



FOCUS Deliverable 5.1: Results and findings of integration practice case studies

Project title: Forced displacement and refugee-host community solidarity (FOCUS)

Funding scheme: Research and Innovation Action (RIA)

Project ID: H2020 822401

Project period: 1.1.2019 – 30.06.2022

Coordinator: Sabina Dziadecka Gråbæk; sagra@rodekors.dk; phone +45 3169 6540

EC Project Officer: Luis Garcia Dominguez; Luis.GARCIA-DOMINGUEZ@ec.europa.eu; phone +32 2 299 1111

Work package: WP5

Deliverable: D5.1

Due date of deliverable: 30/11/2021

Actual submission date: 07/02/2022

Authors: Michelle Engels, Anouk Boschma, Sabina Dziadecka Gråbæk

Version	Date	Remark
1	28/01/2022	First draft by DRC
2	03/02/2022	Review by Q4
3	07/02/2022	Final version by DRC

Project funded by the European Commission within the Horizon 2020 research and innovation programme under Grant Agreement No 822401		
Dissemination Level		
PU	Public	
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	

Content

Executive Summary 4

1. Introduction	5
1.1. Objectives	5
1.2. Defining and Sensitizing Concepts	7
1.3. The FOCUS Approach to dynamic integration and its components	11
2. WP5 Design and Methodology	16
2.1. Design process	16
2.2. Ethical considerations	18
2.3. WP 5 Methodology	21
3. Case Study Findings	25
3.1. General findings	25
3.2. Case study specific findings	30
3.3. Limitations of the case study work	48
3.4. Recommendations	50

Annexes:

- Annex 1 – Illustrative case studies in Denmark, Sweden, Austria, UK and Germany
- Annex 2 – FOCUS Screening criteria for WP5 case studies
- Annex 3 – Informed Consensus Project Coordinator
- Annex 4 – Information Sheet Project Coordinator
- Annex 5 – Informed consent form Key Informant Interview
- Annex 6 – Information sheet Key Informant Interview
- Annex 7 – FOCUS ethics and data management plan
- Annex 8 – Pilot methodology ethical approval received
- Annex 9 – Certificate of good standing University of Innsbruck
- Annex 10 – Revised WP5 methodology
- Annex 11 – FOCUS Case Study Ethical Approval WP5
- Annex 12 – FOCUS Key informant interview questions
- Annex 13 – FOCUS Program Manager - Coordinator survey
- Annex 14 – Example of FOCUS group discussion questions
- Annex 15 - FOCUS - Facilitator Volunteer survey
- Annex 16 – FOCUS - FOCUS End User Committee - Terms of Reference
- Annex 17 – FOCUS – FOCUS methodology: relation between the case studies and consultation process

Abbreviations

AC	Arriving communities
AMIF	Asylum, Migration and Integration Fund
ARC	Austrian Red Cross
BAfF	Bundesweite Arbeitsgemeinschaft Psychosozialer Zentren für Flüchtlinge und Folteropfer e.V.
BRC	British Red Cross
CHC	Civic and Health Communicators
DRC	Danish Red Cross
DoA	Description of Action
EAB	Ethics Advisory Board
EC	European Commission
EU	European Union
EUC	End User Committee
FOCUS	Forced displacement and refugee-host community solidarity
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organisation for Migration
IP	Integration practice
KII	Key Informant Interview
LAN	Partnership Skåne
MHPSS	Mental Health and psychosocial support
PDSA	Plan Do Study Act
PSC	IFRC Reference Centre for Psychosocial Support
RC	Receiving communities
UK	The United Kingdom
WP	Work package

List of figures

Figure 1 FOCUS WP5 objectives overview.....	7
Figure 2 FOCUS Approach- definition building blocks	13
Figure 3 A conceptual framework defining core domains of integration	17
Figure 4 The three-phased participatory action research design to identify contributing factors to dynamic integration	18

Executive Summary

The scale of forced migration to Europe as a result of the Syrian civil war, together with the political and economic context in Europe, ensured that the integration of refugees received significantly more attention than before. Many predictions of the likely impact of the migration were made within a frequently highly polarised discourse. At the same time both the European Union and its member states acknowledged the importance of integration policies.

It is against this background that the FOCUS project has been designed to broaden and deepen understanding of integration dynamics 6-8 years after this major increase in refugees seeking protection in Europe and to link this to aiding more effective integration policy and programme development.

