase 3: Key considerations arriving & receiving communities and volunteerism

Make use of existing monitoring and evaluation frameworks and indicators to measure the two-way process of integration that demand efforts from both arriving and receiving communities. For example:

- Assess policy framework by measuring indicators such as: 1) expectations of mutual accommodation by arriving and receiving communities; 2) awareness on the situation of arriving communities by receiving communities;
- Assess implementation and collaboration by measuring indicators such as: 1) coordination with regional and local authorities on social cohesion and inclusion; 2) voluntary initiatives to complement public policies, 3) involvement of arriving communities in civic activities; 4) involvement of arriving communities consultation processes.

See more in The European benchmark for refugee integration: Comprehensive analysis of the National Integration Evaluation Mechanism in 14 EU countries

Phase 3: Key considerations participatory and co-creative approaches

Make sure to use a participatory approach to monitoring and evaluation and ensure all participants, including the (visibility) of the arriving community’s input, are engaged with the process and are part of feedback loops.
• Plan this into the project cycle monitoring and evaluation, and make sure you use the monitoring and evaluation results to inform changes to the intervention and to develop new programs, learning from lessons and feedback.

• Share the outcome of the action with persons engaged and be clear on who owns the outcome, as it should be the community participants who ideally take ownership, if the action is indeed successful.

More co-creative and participatory monitoring and evaluation is needed; ask the arriving and receiving communities actively what they think.

• Focus groups, individual interviews around sensitive topics, surveys are possible tools for participatory evaluations, depending on the group and the topics discussed.

DANISH RED CROSS’ EXPERIENCE: CHANGES IN CONTEXT

“The focus of DRC’s work in asylum centers in Denmark has constantly changed due to changes in policies as well as changes in migration to Denmark. What is needed by the arriving community has therefore also changed over time. Therefore, dialogue between the arriving and receiving communities is needed to verbalise these changes and changing needs. The overall (integration) program needs to be adapted all the time to the actual (changing) needs. Similarly, a community development approach will also require constant updates to reflect current needs in the community as a whole. Both the arriving and receiving communities (and volunteers from both sides) need to be aware of this.”

Phase 3: Key considerations multi-stakeholder partnerships and coordination

Consider a tool like an excel 4Ws or an online coordinating tool or platform that maps key stakeholders and enables coordination (4Ws = Who does What Where, When, this often also includes the How by specifying the activities and services provided and the Why, which are the key objectives of the project). See for, an example, the MHPSS 4Ws guidance note from the IASC Reference group on Mental Health and Psychosocial Support.

The number and type of services referred to during integration-focused programs can be potentially used as an indicator of level of coordination occurring. In this instance it is important that cross-sectoral referrals are appropriately documented, and that privacy and confidentiality are ensured (see for an example of indicators tracking referral page 82-90 of the IFRC Monitoring and evaluation framework for psychosocial support interventions – Toolbox).

List the type of referrals being made to determine coverage and scope, consider if there are any core services (see the ‘markers and means’ in the Indicators of Integration Framework) that are being missed/not included in current referral protocols.

Conduct key informant interviews (KII) or focus group discussions (FGD) with key stakeholders, including the arriving and receiving communities to gather their feedback about program implementation, challenges faced, recommendations for improvement and opportunities for closer collaboration.

• Content/quotes from FGD and KIs are also very useful in developing messaging for media, for advocacy, recruitment, funder reports, grant writing, etc., right across communication needs. Ensure you have permission to quote and use quoted texts.

‘Share and discuss evaluation findings with the community: refer back to the participatory assessments and first baseline for determining what is or is not working.’
This section highlights some crosscutting issues to be considered when designing dynamic integration practices, to best align them with the FOCUS Approach.

### 4.1 Whole-of-community approach

Dynamic integration is an issue that affects the whole community and society, and as such, requires a holistic approach. Integration and integration actions should benefit the arriving and receiving communities, their wider community and wider society, and should engage and be accountable to all equally.

- Integration actions should be positioned as more than solely a humanitarian or solidarity issue, depending fully on the willingness of the receiving society, while ‘targeting’ refugees as ‘beneficiaries’ of integration actions.
- Integration actions should actively acknowledge and promote community members’ self- and collective efficacy, their individual agency and community ownership.

Integration and integration actions should benefit the *arriving* and *receiving* communities, their wider community and wider society, and should engage and be accountable to all equally.
The use of a whole-of-community approach creates a receptive environment in which all communities can thrive. Create a logical framework or theory of change for specific dynamic integration objectives, that focus on inclusive community organisation as its general overall objective.

A whole-of-community approach avoids stigmatisation and discrimination and improves social inclusion, and ultimately, dynamic integration: See also the Good Practices in Migrant Integration: Trainer’s Manual | OSCE Module 7: Preventing and addressing racism, xenophobia, discrimination and hate crime against migrants and Module 10: Civic and political participation of migrants at the local and national levels.

Also align policies and the funding of integration actions to focus on the development of local communities as a whole, inclusive of arriving and receiving community members, while remaining sensitive to include especially marginalised individuals and groups.

- A conflict-sensitive or ‘do no harm’ approach has been common practice in global community development, humanitarian action and peacebuilding actions in the Global South, yet it is not equally applied to the Global North or European communities when it comes to dynamic integration activities.
- Conflict-sensitivity is the notion of systematically considering both the positive and negative impact of interventions, in terms of conflict-peace dynamics, on the contexts in which they are undertaken, and, conversely, the impact of these contexts on the intervention. See for more the conflict-sensitive approaches to development, humanitarian assistance and peacebuilding: A resource pack or the challenging dynamics of global north-south peacebuilding partnerships.

