

Literature study on lessons learned from Access to Employment and MHPSS approaches in the Netherlands

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

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

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

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

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

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>.

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

Methodology

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

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

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

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

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

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

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

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

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

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

2 Summary Chapter literature study MHPSS

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

1. Prevention

Special attention should be paid to refugees prone to mental health problems, such as unaccompanied minors, adolescents, young adults, single mothers, and those who arrive through family reunification⁸ (Arq Psychotrauma Expert Group, 2016).

Psychoeducation at an early stage

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

⁸ Family reunification is an entry channel enabling those who already reside legally in a EU Member State (referred to as sponsors) to be joined by their family members. See https://ec.europa.eu/home-affairs/what-we-do/policies/legal-migration/family-reunification_en.

Introduction to the (mental) health care system

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

Integration-related activities at an early stage

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

2. Early detection

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

Active outreach

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

Discussing mental health during intake

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

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

Detecting serious mental health problems

Organising a systematic approach for early detection of serious mental health issues is a major challenge. Professionals of the regional public health services (GGD)⁹ can reach a preliminary diagnosis, discuss it with the client and - with their consent – share it with other professionals (Fassaert, Tuinebreijer, Parra Lozano & de Wit, 2018). Refugees should be made aware that mental health problems may only become apparent after a while, learn to pick up on signals and discuss these (Bloemen, et al., 2018).

Making regular inquiries

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

3. Care & support

MHPSS close to the refugees' own setting

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

connected to the general practitioner's practice (in Dutch a 'poh-ggz'), as this may be more easily accepted than (external) psychologists or psychiatrists (Bloemen, 2020; Bloemen et al, 2018)¹⁰. Complex mental problems, such as severe traumatisation, still require referral to specialised institutions.

Taking into account individual preferences

In addition to health care, regular activities that involve engaging with other people contribute to the well-being of refugees (Witkamp et al., 2019) and to strengthening their resilience. When choosing these activities, focusing on individual preferences and abilities is important (Smal & Bloemen, 2019; Bloemen, 2020)¹¹. In this respect, voluntary work is considered an accessible form of MHPSS as it can contribute to the overall health of refugees (Smal & Goorts, 2017).

Involving cultural mediators

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

Involving non-specialised workers

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

⁹ GGD: Gemeentelijke GezondheidsDienst: these services in the Netherlands are responsible for organizing public health activities in municipalities in the Netherlands.

¹⁰ This is line with UNCHR operational guidelines (UNCHR, 2013).

¹¹ In addition, UNCHR operational guidelines stating that psychosocial support activities should also be integrated within other activities for community building, such as recreational activities and vocational training (UNCHR 2013).

4. Professionals with specific expertise

Taking time and building a relationship of trust

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

A culture-sensitive approach

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

Making use of professional interpreters

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

5. Institutional level

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

Integral approach and regional networks

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

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

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

3 Literature study MHPSS

3.1. Introduction

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

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

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

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

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

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

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

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

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

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

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

Refugees who are living in municipalities also go first to the general practitioner in case of (mental) health problems. The general practitioner is responsible for the treatment of mild psychological complaints in collaboration with a mental health professional (poh-ggz). The general practitioner is part of the so called 'primary care' in the Netherlands. All inhabitants in the Netherlands can go to a general practitioner without reference¹². The general practitioner can refer people with moderate to severe mental health problems to basic mental health care facilities or specialized mental health care.¹³

3.2. Prevention

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

¹² Inhabitants of the Netherlands can also go directly (without reference) to the dentist, physiotherapist, social worker or district nurse. <https://www.rijksoverheid.nl/onderwerpen/eerstelijnszorg>.

¹³ <https://www.rijksoverheid.nl/onderwerpen/geestelijke-gezondheidszorg/basis-ggz-en-gespecialiseerde-ggz>.

Within all categories of prevention, it is important to pay attention to specific groups among refugees who are prone to developing mental health problems, such as unaccompanied minors, adolescents, young adults, single mothers, and refugees who came to the Netherlands through family reunification¹⁴ (Arq Psychotrauma Expert Group, 2016). Investing in limiting risk factors and strengthening protective factors can prevent or reduce psychological problems of refugees (Van Berkum et al., 2016). By investing in prevention activities, the need for (specialised) mental health care will be reduced at a later stage (Van Willigen, 2010).