FOCUS has undertaken major quantitative and qualitative studies in a number of countries designed to explore the reality of dynamic 2-way integration, the core objective of EU integration policy. In addition to this research stream, FOCUS is implementing a **practice stream** designed to help bridge acknowledged research-policy-practice gaps with accessible and useful materials. At the centre of this is the detailing of a practical approach to the design, implementation, and evaluation of dynamic integration practice, based on evidence of how to enhance facilitators and address barriers.

Following extensive reviews of integration literature and a lengthy process of engagements with integration service providers in a detailed iterative consultation co-creative process which was designed to ensure that outputs are as accessible and as useful as possible. 12 organisations including non-government organisations, diaspora organizations, refugee-led network, IOM, municipal integration policy department (City of Stuttgart) and regional county administrative board (Partnership Skåne), have contributed to co-creation of FOCUS's practice-oriented work stream. As a result of this cooperation the **FOCUS Approach to Dynamic Integration** has been developed. The core objective of this document is to set out a process of practice case studies to both validate the FOCUS Approach as being relevant and useful, and to refine its different elements.

The **case study approach** marks a major departure from the original plan to implement pilot studies. Pandemic-related measures made this impossible. In order to ensure that validation of the Approach was still carried out, five partners in five different countries agreed to undertake case-study reviews. Each of the case studies deals with a distinct approach and scale of programme – ranging from an entirely new small-scale initiative to develop refugee-relevant podcasts to a systematic attempt to include mental health and psycho-social supports within a large scale, multi-stakeholder regional refugee support programme.

The case studies provided validation for the use of the Approach to guide the design, implementation and evaluation of integration practice and recommended a series of changes to the specific elements of the Approach:

- Volunteerism should be incorporated with the pillar 'Arriving and Receiving Communities'.
- Socioeconomic factors should be more prominent due to the urgency and relevance which they have for participants in programmes.
- The role of advocacy should be addressed

Mental Health and Psychosocial Support (MHPSS)

- MHPSS should not be focused on specialised, stand-alone services. As such, the Approach should more prominently emphasise practices which are integrated and multi-layered.

- Power dynamics and service accessibility need to be considered in the provision of MHPSS specialist services.

Receiving and Arriving Communities (including volunteerism)

- It is important to move people beyond the ‘helper-recipient of care’ dynamic.
- The increased engagement of the receiving community is a consistent issue and should be acknowledged as such. Where appropriate this should involve greater engagement with structural issues such as racism.
- Volunteerism is highly relevant and applies to both communities.

Partnerships & Multi-Stakeholder Participation

- Advocacy initiatives (including a wide group of stakeholders) which aim to facilitate equity should be included.
- Intersectoral cooperation which seeks a diverse range of actors across socioeconomic and psychosocial domains should be highlighted.

Participatory and Co-creative Approaches

- It is important to understand that participants in a co-creative process often require support as they are not familiar with how to meaningfully engage.
- The benefits of participatory and co-creative approaches can be shown at all stages of program cycle and not just the early design stages.

Overall, the spotlight on key areas requires further explanation in the *Implementation Guidance* which is to be finalised in the coming months.

Following this document, updates to the Approach and Implementation Guidance are being addressed through engagement with end-user organisations and representatives. These will be completed in the coming months and published.

1. Introduction

1.1. Objectives

FOCUS aims to make an impact on both research and practice by understanding and improving the dynamics of integration, with a special emphasis on how psychological and social factors influence integration. The current work package (WP5) of the FOCUS project explores promising practices that are thought to contribute to dynamic integration by highlighting case studies of ongoing work being conducted in Denmark, Austria, the United Kingdom, Germany, and Sweden. The case studies were designed to exemplify and build on the knowledge gained from the preceding FOCUS work packages.

As stipulated in the FOCUS Description of Action (DoA), the main WP5 objective was to develop and pilot test solutions to foster peaceful coexistence between refugees and host communities. The impact of COVID-19 on the planned tests was very significant and led to methodology modifications described below. As a result, the overall objective of fostering peaceful coexistence between arriving and receiving communities will be achieved by critically investigating an innovation portfolio inclusive of case studies and a practical approach towards dynamic integration, a core priority for EU policy as set out in the *Action Plan for Migration & Asylum*. Case studies will be consolidated with support from five implementing organisations and explore the feasibility of practices and an approach to dynamic

integration, including the acceptability, practicality, and integration with existing practices, services and supports.