Consider whether the governance and framing of migration and asylum (solely) as ‘crises’ is appropriate, applicable and/or useful. Sustainable governance around migration includes a strong outlook on dynamic, whole-of-community and/or whole-of-society integration throughout. See a crisis mode in migration governance: comparative and analytical insights.

4.2 Change of narrative

A whole-of-community approach avoids stigmatisation & discrimination and improves social inclusion, and ultimately, dynamic integration.

There is a need to move beyond the perspective of one group ‘helping out’ another and to facilitate the dynamic transition from arriving to receiving community members.

In designing integration actions move away from language around ‘vulnerability’ and ‘trauma’ as soon as possible. Encourage approaches that equally recognise self- and community efficacy, agency, and resiliency of newly arrived community members, like of receiving community members. See the FOCUS Approach MHPSS dimension including its references to a vulnerability- and trauma-focus.

Taking international protection needs into account, especially at the asylum-seeking stage, aim to move away from a social narrative where refugees are (all) equally vulnerable, traumatised and alike:

- Using a vulnerability framework to determine who needs protection and support or care most urgently is a necessity especially at assessment stages early in the asylum seeking and arrival process for refugees, especially for those in acute distress, see UNHCR-IDC Vulnerability Screening Tool - Identifying and addressing vulnerability: a tool for asylum and migration systems; Focus instead on community approaches based on human rights and solidarity, and practices that emphasise both the newcomer’s and wider community members’ efficacy, agency, and ownership.

You can listen to a FOCUS podcast which discusses framing vulnerability in mental health and psychosocial support in dynamic integration: FOCUS podcast #2: Mental health and psychosocial support in dynamic integration episode 1/2 and episode 2/2 or read it as a brief.
See also the Participatory and co-creative approaches and Arriving and receiving Community including volunteerism FOCUS Approach dimension chapters in this guide for more information on this recommendation.

4. CROSS CUTTING CONSIDERATIONS

THE CHALLENGE OF OVERCOMING A VULNERABILITY APPROACH

FOCUS German case study partner BAfF organised a conference in May 2021, about the challenge of overcoming a vulnerability approach, while guarding international legal protection, see the documentation of the meeting. It addressed the EU Directive 2013/33/EU of 26 June 2013, which lays down standards for the reception of applicants for international protection to be able to access such rights, which is of life saving importance. The EU defines certain groups of vulnerable people, among them persons who have experienced trauma (see European Parliament Directive 2013/33/EU).

From the BAfF 2021 report: “It is however important to (…) consider the individual circumstances of each single case. It is also important to consider that not all asylum seekers who fall into one of these categories have the same special needs and require support to the same extent.

• In practice the question arises: How is a special vulnerability and the needs arising from it identified? On this point, the EU Reception Directive remains rather vague. Article 22 states that the member states judge if the applicant has special needs of reception. The member states moreover investigate what kind of needs these are. This assessment is initiated within a particular deadline following the application for international protection. Particular vulnerabilities must also be considered if they first come to light in a later stage of the asylum process.

• What is most needed here is time and trust so that applicants from these groups can make themselves known. The training of governmental staff also plays a large role. When vulnerability is identified, the question is then how these special needs are considered concretely.

• In the reception of asylum seekers this is above all relevant for accommodation, provisions, as well as access to medical and psychological care. For minors and victims of torture, sexual violence, and other grave acts of violence some state obligations are more concretely spelled out in the reception directive.

• One example is the adequate training of personnel. Unaccompanied minors should be accommodated in special reception centres or with foster families.”

Each community member, including both arriving and receiving community members, is a unique human being with a unique set of vulnerabilities, but also individual and communal resiliency, agency, and self-determination rights, and not a stereotype of the (multiple, diverse, overlapping) groups they belong to. This applies to both arriving and receiving communities and community members. The support and care they receive should reflect this. Aim, over time, to move from a vulnerability framework to an ecological, person-centred and/or intersectional approach:

• Intersectional approaches aim to ensure people’s dignity and safety without creating or reproducing hierarchies of vulnerability which have discriminatory and dangerous outcomes for refugees.

• Ecological or person-centred approaches acknowledge within-group differences and the role of self-definition.

INTERSECTIONALITY

Intersectionality refers to the recognition that experiences of displacement are framed by a range of intersecting and overlapping identity markers (including gender, ethnicity, religion, sexual orientation, and age), and by a range of power structures (such as patriarchy, xenophobia, Islamophobia, anti-Semitism and homophobia). Importantly, the relative significance of these identity markers and related power structures shifts across time and space, including in processes of displacement. This can help us understand – perhaps even predict – that individuals and social groups may be vulnerable to, or at risk of, different forms of violence throughout different stages of their journeys to secure international protection. (UNHCR, 2018)

Most of all, we need to understand the priorities of individuals and communities, including those of both arriving and receiving community members, ‘with sensitivity to gendered, cultural and spiritual needs and rights’. Priorities must be determined based on, and inclusive of, the perspectives of (forcibly displaced) individuals, families, and communities.