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

Psychoeducation at an early stage

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

Good practice: Mindfit

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

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

¹⁴ Family reunification is an entry channel enabling those who already reside legally in a EU Member State (referred to as sponsors) to be joined by their family members. See https://ec.europa.eu/home-affairs/what-we-do/policies/legal-migration/family-reunification_en.

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

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

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

Introduction to the (mental) health care system

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

Good practice: Mind-Spring

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

The intervention consists of a training course led by a trainer/counsellor with a refugee background, together with a co-trainer from a regional mental health care institution. During training sessions refugees gain insight into the impact of living conditions – current and past - on their psychological functioning. Participants also gain insight into their own identity and strengths. This forms the basis for developing positive coping strategies. Through psychoeducation and practical tips, asylum seekers learn to take matters into their own hands, thereby reducing health problems and worries. During the sessions information about psychological problems and about the (Dutch) healthcare system is shared with participants (Van Berkum et al., 2016).¹⁵

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

Integration-related activities at an early stage

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

¹⁵ For more information see www.loketgezondleven.nl.

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

Promising practice: Getting Started (Aan de slag)

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

The project was implemented from April 2016 to the end of 2019 (Bakker et al., 2018). In this project, the Dutch knowledge platform on (mental) health Pharos worked together with volunteer centres, local social organisations and COA¹⁶. The project has had some successful results in Nijmegen and Utrecht and the idea was to extend activities by the end of 2018 to some 25 municipalities¹⁷.

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

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

<http://aandeslag.info/>

3.3. Early detection

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

Active outreach

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

¹⁶ Het Centraal Orgaan Opvang Asielzoekers (COA): the governmental organisation responsible in the Netherlands for providing housing to asylum seekers (through reception centres) and for providing support to refugees in these refugee centres.

¹⁷ <https://www.kis.nl/interventie/aan-de-slag>.

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

Discussing mental health during intake

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

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

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

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

One of the instruments for assessment used by various municipalities in the Netherlands is the online **PPS-V assessment tool** which has been developed on the basis of the Personal Profile Scan (PPS) (Smal & Goorts, 2017). The tool can be used during an intake by a coach or reintegration professional as it can support in getting a first impression of the refugee^{18 19}.

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

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

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

¹⁸ <https://noa-vu.com/producten/online-tests/re-integratietests/persoonsprofielscan-vluchtelingen/>.

¹⁹ Some municipalities (including the municipality of Amsterdam) are more critical of the assessment results with regards to personality and competences section of the PPS-V assessment tool, as the results often do not correspond with their own impression of the refugee during the intake. An assessment alone seems insufficient to paint a complete picture of the individual status holder (Razenberg et al., 2021).

Promising practice: MIRROR Refugee app

The web-based MIRROR Refugee app²⁰ is a digital tool available in Dutch and English, which can support in making a first estimate of risk factors and the level of resilience of refugees who experience or have experienced major (traumatic) events. After responding to the questions in the app, it provides personalised advice and - where necessary – guidance to specific additional support. Apart from an app for adults, there are apps for young people (13-18 years) and for children (4-12 years). Volunteers need to be trained in how to use the app before starting to work with it²¹.

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

Detecting serious mental health problems

Organising a systematic approach for early detection of serious psychological problems (such as depression, post-traumatic stress disorder, psychotic disorders and addiction) is a major challenge (Fassaert et al., 2018). In order to reach a preliminary diagnosis, professionals of the regional public health services in the Netherlands (GGD)²² can hold one or two interviews. In a semi-structured interview, all areas of life will be discussed, if necessary with the help of an interpreter. The conclusions are discussed with the client and - with the client's consent - (partially) shared with others (Fassaert et al., 2018).

²⁰ In Dutch: MIRROR Vluchtelingen app. For more information, see: https://www.arq.org/sites/default/files/domain-9/documents/gebruiksvoorwaarden_mirror_vluchtelingen_arq_psychotrauma_expert_groep_oktober_2016-9-14781142272128112282.pdf.

²¹ Source: <https://migratie.arq.org/projecten/vroegsignalering-den-haag>.

²² GGD: Gemeentelijke GezondheidsDienst: these services in the Netherlands are responsible for organizing public health activities in municipalities in the Netherlands.