At the outset of the FOCUS project, the envisaged mechanism of action to achieve the specific WP5 objective built upon the state-of-art research and mapping of existing practical toolboxes and approaches in WP2 and field research in WP4 to identify and analyse opportunities, challenges, and existing solutions for integration, and translate the findings into innovative solutions for integration that can be deployed in diverse settings. The current mechanism of action employed to achieve WP5 objectives does not broadly differ from the original point of departure. Due to COVID-19 related disruptions, the field research (WP4) was conducted concurrently with WP5 work which led to the need to learn from preliminary data available rather than the full analysis. Some core themes were evident in preliminary analysis, which included: the need for receiving community engagement; the need for increased understanding of the concept of 'dynamic integration' as a shared responsibility; the importance of addressing racism and discrimination; the need for multistakeholder engagement to address a wide variety of socio-economic needs, and the importance for established indicators and measurement tools for integration practitioners (highlighted during the mapping and initial consultations with stakeholders). This has led to the redesigning of the case study methodology to capture the main features of the FOCUS Approach to Dynamic Integration.

To date, through a combination of a mapping of existing research (WP2) and multi-site field research (WP4), FOCUS has explored the socio-psychological dimensions of intergroup relations between arriving communities (AC) and receiving communities (RC) and the socio-economic integration of AC members and the consequences of this to host societies. This knowledge has been used to inform the development of a practical **FOCUS Approach to Dynamic Integration**, a framework that aims to strengthen existing promising integration practices (IPs). The case studies presented in this report aim to explore the alignment of existing promising practices with the FOCUS Approach to Dynamic Integration and aim to further elucidate the Approach itself to ensure its relevance and acceptance in the practical work on site.

The overview of FOCUS WP5 objectives is illustrated below:

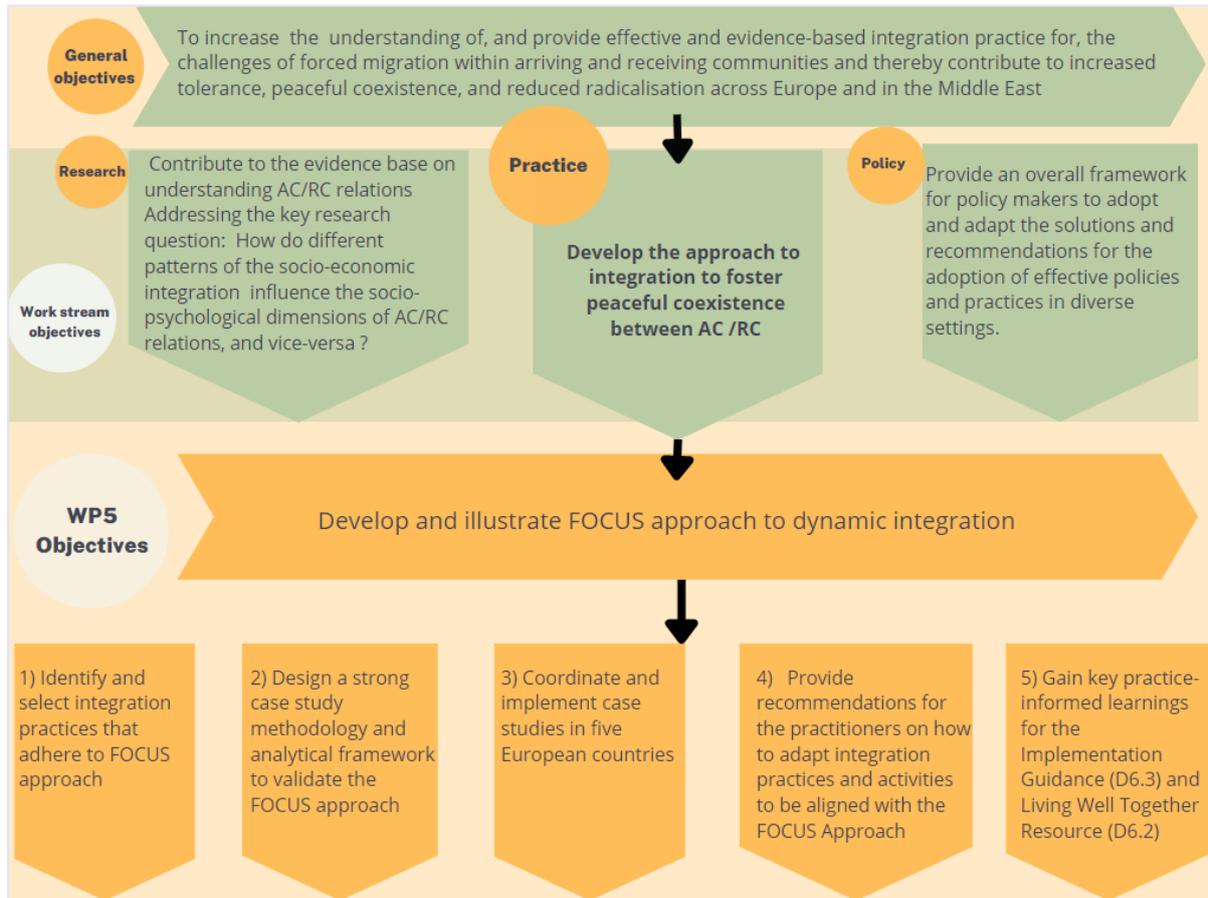


Figure 1 FOCUS WP5 objectives overview

As a consequence of the adjustments, the specific objectives of the FOCUS Approach case studies and WP5 activities were established as follows:

- 1) Identify and select integration practices that adhere to FOCUS Approach
- 2) Design a strong case study methodology to test the FOCUS Approach
- 3) Coordinate and implement case studies in five European countries
- 4) Provide recommendations for the practitioners on how to adapt integration practices and/ or activities to be better aligned with the FOCUS Approach
- 5) Gain key practice-informed learnings for the *Implementation Guidance* (D6.3) and *Living Well Together Resource* (D6.2)

1.2. Defining and Sensitizing Concepts

Change of narrative in FOCUS project

A core principle of FOCUS is that it will respond to ongoing interaction with policy and practice integration experts. This has had a substantial positive impact in shaping this and other outputs.

Findings from the WP2 mapping exercise, in conjunction with preliminary findings from the WP4 research, helped to refine a more nuanced understanding of dynamic integration and ultimately shaped the intended deliverables of WP5 to be more in line with feedback received from potential end-users. The following section aims to highlight core terminology that provides the necessary context for the remainder of this report and elucidates the evolution of core concepts relevant to the deliverables of WP5.

Dynamic integration

For the purposes of this report, in line with the EU context and agreed upon EC definitions, dynamic integration is defined as a dynamic, two-way process of mutual accommodation by all immigrants and residents of EU Member States¹. The findings of the mapping² exercise conducted in WP2 outlined the clear need to conceptualise integration as a dynamic, two-way process that should involve intergroup contact opportunities between host community and refugee/migrant communities, moving away from prevalent models focusing on processes of acculturation that are more one-directional in nature. Integration is multi-dimensional, as it depends on multiple factors encompassing access to resources and opportunities as well as social mixing. It is multi-directional, as it involves adjustments by everyone in society. Integration depends on everyone taking responsibility for their own contribution including newcomers, receiving communities and government at all levels. Lastly, it is context specific and needs to be understood and planned in relation to its particular context and within a bespoke timeframe³.

Arriving and receiving communities

The mapping exercise and research conducted in WP2 and feedback from respondents of WP4 qualitative and quantitative work, revealed that current terminology prevalent within the field relating to the host community and refugee/migrant community, did not adequately reflect the dynamic nature of integration, in that refugee/migrant community members can themselves become part of the host community over time. To better acknowledge this (possible) shift in dynamic and to avoid the continued debates that prevail regarding terminology, the terms receiving (indicative of host community) and arriving (indicative and inclusive of refugee and migrant communities) were developed and used throughout the FOCUS project. Initial versions labelled receiving communities as ‘welcoming communities’ however this term was intentionally changed to reflect the reality (confirmed during the WP4 research) that not all receiving communities are ‘welcoming’ in nature and in fact barriers exist in the form of systemic racism and other forms of biases against arriving community members. The importance of nuanced language is again highlighted in the developed FOCUS Approach to Dynamic Integration that forms a component of the FOCUS Living Well Together Resource and represents a key deliverable in WP6 that directly results from the work conducted in WP5.