• This requires the collection of disaggregated data but also drawing on the (qualitative) insights from people with deep knowledge of different cultures, rituals, and belief systems in communities: including members of different groups of displaced people themselves, and also members of diverse receiving communities (UNHCR, 2018). “New programmes and policies must avoid re-marginalizing established refugee communities that are hosting newly or more recently displaced people.”
4.3 Human rights-based approach

Human rights are a set of principles concerned with equality and fairness. They recognise our freedom to make choices about our lives and to develop our potential as human beings, and therefore recognise our responsibilities to each other. They are about living a life free from fear, harassment, or discrimination. The human rights-based approach (HRBA) is directed to promoting and protecting human rights and underpinned by five key human rights principles, also known as PANEL: Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality.

- See more: National Human Rights Institutions (NHRIs) Applying HRBA.

Ensure that the rights of both arriving and receiving community members, including established refugee and migrant communities, are prioritised in program development and planning; where needed, be prepared to advocate for and with community members to local, state, and national authorities, institutions, media, etc.

Identify barriers to participating in the community or society for both arriving and receiving community members and especially of more marginalised individuals and groups in the wider community:

- From high touch barriers (policy/systems) to medium touch barriers (e.g., interpretation and translation services) to low touch barriers (e.g., cultural sensitivity in food choices at a community meeting), (Bowen, 2001);
- Advocate with authorities and decision makers to enable rights and resources to enable full participation of both arriving and receiving community members in community organisation initiatives.

Raise the awareness among both arriving and receiving community members as well as institutional and civil society stakeholders’ services, regarding their respective rights and responsibilities in the dynamic integration process, including in communication around integration.

Consider how the connection or partnership between arriving and receiving community members is framed in communication messages, in order to engage integration practitioners (including civil society and governmental staff, as well as community volunteers and community members that do not yet play an active role in integration).

- The (mutual) approach in messaging should not be ‘I am going to enable you to do XYZ’, but around agency and self-determination: ‘I am going to join your process of regaining your independence and achieving XYZ’.
- Seek to get local and regional decision-makers as well as media on board to support public messaging that gives ‘a human face’ to dynamic integration and the communities involved by sharing person and community centred dynamic integration processes that showcase agency, resiliency, and diversity.
- Talk about the experience of being a refugee in a manner that humanises diverse refugee experiences and emphasises participation as an arriving (and later, as a receiving) community member
  - Refugees, like other newcomers, are new community members with hobbies, interests, and skills that they want to contribute together with the receiving community to the development of their mutual communities; therefore, look for ‘natural’ integration opportunities instead of creating them.

Refugees, like other newcomers, are new community members with hobbies, interests, and skills that they want to contribute together with the receiving community, to the development of their mutual communities; therefore, look for ‘natural’ integration opportunities, instead of creating them.
Ensure gender-sensitive integration and inclusion policies:

- A gendered lens must be intersectional – and this includes recognising both the extent to which different groups have gender-specific protection, support, care and other needs, and also that they experience different forms of gender-based violence;
  - Strengthening institutional capacity to ensure gender-sensitivity must include training vis-à-vis gender-specific needs throughout different phases and spaces of displacement: this should include reference to experiences of sexual violence and also diverse forms of gender-based violence;
- See these 10 European examples on how to make integration gender-sensitive from the Eurocities network, a network of more than 200 cities in 38 countries which is committed to an inclusive European society;
  - Also explore other outputs of the IOM Belgium and Luxembourg Equalcity project, which strengthened capacities of local frontline services through the development of practical training tools and awareness-raising material on Sexual and Gender Based Violence (SGBV);
  - The Brussels-Capital Region and Rainbow House Brussels have developed a toolbox that aims at creating safe(r) spaces for people with a migrant background who identify as LGBTQIA+. This toolbox has been developed to help bridge a gap between LGBTQIA+ people with a migrant background and frontline services in urban contexts. LGBTQIA+ Toolbox;
  - The International Organisation for Migration’s regional office for Europe also released this webinar recording on ‘Mainstreaming Gender along the Resettlement Continuum – Towards an inclusive integration approach’.

### 4.4 Power dynamics

Social equality refers to an equivalent treatment and opportunity for members of different groups within society regardless of individual distinctions of race, ethnicity, gender, age, social class, sexual orientation, or other characteristics or circumstances, including a refugee background.

- Social equality between arriving and receiving community members should therefore be a given whatever their background or their differences. This is a fundamental human right. However, different residence and/or citizenship rights may still apply;
- Social equality is, next to distribution of goods, primarily about relationships and interactions between people, and ideally of socially egalitarian relationships.

#### SOCIAL EQUITY

Social equity is impartiality, fairness, and justice for all people in the context of a social policy, programme, or action. Social equity considers systemic inequalities to ensure everyone in a community has access to the same opportunities and outcomes.

Make sure to consider the differences between arriving community members, such as asylum seekers with legal limitations in terms of housing, work, education, and leisure for sometimes years of asylum application procedures, as opposed to (European) refugees with fast-tracked asylum procedures, which grant direct access to a receiving community and society, and by that its social networks, including the right to housing, employment and health and social care, and by that also more opportunities for leisure.

‘Resources beget resources’, is an underpinning idea to the FOCUS Approach (see Approach detailed version): social connections and networks can help overcome socio-economic barriers to integration, and vice versa, unless systemic barriers prevent equal and equitable participation in these networks.