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

Making regular inquiries

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

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

3.4. Care & support

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

MHPSS close to the refugees' own setting

Accessible and short-term psychological support provided by a mental health professional connected to the general practitioner's practice (in Dutch a 'poh-ggz'), may be more easily accepted by refugees than referral to an (external) psychologist or psychiatrist (Bloemen, 2020). It is therefore important to – where possible – provide psychosocial support and mental health care close to the refugees' own setting (Bloemen, 2020; Bloemen et al., 2018)²³. A counselor has an important role in providing additional information about mental health care, by finding the right people who can assist in finding the right (mental health) care (Bloemen, 2020). Complex mental problems, such as severe trauma, still require referral to specialised national institutes.

Taking into account individual preferences

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

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

When giving concrete advice on these types of activities, for example in activation and participation, sports and exercise, music, creativity, social contacts and finding support in religion, the person's preferences should be taken into account (Bloemen, 2020)²⁴. Voluntary work is considered an accessible form of MHPSS support as it can contribute to (an improvement of) the health situation of refugees (Smal & Goorts, 2017).

Involving cultural mediators

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

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

²³ This is line with UNCHR operational guidelines (UNCHR, 2013).

²⁴ In addition, UNCHR operational guidelines stating that psychosocial support activities should also be integrated within other activities for community building, such as recreational activities and vocational training (UNCHR 2013).

Involving non-specialised workers

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

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

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

Promising practice: 7ROSES

7ROSES (Recovery Oriented Survivor Empowerment Strategies) is an accessible method focussed on empowerment. The intervention was developed by Arq National Psychotrauma Center and its objective is strengthening people after having been exposed to shocking life events²⁵. The toolkit of the 7ROSES method includes the outline for 16 sessions and builds on tried-and-tested empowerment methodologies and methodologies from Acceptance and Commitment

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

Therapy (ACT) and Systematic Rehabilitation-Oriented Action (SRH)^{26 27 28}.

The starting point of the 7ROSES method is to encourage participants to take (again) an active role in their own recovery. At the start of each session, participants decide which of the seven 'pillars' are important to them at that moment. The methodology is implemented via sessions of 1 hour (individual) or of 2,5 hours (group). The frequency of the sessions and the total number of sessions are adjusted to the setting. If applicable, interpreters take part in the sessions. The content of the sessions can also be adapted to the participants²⁹.

7ROSES is designed in such a way that the method can be applied in different contexts; it can be implemented inside or outside (mental) healthcare structures, through the involvement of social institutions, and in reception centers for asylum seekers. Different target groups may benefit from 7ROSES: participants of various origins and cultures, group or individual, and before, during or after treatment.³⁰

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

26 In Dutch: Systematisch Rehabilitatiegericht Handelen (SRH).

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

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

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

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

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

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

3.5. Professionals with specific expertise

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

Taking time and building a relationship of trust

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

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

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

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

Promising practice: Photovoice

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

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

A culture-sensitive approach

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

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

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

Promising practice: Cultural interview

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

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

Making use of professional interpreters

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

3.6. Institutional level

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

Integral approach and regional networks

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

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

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

Good coordination and collaboration between (health and non-health) professionals and volunteers in support for individual refugees is important (Bloemen, 2018; Fransen, et al., 2017; Smal & Goorts, 2017; Tinnemans et al., 2020; van

Beelen, 2016). Sharing of information will contribute to early detection of (mental) health problems and/or need for psychosocial support, and is especially important in complex situations (Bloemen, 2020; Razenberg & Asmoredjo, 2019; Smal & Bloemen, 2019; Van Es et al., 2019). Including non-health professionals (for example language school teachers and social workers) will strengthen early detection (Smal & Goorts, 2017).

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

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

Promising practice: social map

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

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

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

4 Summary Chapter

literature study Access to Employment

In our literature study on access to employment for refugees, we distinguished four levels of analysis for describing successful elements: 1) competences and skills of refugees, 2) social network, 3) job matching, and 4) support by municipalities.³¹ The elements described at each level are the ones most mentioned in the literature.

1. Competences and skills of refugees

Learning the language as soon as possible

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

³¹ In the Dutch context of the integration process of refugees a major change is the new Civic Integration Act that will be in place in the Netherlands from 1st of January 2022 onwards. This is important for the labour market participation of refugees, because it will change the role and the responsibilities of municipalities with respect of refugees. The law will give Dutch municipalities more possibilities in supporting refugees to access to the labour market.