The Living Well Together Resource

Formally referred to in the WP5 and WP6 description of action as ‘Refugee and host community toolbox’, the conceived *Living Well Together Resource* represents one of the most significant outputs of FOCUS, an online practical guide, designed to support local policy makers, organisations involved in dynamic integration work, and communities to better understand important contributing factors to

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52005DC0389&from=DE>

² FOCUS D2.1 Mapping of host community/refugee relations

³ UK Home Office Indicators of Integration framework 2019 third edition

dynamic integration, to provide guidance on its operationalisation and enable access to further information and support.

The shift in focus from the creation of a toolbox to instead that of a resource was a direct response to very clear feedback received from end-user practitioners consulted local policy makers and practitioners during a workshop in March 2019 in Copenhagen. Participants noted that rather than a toolbox with suggested integration practices, of which several exist already including the European Website on Integration, a 'resource' is needed that provides guidance on 'how' practices can be adapted to include core elements of innovation (such as MHPSS, participatory approach etc) in dynamic integration measures. Practitioners noted that promising integration practices should be included as illustrative examples, however the emphasis should be more on how to adapt existing practices to be better aligned with an overall, more programmatic, approach to dynamic integration. Further, the importance of simplifying such a resource was emphasised by the practitioners to ensure small groups of volunteers with little funding would be able to take the resource and try out some of the practices and evaluation techniques. This feedback was also evident in the qualitative study of the view of senior integration policy and practice leaders conducted by FOCUS.

Implementation Guidance

The implementation guidance takes place of the adaptation guidance that was initially envisaged as a key WP6 deliverable in the FOCUS project. Given contextual, cultural and language adaptation into the various EU languages is likely not feasible, nor helpful as contextual adaptations may differ within each country (e.g. rural versus urban settings) and cultural adaptations would differ depending on the arriving community targeted, a more useful and effective approach emerged that implementation guidance would be drafted that would provide overarching principles and actionable steps to support integration focused programming throughout the EU. Further, consultations with the FOCUS Advisory Board revealed that implementation guidance needed to be practical in nature, focusing on 'what, why and how much' and that more guidance is needed on 'how' practices in dynamic integration can be created to optimise reach and impact.

Building on the FOCUS Approach, practice-informed conceptual and scientific frameworks for integration and learning from the research of WP2 and WP4, implementation guidance is proposed to be developed in WP6 through a multi-phased consultation and co-creative process (designed during the methodology development of WP5) that captures the experience and expertise of key stakeholders including integration practitioners, members of the receiving and arriving community and policy makers. The consultation and co-creative process will lead to the finalisation of implementation guidance that helps to operationalise the FOCUS Approach to Dynamic Integration. The implementation guidance will be issued in the form of a pdf document, available for download on the FOCUS public website and disseminated through various platforms. It will be included in the *Living Well Together Resource* (D6.2).

Integration Practices

The WP5 description of action (DoA) outlines that integration 'solutions' will be pilot tested for inclusion in the previously anticipated 'refugee and host community toolbox'. Following feedback from last periodic review, through the various FOCUS work streams the terminology of 'solutions' was actively shifted towards the preferred term, 'practice'. The current report instead focuses on the exploration of

integration practices (IPs) rather than integration ‘solutions’. This shift in terminology reflects various consultations and dialogue that occurred as part of WP2, WP4 and through various consortium meetings and discussions with the FOCUS Advisory Board, all of which overwhelmingly noted that ‘successful’ integration is difficult to define and measure and impossible to achieve through short-term action. Rather, means and markers of integration are emphasised (in accordance with the Ager & Strang, 2008 theoretical framework and its current form the UK Home Office 2019 Indicators of Integration Framework) and integration practices are viewed as short- to medium-term actions that, combined with a more holistic approach (as highlighted through the FOCUS Approach), can support work towards dynamic integration. Examples of integration practices are explored through case studies in WP5.

Case Studies

The WP5 DoA outlined that pilot tests would be conducted in five sites, culminating in a ‘pilot test results and findings report’ (D5.1). The current report D5.1 rather refers to ‘results and findings of integration practice case studies’ to reflect the case studies that were conducted in place of the previously proposed pilot tests. The reality of restrictions and limited contacts possible from March 2020 onwards made the earlier approach impossible to implement. A new approach was developed due to these pandemic-related impacts and feedback received from practitioners who emphasised the importance of engaging in a participatory and co-creative process to arrive at a more practically useful result by continuously reviewing the development of the work in WP5 with practitioners.