- Having socio-economic rights and opportunities such as (places of) work, education but also of (communal) leisure, can create access to social connections and networks, while social connections, in turn, can create network opportunities to advance more quickly on the job market and in the educational arena, or to get into places of leisure such as cultural and sports clubs, for instance.
- This does not automatically mean that rights and opportunities automatically will translate into these social connections and networks, this has to be an active objective of all in society, taking account of and actively addressing systematic and contextual barriers.

Strive also for socio-cultural equity, in which the richness of all cultures in a community is recognised and utilized to better the advancement of the community as a whole, and where socio-cultural networks and institutions are inclusive of all.

- For instance, utilising the skills of community members in an educational setting, by bringing community volunteers of both arriving and receiving community backgrounds to the classroom and assuring they participate equally; see the Education best practice example below;
- Or, raising awareness and having leisure clubs prepare for the active recruitment or simply receiving newly arrived community members, making these leisure clubs more accessible by providing information in multiple languages and in different media, but also raising awareness or actively training club leadership and members to make them more inclusive;
- Cultural institutions, such as libraries and community centres could be a place for socio-cultural encounters, dialogue, and learning. By creating spaces of cultural encounters, spaces which are open and non-threatening, that promote knowledge, that allow one to get to know the “other” and their humanity, that help create ties and construct their own socio-cultural image, to “make visible and give voice to what often remains invisible or silent”;

- Striving for equity starts with education, by examining our biases and interrupt inequitable practices so we can create inclusive, multicultural school environments that cultivate the interests and talents of children, youth, and adults from diverse backgrounds. See Equity and Social and Emotional Learning: A Cultural Analysis;
- A focus on Social Emotional Learning (SEL) and -competencies could aid in addressing the needs of children, youth, and adults of different socio-cultural backgrounds by focusing on their social and emotional needs as much as on their academic needs.
Consider power dynamics when focusing on establishing social links between community members with civil society, and public or private sector service providers.

- Institutional preparation of civil services that are being offered to the arriving community as well as to receiving community members (including those with a migratory background) is crucial and should be organised in a horizontal, cross-sectoral, way to address different challenges: See also the section on intersectional, ecological, and person-centred approaches, above and the social links recommendations in chapter 2.
- It is important to be aware of the power dynamics at play, and to raise awareness with volunteers and staff, especially to those in a ‘supporting’ role to refugees and vice versa, as this can increase the risk for dependency and potential exploitation and abuse to which both arriving and receiving community members need to be protected.

4.5 Intergenerational approach

Give more consideration to mixing age groups, as this can create opportunities when learning new tasks. FOCUS qualitative research highlighted that intergenerational mixing could also be important to supporting integration. Young people are generally thought to adapt quicker than their older counterparts to settlement in a new context, but they then are perceived to risk losing their own cultural identity. There is a potential value in mixing ages also to allow for cultural exchanges (traditional versus new) as part of ‘social bonds strengthening’.

Investigate scope for intergenerational activities such as:
- Youth supporting older adults using IT (either arriving-arriving community members or arriving-receiving community members or receiving-arriving community members).
- Mixed age after school reading clubs, cooking/gardening clubs. Examples: See Youth Empowering Parents.

GOOD PRACTICE: SUCCESSFUL EDUCATIONAL ACTIONS

Successful Educational Actions are innovative solutions and approaches to community-lead and inclusive education:

- **Educative participation of the community** is a way of participation in which families and individuals in the community become both part of the school learning activities, as well as contribute to the school decision-making: Families, volunteers, and social agents are involved in the learning activities, during extended learning time and in the management of the school through mixed commissions.
- **Family education**: opens the school to the families to improve their instrumental education – i.e., improve their skills in subjects where they can support their children’s education, such as language, information and communication technology or mathematics.
  - Families propose what they want to learn and when this would be possible.
  - People in the community and volunteers are sought to provide this training.
  - Normally a mixed commission oversees organising the various trainings.
  - Examples are language, ICT, literacy, and mathematics trainings.

- **Interactive groups**: the class is organised in four heterogeneous groups of students, each of them promoting learning interactions by one adult, who is a volunteer from the community or the families of the students.

  See the Horizon 2020 project REFUGE-ED for further information.

4.6 Culturally informed and -sensitive approach

Ensure key stakeholders are trained to better understand the needs of communities, including both of arriving community members and receiving community members with a migratory background, and how to communicate in a culturally -informed and -sensitive manner. Make services inclusive and accessible to all community members, rather than focus on how to integrate a specific group of people.

GOOD PRACTICE: THE ONE-STOP-SHOP

The One-Stop-Shop service is a policy that approaches integration from the perspective of the adaptation of the receiving society and the services that it provides, combined with a consultative and cooperative process working with immigrants, to further the integration of both immigrants and the receiving society. It thereby meets the two-way challenge of integration in a sensible and flexible way.

The Handbook on How to Implement a One-Stop-Shop for Immigrant Integration defines a One-Stop-Shop, outlines the benefits of its implementation, and sets out the prerequisites and necessary steps for its creation. It explores the fundamental pillars of a One-Stop-Shop service: partnership and coordination in the designing and provision of services (Chapter 2); mediation by immigrant communities (Chapter 3); services provided (Chapter 4); and issues relating to accessibility (Chapter 5). The final chapter relates to economic and public finance aspects in terms of the human and material resources that are needed for the implementation of One-Stop Shops in Member States (Chapter 6). Source: Cities of Migration; Good Ideas Archive; CERC The Canada Excellence Research Chair in Migration and Integration, Ryerson University.
4. CROSS CUTTING CONSIDERATIONS

In these workshops, participants analyse situations of intercultural conflict and learn how to overcome them. The aim is to break down stereotypes and accept differences within the workplace while developing the intercultural ‘intelligence’ needed to respond appropriately to one’s own implicit bias in new or unexpected situations. These offer a trusted space and trained professionals with whom to build the intercultural awareness and competencies people need to do their job.