Tests or assessments

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

Practising job interviews

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

Voluntary work or internships with a focus on work

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

Managing expectations

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

2. Social network

Building social networks

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

Weak ties and buddies, role models and key figures

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

3. Job matching

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

Matching events or other meetings

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

'Jobhunters' or work coaches

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

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

4. Support by municipalities

Creating a relationship of trust

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

Integral approach

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

Fast-track integration approach

Fast-track integration trajectories to support refugees entering the labour market are considered important (Garic & de Vries, 2019; Kok, van der Linden, & Dagevos, 2020; Oostveen et al., 2019a; SER, 2019; Tinnemans, Van Gent, Avric, & De Groot, 2020). Already the WRR³² strongly advised that learning the

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

Dual trajectories

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

32 WRR: a scientific council for government policy .

5 Literature Study Access to Employment

5.1. Introduction

In this chapter we will provide an overview of successful elements and good and promising practices in the field of access to (durable) employment for refugees in the Netherlands, as emerging from our literature study. We use the following definition of paid labour: 'to do a paid job, as an employee or as a self-employed person'³³. The aim of the chapter is to support a process of mutual learning and show (potential) scaling of successful (elements of) interventions.

We have distinguished four levels of analysis for describing successful elements of access to the labour market for refugees. These are: 1) competences and skills of refugees, 2) social network, 3) job matching and 4) support by municipalities.³⁴ For each level we describe successful elements and provide available good and promising practices. A 'good practice' is an intervention which has been classified as an effective intervention or an intervention with positive results for which an effect study and/or in-depth explanatory study is available.³⁵ A 'promising practice' is a practice for which no effect study or other (in-depth)

³³ See <https://www.cbs.nl/nl-nl/onze-diensten/methoden/begrippen/betaald-werk>.

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

³⁵ We defined a good practise on the basis of a level 4 or level 3 study, see appendix 3.

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

This literature review is based on studies on access to employment assembled by the Knowledge Platform Integration & Society (KIS), an overview report by the Social and Economic Council of the Netherlands³⁶ (SER, 2019); and the Terms of Reference (ToR) for the assignment by MFA-NL. We included relevant studies by research institutes in the Netherlands (Movisie, Regioplan, Significant, the Verwey-Jonker Institute and universities (Radboud University and University of applied sciences Windesheim)) and the most recent publications (from mid-2019) based on an internet search, google scholar, and World cat (through university search engine of University Leiden)³⁷ and relevant recent (synthesis) studies published in 2020. We also took into account the suggestions by the Reference Group.

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

³⁶ The Social and Economic Council of the Netherlands (SER) is an advisory body in which employers, employees and independent experts (Crown-appointed members) work together to reach agreement on key social and economic issues.

³⁷ The following combinations of search terms were used: 'refugees and/or asylum seekers' and '(effective) interventions'. And 'refugees and/or asylum seekers' and 'work'. And 'refugees and/or asylum seekers' and 'support to employment'.

5.2. Competences and skills of refugees

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

Learning the language as soon as possible

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

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

Good practice: Taalboost in Amsterdam

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

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

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

Tests or assessments

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

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

Practising job interviews

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

Good practice: Refugees Invest in Participation (VIP)

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

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

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

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

Voluntary work or internships with a focus on work

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

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

Good practice: Piëzo method

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

The intervention has been developed in 2006 and consist of five (chronological) phases whereby participants focus on learning the language, doing voluntary work focused on learning³⁸ (in a safe environment, mostly at the Piëzo centre), and participating in vocational training (for example at a regional vocational training centre). During each phase, a staff member is responsible for monitoring the development of the participant and checking if any blockages occur in the process.

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

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

³⁸ Also called: lerend vrijwilligerswerk.

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

Good practice: Traineeships with local entrepreneurs and organisations by NewBees

NewBees is an organisation, based in seven cities throughout the Netherlands³⁹, that matches newcomers with local entrepreneurs and organisations through suitable traineeships: a temporary position with a local organisation or company.

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

Research shows that the traineeships of the organisation have a

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

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

Managing expectations

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

³⁹ The seven NewBees offices are located in: Amsterdam, Zaanstad, Amersfoort, Utrecht, Rotterdam, Leeuwarden and Arnhem.