With respect to the limitations posed by COVID-19, despite refugees being particularly exposed to the disease itself and its negative psychological and social effects, partners in the prospective implementation sites had no choice but to stop all implementation of integration practices involving physical contact between people. The FOCUS consortium was able to draft a full alternative to replace the pandemic-blocked activity. In response to this force majeure situation a shift towards collecting illustrative case studies was necessitated, that enables the FOCUS project to deliver findings within COVID-19 restrictions that, while relatively narrow in scope, are also valuable beyond the pandemic. The multiple delays in vaccine roll-out, increase in mutations and the digital divide, where many refugees have poor and very limited access to digital means that support quality contact, have meant that case studies needed to be conducted in all implementing sites.

The design of the case studies was conceptualised using a participatory action research framework that aimed to engage practitioners in a process of collective enquiry where they are tasked to lead and shape the explorative process, drawing on their own and key stakeholder expertise. As such, the methodology for WP5 was developed to be flexible and user-centred and itself will be able to be incorporated in the Living Well Together Resource as an example for how to collect evaluation data on integration practices.

Innovation

The WP5 DoA highlights that the outputs will highlight and test innovative solutions to integration within the EU. The concept of innovation has been more clearly elucidated in the actual implementation of WP5, by listening to and being informed by potential end-users of the anticipated Living Well Together Resource. Consultations conducted in WP2 outlined that whilst mental health and psychosocial support needs were widely identified as an important topic for supporting arriving communities, little guidance exists for how to do this within the context of integration-focused practices. As such, the incorporation of mental health and psychosocial support (MHPSS) as one

dimension in the FOCUS Approach to Dynamic Integration (see section 1.2) presents a significant innovation for IPs more broadly.

The FOCUS Approach itself is an innovative contribution to the field of integration as it aims to provide a broader understanding of the dimensions, components or pillars that are considered instrumental to supporting dynamic integration. Additionally, the FOCUS Approach builds on the premise that promising IPs should aim at strengthening the quality of intergroup relations between arriving and receiving community members, with a focus on trust and mutual reciprocity as well as a ‘whole community’ approach instead of only ‘refugee targeted’ short term interventions.

The principal outputs of this activity, for the first time, make accessible in a practical and comprehensive manner, information and guidance on dynamic integration to serve what is a diverse community of practice in this field.

1.3. The FOCUS Approach to Dynamic Integration and its components

Capitalising on the insights above entails a shift away from the direct ‘test’ of individual integration practices. Rather it moves towards the identification and validation of a practical approach to dynamic integration that draws *both* on the extensively evaluated and documented complex programming for integration that implementing partners have produced in the course of their work *and* is supported by the scientific findings of the FOCUS project.

The FOCUS Approach to Dynamic Integration was developed using a combination of qualitative, participatory exercises and a desk review. Initially, a desk review was undertaken to map existing integration toolboxes. Few existing practices were found that included mental health and psychosocial support (MHPSS) considerations and a dynamic approach to integration. Key informant interviews, group consultations and workshops were conducted with key stakeholders including policy and program leaders and practitioners at the local, regional, national, and European levels to identify best dynamic integration practices and to explore practitioner needs.

It was noted that current approaches to dynamic integration program development tend to be ad hoc and informal due to limited resources and capacity of staff and volunteers, besides more structural issues, such as shorter-term funding and policies for dynamic integration projects or program objectives that require longer term investments. It became evident a structured approach to program development was needed, supporting practitioners to integrate evidence into existing or new dynamic integration practices. Specifically, it was noted that persons facilitating integration practices often lacked knowledge on how to support the mental health and psychosocial support (MHPSS) needs of arriving community members, beyond linking to external support. Staff and volunteers not being trained to communicate sensitively about distress and to identify mental health needs, was raised as a barrier to integration programming. Those that did mention training staff and volunteers on the topic focused mostly on training how to manage ‘traumatised refugees’ which suggests a too narrow perspective of the mental health and psychosocial support needs of arriving community members.

End-user practitioners also noted that it is essential that arriving and receiving community members are provided with opportunities to be heard and to provide meaningful contributions on how dynamic integration can be optimised within their communities. Whilst practitioners did note the importance of ensuring both arriving and receiving communities are actively engaged in the programming process,

few were able to articulate how participatory and co-creative approaches were utilised within their practices.