- Each half-day Dilemma Workshop begins with an introduction to the concept of interculturality. The main exercise is to discuss several real-life case studies from within municipal departments, including examples offered by participants themselves.
- Participants are placed into groups where they are encouraged to walk through the case study scenario or describe their own experience, and then analyse and discuss how intercultural skills, or a lack thereof, affects the outcome.
- Next, workshop facilitators help participants look at the impact of “structural conditions,” such as language barriers, cultural differences or institutional culture on the situation as well as explain what needs to change for the situation to improve.
- The aim is to create a safe space for intercultural learning that includes room for debate on the pros and cons of different solutions.
- The question governing any proposed solution is: how will this outcome reflect on (…) and its services? Will it help (…) achieve its goals?
- Finally, the group plans coming steps (short-term and long-term) and how to support individual employees.
- Essential to the success of the workshop is the ability of the facilitator to provide a trusting environment.
- Participants need to be able to speak freely about situations they have experienced where misunderstandings, biases or prejudices may have had a negative impact on communication with colleagues or the public: Without that sense of safety, tough questions and issues would remain unanswered. The intercultural workshop aims to develop a continuous support structure that results in systemic change.

The Dilemma Workshops have proven to be one the key tools to incorporate interculturalism within the Swedish district government: 12 workshops have already been held within 8 departments. Botkyrka’s Dilemma Workshop model has been recognized as a best practice by the Council of Europe’s Intercultural Cities program. Source: Cities of Migration; Good Ideas Archive; CERC The Canada Excellence Research Chair in Migration and Integration, Ryerson University

GOOD PRACTICE: INTERCULTURAL DILEMMA WORKSHOPS

RACISM AND THE IMPACT ON MHPSS SERVICES

FOCUS’s German Case study partner BAfF published a report on racism and the impact on its services, to identify the ways in which racism may manifest itself within services provided, and how awareness of racism within the therapeutic context is important, to ensuring effective care and support for refugees. This was considered an especially pressing topic for BAfF, considering most staff working within the psychosocial centres do not identify as black, indigenous and/or other people of colour (BIPOC), making sensitisation and awareness an important aspiration for the umbrella organisation.

As such, it was decided to develop a case study which might provide a roadmap for BAfF to take a systematic approach to understanding and addressing racism in the context of their services and the challenges faced by their clients. See the full FOCUS German case study [here](#).

Ensure key stakeholders are trained to better understand the needs of communities, including of arriving and receiving community members.
The FOCUS Approach extended version and the current implementation guidance were refined and further developed upon analysis of the below case studies. You will find all the full case studies and their results and recommendations in the links to the Living Well Together Resource.

Below you will find a summary as to how the first draft FOCUS approach was used as part of the case study, especially how the different FOCUS Approach dimensions were reflected upon by case study participants.

5.1 Denmark: Danish Red Cross (DRC)
See the full DRC case study here.

While the primary focus of the Danish case study was on MHPSS, each of the four guiding principles of the FOCUS Approach was used to inform the development of the specific programme topics. The MindSpring trainers (the integration practice being piloted by Danish Red Cross as part of the FOCUS case study) were trained in the elements of the FOCUS Approach and, following the completion of the programme, the FOCUS Approach was used as a guide for reviewing the MindSpring programme.

Recommendations
The FOCUS Approach could be used by practitioners as an analytic tool and as a means for guiding the development of promising integration practices.

5.2 Austria: Austrian Red Cross (ARC)
See the full ARC case study here.

The primary focus of the Austrian case study was on the participation and co-creation dimension of the FOCUS Approach. Each person involved in the development of the ARC case study was trained in the background and practical dimensions of this as well as the FOCUS Approach in general. Following the completion of the programme, the FOCUS Approach was used as a guide for reviewing the programme.

Recommendations
• Participatory and co-creative methodologies appear to be crucial at the early stages of activity development. Offering participants an opportunity to design an activity based on their own needs was reportedly highly appreciated by participants and had an added impact by supporting participants to feel heard.
• The FOCUS Approach should ensure participatory methodologies are employed to inform the inception phase of programme development.
  • The FOCUS Approach needs to highlight the importance of socioeconomic factors such as education and labour market opportunities, to support dynamic integration.
  • Participants reported benefits to engaging in key informant interviews, despite the interviews not being considered a part of the activity being explored (and rather were used as a source of gathering evaluation information).
  • This unexpected finding highlights the importance of creating a safe space and providing an opportunity for open dialogue with arriving community members. FOCUS Approach implementation considerations should provide guidance to practitioners on how to create such a supportive space.

5.3 Germany: German Association of Psychosocial Centres for Refugees and Victims of Torture (BAfF)
See the full BAfF case study here.