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

One of the ways to manage expectations is by sketching a trajectory from 'bread job' to 'dream job'⁴⁰. This means a refugee tries to find a job in the sector he or she is interested, but at a lower-level than what the person aims for. Once they are working in their 'bread job', they are stimulated and supported to further develop towards their 'dream job'. This requires long-term tailor-made support, continuing after someone has already found (paid) work.

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

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

5.3. Social network

Building social networks

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

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

40 Some municipalities refer to Plan A and Plan B.

Weak ties and buddies, role models and key figures

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

5.4. Job matching

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

Matching events or other meetings

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

Promising practice: Meet and greet by Refugee Talent Hub

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

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

'Jobhunters' or work coaches

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

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

Good practice: Jobhunters of the municipality of Amsterdam

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

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

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

5.5. Support by municipalities

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

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

Creating a relationship of trust

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

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

Integral approach

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

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

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

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

Fast-track integration approach

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

support refugees in entering the labour market (Garic & de Vries, 2019; Kok et al., 2020; Oostveen et al., 2019a; SER, 2019; Tinnemans et al., 2020). As early as 2015, the WRR, a scientific council for government policy⁴¹, strongly advised that interventions ensure that learning the language, finding a job and completing the civic integration programme take place at the same time, instead of consecutively (Engbersen et al., 2015).

41 WRR: *Wetenschappelijke Raad voor het Regeringsbeleid*.

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

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

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

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

Dual trajectories

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

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

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

In 2016, the municipality of Almere started an integral approach for the integration process of refugees, which is called 'From refugee to citizen of Almere'⁴². Various (pilot) processes and instruments have been developed. In this approach, support in learning the language and in integrating in society⁴³ are integrated or combined with support to find (paid) work, an education, or (other forms of) participation. Processes and instruments within this approach are continuously adjusted on the basis of experiences of municipal professionals and participants (Damen, Van Pelt, & Pouwels, 2020).

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

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

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

⁴² 'Van Vluchteling Naar Almeerder'.

⁴³ In Dutch: 'inburgering'.

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.

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

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

⁴⁴ Retrieved from https://www.coa.nl/sites/default/files/2020-01/factsheet_gezondheidszorg_voor_asielzoekers_in_nederland_O.pdf.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 3: Classification references literature study MHPSS

The studies which have been referred to in this literature study have been classified in five different categories (study level 1 to level 4 or other). This categorisation further builds on the existing ZonMw classification system for (effective) interventions. ZonMw is an institution in the Netherlands which funds (scientific) research in the field of health and access to employment. Several publications used for this research have been funded by ZonMw.⁴⁵ Below we first present the categories of the categorisation, followed by a list of references and how they have been categorised for this study.

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

⁴⁵ This research has been funded through the programme 'Vakkundig aan het Werk'. See for more information: <https://www.zonmw.nl/en>.

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

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

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

Appendix 4: References

literature study Access to Employment

- Bakker, L., Bekkers, R., Reitsma, J., Sederel, C., Smets, P., & Younes, Y. (2018). *Vrijwilligerswerk: stimulans voor tijdige participatie en integratie? Monitor- en evaluatie onderzoek vrijwilligerswerk door asielzoekers en statushouders die in de opvang verblijven*. Barneveld, Significant.
- Booijink, M., Stavenuiter M., & Taouanza, I. (2017). *Werkend leren als opstap naar werk voor vluchtelingen, handreiking voor de begeleiding van vrijwilligerswerk, taalstages en werk-ervaringsplaatsen*. Utrecht: Kennisplatform Integratie & Samenleving.
- Correa-Velez, I., Barnett, A. G., & Gifford, S. (2015). Working for a better life: Longitudinal evidence on the predictors of employment among recently arrived refugee migrant men living in Australia. *International Migration*, 53(2), 321–337. DOI: 10.1111/imig.12099
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- Damen, H., Van Pelt, S., & Pouwels, B. (2020). *Van vluchteling naar Almeerder: wat werkt? Deel 3: Eindrapport*. Nijmegen: Bureau Pouwels.
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Razenberg, I. & De Gruijter, M. (2020). *Monitor Gemeentelijk Beleid Arbeidstoeleiding Statushouders*. Utrecht: Kennisplatform Integratie & Samenleving.

