

Lessons from exchange between refugee support approaches in the field of Access to Employment and MHPSS in Ethiopia, Jordan and the Netherlands

# Learning through international exchange



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This report is part of a research- and exchange project. For the full report see 'Successful elements in refugee support and learning through exchange' and for the report on the literature study see 'Successful elements in refugee support'.

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# 1 General introduction

## Background

Out of an estimated 79.5 million displaced people worldwide, 26 million are refugees<sup>1</sup>. More than 80% of refugees worldwide live in neighbouring countries in their region of origin. In recent years a consensus has emerged globally regarding the desirability of a new approach to the hosting of asylum seekers and refugees<sup>2</sup>. Instead of lengthy stays in camps where asylum seekers and refugees are merely supported in covering their basic needs, people should be given the opportunity to become self-reliable, participate in their host society and work on their future from the outset. To make this possible, it is important to invest in host communities.

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

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

Actors in the Netherlands and in countries in the regions of origin are in constant search for more effective ways of participation and integration of refugees in their societies. The aim of this study is to share available knowledge on interventions in the Netherlands in the fields of access to (durable) employment and MHPSS with actors in the Netherlands, in regions of origin, and in other (host) countries in the world. The study will support sharing of knowledge in these thematic areas between relevant actors, facilitate (mutual) learning and support – where relevant - scaling of (important elements of) these interventions in other parts of the world. This is in line with the commitments expressed in the Global Compact on Refugees<sup>3</sup> to share and exchange knowledge.

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

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

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

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

countries of origin. This report describes the outcomes of one part of the research- and exchange project: the preparations and the outcomes of the international exchange sessions between actors in the Netherlands and in Jordan and Ethiopia, which were held from January to March 2021. Other (separate) publications for this project are (1) a report which includes the outcomes of the literature study, and (2) a report covering both elements of the project: the international exchange and the literature study.

## Methodology

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

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

In this report first the four approaches that were selected for the exchange sessions are presented in chapter 2, followed by the contents, experiences and lessons learned from the exchange sessions between the organisations involved in chapter 3.

## 2 Refugee support approaches involved in the exchange

The Dutch Ministry of Foreign Affairs recognizes that the Netherlands and host countries in refugees' regions of origin face similar challenges and have both learned valuable lessons through years of hosting refugees. Sharing experiences and lessons learned between hosting countries can benefit organisations that are active in both contexts. International interorganisational exchange has been shown to create strongly facilitative conditions for development to take place, both for those participating in the exchange, as well as potential development on a higher, organisational level (Asmoredjo, 2020)<sup>4</sup>. Contrasting foreign aspects of another but related professional context, have been found to trigger change, as they form negative or positive examples in the eyes of the participants. At the same time, a degree of recognition of similarities between contexts is necessary to create a conducive environment for learning to take place. The positive and negative examples that eventually can lead to change have been found to relate to existing problems identified in participants' own context. When groups or teams of professionals participate in an exchange, the within-group dynamic can greatly add to the potential for learning and organisational change. The within-team dynamic can provide internal motivation and a safe, supportive environment to engage in

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

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

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

<sup>4</sup> Asmoredjo, J. (2020). Change through exchange: Exploring the role of international exchange in organisational development of care organisations. Tilburg: Tilburg University.

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

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

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

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

### 2.1.1. Description and background of the approach

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

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

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

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

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

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

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

In the beginning (between 2007-2008) IMC started working with a local NGO that is authorized to work on the primary health side and was providing its services in some specialties in 3 regions (governorates) of Jordan to vulnerable people and refugees. Mental health case management services were added to these specialties. Also, there was a mobile clinic team reaching the refugees who could not reach those specific clinics. The mobile clinic had a case manager or a social worker (the team did not include a psychologist) and they used to diagnose and then refer some cases to one of those three clinics which was composed of a multidisciplinary team. One of the most important problems at the beginning of implementing this approach was that it was new to Jordan and it was not understood among the citizens targeted by the approach. It was also not understood by many workers in the health sector or among employees of organizations operating in Jordan, and this affected the recruitment and employment process in the early stages. Another obstacle was the scarcity of mental health professionals.

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

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

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

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

Refugee camps in Jordan are run by several different organizations, which provide basic services, such as housing and some job opportunities. The situation for refugees living in cities outside the camps is often more difficult and stressful, resulting in high numbers of refugees seeking MHPSS services. IMC is still implementing outreach activities for remote areas without a health facility that provides mental health services. After evaluating the patients' needs by the case managers or social workers, they are transferred to one of the nearby health facilities that provides mental health services.

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

## Challenges

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

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

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

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

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

### 2.1.2. Successful elements of the approach as lessons for other contexts

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

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

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

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

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

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

### 2.2.1. Description and background of the approach

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

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

accessing social support<sup>5</sup>. The PM+ manual was translated/culturally adapted for use among Syrian refugees.

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

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

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

### 2.2.2. Challenges

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

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

<sup>5</sup> A detailed description of PM+ is provided by Dawson et al. (2015): *Problem Management Plus (PM+): a WHO transdiagnostic psychological intervention for common mental health problems*. *World Psychiatry* 14, 354–357.

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

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

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

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

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

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

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

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

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

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

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

## 2.3. Access to employment in Ethiopia: the QEP approach

### 2.3.1. Description and background of the approach

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

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

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

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

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

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

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

### 2.3.2. Challenges

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### 2.4.1. Description and background of the approach

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

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

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

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

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

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

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

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

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

In order to reinforce staff capacity, an intensive, innovative training<sup>6</sup> was developed on how to support refugees on their way towards the labor market and

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

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

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

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

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

#### 2.4.2. Challenges

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

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

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

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

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

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

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

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

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

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

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

Various ideas concerning the transferability of the Amsterdam approach were shared during the interviews. Personal attention and human contact is something universal and can be applied in all contexts. Secondly, many elements of

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

# 3 Learning through exchange

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

## 3.1. Exchange proceedings

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

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

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

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

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

## 3.2. MHPSS exchange

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

IMC Jordan team:

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

PM+, SNTR Rotterdam team:

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

### 3.2.1. Exchange sessions

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

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

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

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

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

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

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

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

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

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

### 3.2.2. Exchange outcomes

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

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

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

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

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

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

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

### 3.3. Access to employment exchange

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

QEP Ethiopia team:

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

Amsterdam Approach team:

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

### 3.3.1. Exchange sessions

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

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

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

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

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

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

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

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

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

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

### 3.3.2. Exchange outcomes

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

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

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

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

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

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

### 3.4. Conclusion

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

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

# Appendix 1: Definitions with regard to MHPSS

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

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

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

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

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

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

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

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

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

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

## COLOPHON

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