The issue of racism impacts dynamic integration in all its dimensions. According to research in different fields, it is a cross-cutting factor influencing integration. In the context of the German case study the principal focus was on mental health and psychosocial support and the receiving and arriving community dimensions of the FOCUS Approach. Whilst the case study did not directly seek to facilitate interactions between arriving and receiving community members, it did work intensively with receiving community members (BAfF’s psychosocial centres’ staff) aiming to create further awareness on how arriving community members might be impacted by racism within Germany and how to better support them to tackle systemic examples of racism. Further, engagement with the arriving community did occur indirectly as some staff who attended the workshops had a migratory background. In the evaluation of the workshops and exploration of how to develop the activity further, the FOCUS Approach’s dimensions were used as a guide for reviewing the programme.

Recommendations
• Overall support was found for each of the elements of the FOCUS Approach.
• The relevance of racism, its impact on trauma and the broader field of MHPSS should be understood within the broader field of dynamic integration work. This highlights that MHPSS should be understood as a broader concept, that explores societal impacts at the individual level and vice versa.
• For psychotherapists, psychologists and social workers, anti-racism guidance should be incorporated within training, occupational induction courses, and where relevant, supervision sessions to ensure all staff are provided with foundational knowledge on how to better support their clients who face this issue.
• While the case study did not facilitate direct interactions between arriving and receiving community
members, it did work intensively with receiving community members (BAF’s psychosocial centres’ staff) aiming to create further awareness on how arriving community members might be impacted by racism within Germany, and how to better support them to tackle systemic examples of racism.

- BAF highlighted the importance of advocacy to better support clients accessing the service and to address systemic examples of racism. Advocacy is essential to highlight and encourage change to structural and systemic racism that at times may be visible in policies and support services. The FOCUS Approach should consider how to incorporate the concept of advocacy as a potential facilitating factor to supporting dynamic integration, in particular within the multi-stakeholder and coordination pillar.

5.4 Sweden: Länsstyrelsen Skåne/Partnership Skåne (LAN/PS)

See the full Partnership Skåne Case study here.

Two of the four dimensions of the FOCUS Approach are at the core of the Swedish case study and of the ongoing work of LAN: MHPSS and multi-stakeholder partnerships and coordination. In addition, there was substantial engagement with the dimension participatory & co-creative approaches. Overall, the case study provided extensive opportunity to use the dimensions of FOCUS Approach as a basis for reviewing the activity and illustrating the work on dynamic integration within a large, publicly supported network delivering core supports for integration.

Recommendations

Based on the experiences with piloting MILSA in-depth programme, the following recommendations can be made for practitioners and policy makers who are seeking to apply the FOCUS Approach:

Multi-stakeholder partnerships and cooperation:

Putting in place a long-term and sustainable approach to intersectoral cooperation should be seen as essential. It is a process rather than a once-off activity and it benefits from the knowledge and networks developed over time. In the overall assessment of LAN, six key components of a successful multi-stakeholder collaboration have been developed:

- A systematic approach as the basis for collaboration;
- A holistic model that ties in strategic cooperation with operational organisation;
- The importance of a collaborative climate;
- Managerial support;
- A relationship to regional context;
- The power of narratives.

MHPSS

MHPSS integration practices should build resilience and strengthened personal resources among arriving community members. This activity represents a paradigm shift from a treatment focus to a preventive focus, that entails an emphasis on resilience, a concept that has been applied on the individual, family and community levels and refers to an adaptive capacity leading to a positive trajectory in the face of adversity. Research suggests that preventive mental health interventions for arriving community families in resettlement can operationalise resilience by building on protective resources.

Where possible, MHPSS integration practices should be culturally tailored and anchored, without language barriers and with considerations of cultural conceptions and practices. MHPSS integration practices should be trauma-informed to avoid fostering potentially retraumatizing environments, while avoiding a dominance of the medical model of mental health support for refugees. MHPSS integration practices should be designed on the solid foundation of creating an enabling environment, and should aim to promote social support, and access to social networks. Referrals and structures for continued support beyond the specific intervention should be established. MHPSS integration practices should promote mental health literacy to prevent social stigma and discrimination.

5.5 United Kingdom: British Red Cross (BRC)

See the full BRC Case study here.

The case study integration practice, British Red Cross’s Family Reunification Integration Service (FRIS), encompasses a broad programme of activities and, as such, to some extent touches on each dimension within the FOCUS Approach. However, two of the four dimensions of the FOCUS Approach are at the core of the FOCUS case study: MHPSS, arriving and receiving communities & volunteerism. Overall, the case study provided extensive opportunity to illustrate the dimensions of the Approach within a large-scale NGO delivering core supports for integration. In addition, its focus on family reunification provides insight on work addressing one of the most consistent concerns in refugee advocacy and long-term integration.

Recommendations

FRIS contained an extensive range of evaluation measures. In addition to them, the FOCUS Approach was used as a framework for seeking further feedback. This process was successful in validating importance of the core dimensions and illustrated extra cross-cutting considerations.

Participatory and co-creative approaches

This area was identified as needing improvement in FRIS in some geographical areas, compared to others. There was an overall desire to find ways of giving participants an opportunity to shape more activities. Where this was possible it was positively referenced. For instance, in Cardiff, having engaged and committed volunteers and utilising a co-production approach influenced by the AVAIL5 project was said to make FRIS’ community lens (focused on activating social bridges) activities effective. This also in combination with the co-location of the Cardiff FRIS team, which was located in a refugee community hub, which influenced the ability to recruit more community volunteers.