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

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

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

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

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

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

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

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

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

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

Appendix 5: Classification references literature study Access to Employment

The studies which have been referred to in this literature study have been classified in five different categories (study level 1 to level 4 or other). This categorisation further builds on the existing ZonMw classification system for (effective) interventions. ZonMw is an institution in the Netherlands which funds (scientific) research in the field of health and access to employment. Several publications used for this research have been funded by ZonMw.⁴⁶ Below we first present the categories of the categorisation, followed by a list of references and how they have been categorised for this study.

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

⁴⁶ Through the programme 'Vakkundig aan het Werk'. See for more information: <https://www.zonmw.nl/en>.

Reference	Category
Bakker, L., Bekkers, R., Reitsma, J., Sederel, C., Smets, P., & Younes, Y. (2018). <i>Vrijwilligerswerk: stimulans voor tijdige participatie en integratie? Monitor- en evaluatie onderzoek vrijwilligerswerk door asielzoekers en statushouders die in de opvang verblijven</i> . Barneveld, Significant.	Study level 2
Booijink, M., Stavenuit M., Taouanza, I. (2017). <i>Werkend leren als opstap naar werk voor vluchtelingen, handreiking voor de begeleiding van vrijwilligerswerk, taalstages en werkervaringsplaatsen</i> . Utrecht: Kennisplatform Integratie & Samenleving.	Other (guidelines)
Correa-Velez, I., Barnett, A. G., & Gifford, S. (2015). Working for a better life: Longitudinal evidence on the predictors of employment among recently arrived refugee migrant men living in Australia. <i>International Migration</i> , 53(2), 321–337. DOI: 10.1111/imig.12099	Study level 3
Dagevos, J., Huijink, W., Maliepaard, M., & Miltenburg, E. (2018). <i>Syriërs in Nederland. Een studie over de eerste jaren van hun leven in Nederland</i> . Den Haag: Sociaal en Cultureel Planbureau.	Other (descriptive study on the basis of survey)
Dagevos, J., Klaver, J., Dekker, R., Geuijen, C.H.M., & Ode, A. (2019). <i>Leren en werken voor vluchtelingen: Beleid en interventies in drie grote gemeenten. Beleid En Maatschappij</i> , 46(1), 43-64. DOI: 10.5553/BenM/138900692019046001005	Other (overview of good and promising practises)
Damen, H., Van Pelt, S., & Pouwels, B. (2020). <i>Van vluchteling naar Almeerder: wat werkt? Deel 3: Eindrapport</i> . Nijmegen: Bureau Pouwels.	Study level 3
De Gruijter, M., Razenberg, I., & Tinnemans, K. (2019). <i>Monitor Gemeentelijk Beleid Arbeidstoeileiding Statushouders</i> . Utrecht: Kennisplatform Integratie & Samenleving.	Other (annual survey)
De Jong, M., Nijhoff, K., Wilbrink, D., Sjoer, E., De Vries, S., & Biemans, P. (2019). <i>Syrische vluchtelingen aan het werk. Eindrapportage en onderzoekverantwoording</i> . Zwolle: Windesheim.	Study level 2
De Vroome, T., & Van Tubergen, F. (2010). The employment experience of refugees in the Netherlands. <i>International Migration Review</i> , 44(2), 376–403. DOI: 10.1111/j.1747-7379.2010.00810.x	Study level 2
Desiderio, M. V. (2016). <i>Integrating Refugees into Host Country Labor Markets: Challenges and Policy Options</i> . Washington, DC: Migration Policy Institute.	Study level 2
Engbersen, G., Dagevos, J., Jennissen, R., Bakker, L., & Leerkes, A. (2015). <i>WRR-Policy Brief 4. Geen tijd verliezen: van opvang naar integratie van asielmigranten</i> . Den Haag: WRR.	Other (policy brief)
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Appendix 6: Overview of practices MHPSS and Access to Employment

Good and promising practices MHPSS

Prevention

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

Early detection

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

Care & support

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

Professionals with specific expertise

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

Institutional level

- Promising practice: [Social map](#)

Good and promising practises Access to Employment

Competences and skills of refugees

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

Social network

Job matching

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

Support by municipalities

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

COLOPHON

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