Overall, in the FRIS project, an individualised and beneficiary-led approach were recognized by external reviewers to be its key strength. Based on the FRIS project experiences. The following general recommendations can be made for practitioners and policy makers who are seeking to apply the FOCUS Approach in designing similar dynamic integration practice:
• Providing opportunities for integration service end-users to engage in program design and implementation is recommended, to ensure buy-in of participants and key stakeholders.

• Selecting the appropriate venue for implementation may also create opportunities for further engagement, with an emphasis on selecting locations where targeted communities may already naturally meet.

Arriving and receiving communities & volunteerism
Different elements of FRIS seek to facilitate and encourage interaction between the refugee families and their receiving communities. Issues arose concerning enabling genuine two-way interactions, especially due to the COVID-19 restrictions. However, in Belfast, the host buddy scheme was reviewed externally to be its most successful activity, despite restrictions moving it to an online format. It was said to have enabled refugees to form friendships, gain informal advice and familiarise themselves with the city. Similar success in Leicester pointed to voluntarism as a possible way of both enhancing the effectiveness of community-based work and giving members of both communities a more active role in the activities, especially having ‘keen volunteers’ and matching them carefully, was attributed to the success. Prior to COVID-19 the ‘community bridges lens’ language holidays were considered an enormous success, which helped the arriving and receiving community together in an inclusive and empowering way, using fun and creative activities, learning a third language together. The importance of wider socio-economic issues emerged as a theme here and under other headings. In general, it is recommendable the following:

• Buddy initiatives can be important to facilitating social bonds and bridges, and where possible volunteers may be engaged from both communities to facilitate interactions amongst arriving and receiving community members;

• Should volunteers be utilised in programming, their motivation and interests should be explored to ensure they are appropriately ‘matched’ to a community member with similar motivations and interests - this can help to facilitate more meaningful, quality interactions.

MHPSS
The FOCUS MHPSS dimension is core to the FRIS programme, due to the case work given to all participants. This approach was appreciated by staff, volunteers and end users alike, as was their beneficial impact. Participants provided significant feedback to help develop this dimension further, with a particular emphasis on going further on the concept of wellbeing of staff and volunteers while dealing with safeguarding issues of the people they aim to help.

The expertise of a child-oriented well-being agency such as Barnardo’s and the child-focused work they provided, was stated to help frontline staff understand each family’s needs. Psychosocial support was warmly welcomed by beneficiaries and frontline workers alike, due to high levels of isolation and mental health problems experienced by refugee families, meaning also high caseloads for frontline workers.

As can be seen from the evaluation description, FRIS had an impact on beneficiary mental health as they reported feeling happier, more confident and having improved wellbeing. This may also be because their psychosocial support system seemed to have strengthened via FRIS, by rebuilding family connections and developed friendships. In general, the practitioners wishing to design similar to FRIS practice taking in line with FOCUS approach are recommended to the following:

• MHPSS should employ a broader understanding of wellbeing, and programming should pay adequate attention to potential protection and safety issues (e.g., child protection and gender-based violence) that might be present within arriving and receiving communities. This means ensuring staff are primed to detect potential protection risks, and community members are provided information on their rights and where to access help if needed.

• Activities that wish to target wellbeing more directly, should consider diverse methodologies beyond traditional ‘talking therapies’, to ensure cross-cultural appropriateness. Arts-based activities represent a promising potential avenue for exploring the topic of wellbeing through creative expression, within a safe environment.

Coordination & Multi-stakeholder partnerships
Due to the way the project was set up, as a partnership between three organisations, working at a national and at eight local levels, this dimension was quite prominent in FRIS. The partnership with Barnardo’s was stated to have created an important bridge between the knowledge and expertise of both partners, which allowed for a ‘more holistic and responsive service’ in FRIS.

Frontline workers also stated how they encountered delays and difficulties in accessing core statutory services, which provided important advocacy support opportunities to beneficiaries when issues arose. This speaks to the need for the role of coordination and advocacy being combined and the opportunity that case work gives to this. An external review undertaken by the FRIS program, also stated that more positive working relationships with external organisations across the hubs were observed as a wider outcome associated with FRIS. Especially the data collection elements, including tracker data, was stated to be valuable for gathering evidence to share with external organizations, to improve policy and practice. In sum, it is recommendable that:

• Advocacy initiatives, and the role of advocacy more broadly in promoting policy-level change, is recommended to be considered, as part of multistakeholder partnerships and coordination;

• Careful consideration to how data is collected and shared (respecting appropriate privacy policies) can be essential, to ensure that information is maximised allowing for the sharing of lessons learned and also to provide a further avenue for advocating for change based on facts;

• Linkages should be established with a diverse range of stakeholders to ensure broad expertise exists within programming and that referrals are in place to address the diverse needs of service users.
Mental health
According to the World Health Organization (WHO), mental health is "a state of well-being in which every individual realises his or her own potential, can cope with normal stresses of life, can work productively and fruitfully and is able to contribute to her or his community" (WHO, 2004).

Psychosocial
The term ‘psychosocial’ refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes internal, emotional, and thought processes, feelings, and reactions. The social dimension includes relationships, family and community networks, social values, and cultural practices. Psychosocial is a term used to describe the interconnection between the individual (e.g., a person's internal, emotional, and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (e.g., their social context).

Psychosocial support
Psychosocial support refers to actions relating to the social and psychological needs of individuals, families, and communities, taking into consideration psychological, social, and cultural aspects of well-being (MHPSS Policy and Resolution, ICRC, IFRC).

Mental health and psychosocial support (MHPSS)
‘Mental health and psychosocial support’ is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC MHPSS RG, 2007).

Integration
Within the 'EU Framework on integration', integration is defined as 'a dynamic, two-way process of mutual accommodation by all immigrants and residents of Member States' (Centre for European Policy Studies). Integration is multi-dimensional – depending on multiple factors encompassing access to resources and opportunities as well as social mixing. Integration is multi-directional – involving adjustments by everyone in society. Integration depends on everyone taking responsibility for their own contribution including newcomers, receiving communities and government at all levels. Integration is context specific and needs to be understood and planned in relation to its particular context and within a bespoke timeframe. (Ndofor-Tah et al., 2019).

Migrant
A migrant is defined as 'any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is' (IOM, 2019d). In line with the IFRC's 2009 Policy on Migration, 'migrants' are persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. This includes migrant workers, stateless migrants, migrants deemed irregular by public authorities, as well as asylum seekers and refugees (IFRC, 2017).

Receiving Communities
The term ‘receiving communities’ is used within FOCUS to refer to host communities (residents of Member States within the country hosting migrants). To avoid the potential stigma that sometimes is associated with language around migration, and to emphasise the dynamic nature of integration, the FOCUS project uses the terms ‘receiving’ and ‘arriving’ communities. The receiving community includes both community members that are host country born for generations, as well as residents with a migratory background. Receiving community members with a migratory background can be first generation foreign-born residents, as well as their host country-born children and/or (great) grandchildren, for instance, (Supik & Spielhaus, 2019).

Arriving Communities
‘Arriving communities’ is used within FOCUS to refer to (recent) migrants. To avoid the potential stigma that sometimes is associated with language around migration and to emphasise the dynamic nature of integration, the FOCUS project uses the terms ‘receiving’ and ‘arriving’ communities. The arriving community includes migrants recently arrived in the host community. These community members have widely ranging life experiences, both in their migratory- and integration journey and process, as individuals, family members, and community members. Please note there is no universally agreed upon definition of arriving and receiving communities, and terminology tends to be context specific also within the European context (dependent on the type of migration, national policy, etc.), (Supik & Spielhaus, 2019).

BIPOC
BIPOC stands for Black, Indigenous and People of Colour. Indigenous in the European context refers to for instance Sami, Romani and Sinti communities. There are (indigenous) communities that prefer different ways to address themselves. Considering the numerous migration flows through Europe, a definition that considers identity is fruitful, preferred terminology may however differ depending on context.

LGBTQIA+
LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer, intersex, and asexual, inclusive of individuals with diverse sexual orientations, gender identities, gender expressions and/or sex characteristics who use other terms or no terms to describe themselves.
Social connections
Taken together the below three terms (social bonds, social bridges, and social links) recognise the importance of relationships to our understanding of the integration process. The three terms emphasize three different kinds of relationships that contribute to dynamic integration. (Ndofor-Tah et al., 2019).

Social bonds
Social bonds are connections with others, with a shared sense of identity and high levels of trust and reciprocity, characterised by the exchange of both practical and emotional support that can provide individuals and groups with the confidence and security required for integration (e.g., family, close friendships). It is important not to assume that groups sharing key characteristics, such as ethnicity, faith or national background, all benefit from bonding relationships. For example, political tensions may occur between people from the same country of origin. Social isolation is characterised by a lack of social bonds.

Social bridges
Social bridges are social connections with people of a different background. These relationships connect diverse people or groups. Whilst they are not categorised by the same high levels of trust as social bonds, social bridges are characterised by sufficient trust to enable people to interact and exchange resources. Social bridges provide the route for the sharing of resource and opportunity between people who are dissimilar. Through the mixing, trust and reciprocity is built up. Social segregation is characterised by a lack of social bridges even though strong bonds may be present within a segregated group.

Social links
Social links are connections with institutions, including local and central government services. They refer to ‘vertical’ relationships between people and the institutions of the society in which they live. To live as a full member of society, it is necessary to access rights or services and to fulfil obligations. Social links connect the individual to the power structures of society in both directions, as a contributor (e.g., through voting and paying taxes) as well as a beneficiary (e.g., when needing to access support or care). A sense of alienation may be characterised by a lack of social links.

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What is the FOCUS Approach to Dynamic Integration?

The FOCUS Approach to Dynamic Integration is a practical framework, with the aim of ‘living well together’, making integration more two-way. It is composed of four dimensions: mental health and psychosocial support (MHPSS), multi-stakeholder partnerships & coordination, arriving & receiving communities (including volunteerism), and participatory & co-creative approaches.

What will you find in the FOCUS Implementation guide to Dynamic Integration?

The guide firstly explores different programmatic considerations to strengthen social connections, which is the core idea of dynamic integration. Secondly, it presents key recommendations for project assessment and design, planning and implementation and monitoring and evaluation. Thirdly, it discusses core cross-cutting principles, central to dynamic integration.

This is not a recipe book for ‘successful’ integration, but rather practical guidance, based on the expertise, ideas and experiences of practitioners.

This guide should be read together with the (detailed) FOCUS Approach and its case studies to ensure a common understanding of each FOCUS Approach dimension. You can find all these materials in the FOCUS Living Well Together Resource at: www.focus-refugees.eu/resource/