Fifteen key informant interviews (KII) were conducted to further explore core components surmised to be integral to successful integration programming and to identify tools and solutions that are being utilised. Further information on the methodology used for the collection of this data can be found in the WP2 deliverable. Key informants identified a host of barriers to implementing integration practices and noted, that there were few integration practices that included both arriving and receiving community members as equals, rather than focusing on migrants as beneficiaries of host community good-will. Further, key informants noted that integration practices should not be considered as stand-alone interventions. Rather, to address the multitude of migration-related stressors such as lack of access to rights, employment, citizenship, and social identity, it was essential for practitioners and integration-focused programming to strengthen linkages across service providers and key actors such as municipalities, governing authorities, and civil society. Overall, it was noted that whilst there are integration practices and toolboxes designed to facilitate integration, little guidance exists on how to adapt existing practices to include, or develop new practices that incorporate, core components thought to be integral to effective programming.

Based on the above information, four essential dimensions of integration practices were identified to form the FOCUS Approach to Dynamic Integration (see Figure 2): i) mental health and psychosocial support, ii) participatory and co-creative approaches, iii) receiving and arriving communities and iv) multi-stakeholder partnerships and coordination. Initially, a fifth dimension 'volunteerism' was envisaged, however through the case studies it was realised this construct fit clearer within the receiving and arriving communities' dimension as a potential vehicle that can be used to facilitate interactions and dialogue between both communities, or even as a goal on a personal integration pathway to integration as means to contribute to society through a multiplexity of social connections.

Figure 2 illustrates the FOCUS Approach and definition building blocks of each FOCUS dimension:

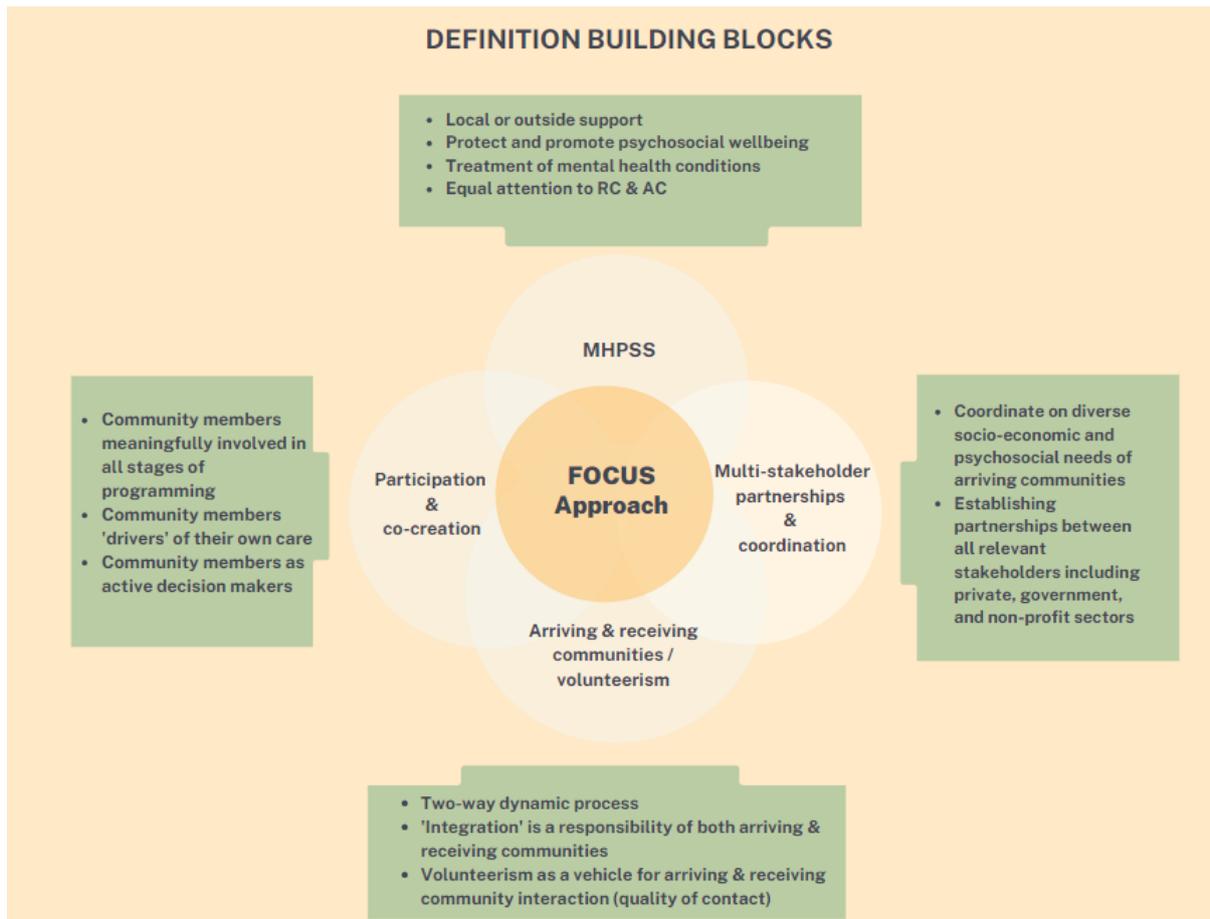


Figure 2 FOCUS Approach- definition building blocks

Mental health and psychosocial support (MHPSS)

Incorporating MHPSS as a stand-alone integral dimension to successful integration practices, highlights the importance of concretely addressing psychosocial needs and providing psychosocial support as part of standard practice. Ultimately, it is recommended that implementing staff are trained to broaden their understanding of MHPSS, as not only being a vehicle for the identification and management of clinical mental health conditions, but as an avenue to strengthen social and community supports that promotes an individual's wellbeing more holistically.

The FOCUS Approach emphasises the importance of ensuring dynamic integration programs consider psychosocial aspects of care and ensure those working with the forcibly displaced are able to adequately identify and refer persons in distress. Similarly, it emphasises that specialised mental health care is provided in a manner that is more culturally informed. The need for psychosocial support as part of broader community services is also highlighted. The multitiered model emphasises the importance of ensuring MHPSS is adequately considered as part of integration focused programming.

The FOCUS Approach recommends moving away from a sole focus on trauma-informed care, and rather emphasises the importance of ensuring psychosocial considerations are considered more broadly during integration practices.

Participatory and co-creative approaches

Many key stakeholders noted the importance of utilising co-creative approaches to design effective integration practices; however, no examples were provided of how this is done in practice. Ensuring targeted communities (including both receiving and arriving community members) are part of program design, implementation and evaluation of programs is crucial to instil community ownership of dynamic integration practises. Further, asking community members to contribute to program design ensures that the implemented practice is culturally and contextually relevant and that it adequately addresses core needs of all parts of the community.

The Inter Agency Standing Committee's Reference Group for MHPSS in Emergencies issued core guidance in 2007 for use in emergency settings, outlining the importance of and suggested strategies to ensure the adoption of participatory and co-creative processes⁴. The guidance emphasizes that community members can be drivers for their own care and should be meaningfully involved in all stages of MHPSS programming. This means shifting the view of community participation from being community members as passive recipients of care, to viewing community members as active participants in developing initiatives that aim to strengthen individual and collective wellbeing, thus creating stronger linkages within both receiving and arriving communities.

An additional benefit of participatory and co-creative approaches that is often not considered, is the potential impact on the participating refugee's social capital that may be observed. Guribye (2013) first documented this when exploring the relationships and impacts of researchers on their subjects of interest in a Tamil community within Norway. This study found that social connectedness between researchers and research participants was linked to social capital which has the potential to lead to wider socioeconomic benefits. Ensuring equal participation between receiving and arriving community members allows for the establishment of a sense of equality in the creations of relationships and dynamics between and within groups. Enabling community members an opportunity to provide input into their care also helps to instil a sense of empowerment, autonomy, and respect, aligning well with core humanitarian principles.

In discussing humanitarian innovation, several models are identified by Betts and Bloom (2013) in defining bottom-up innovation. All identified models include processes that emphasise the role of end-users in influencing and making decisions. Innovation management theories place particular emphasis on the individual as an innovator taking an active part in development (Murray et al, 2010). Betts and Bloom (2013) also highlight 'participatory methods', which have been present in development and humanitarian work for several decades. This approach aims to empower local communities through decision making and finding locally appropriate solutions. Bottom-up innovation in a humanitarian context is defined "as the way in which crisis-affected communities engage in creative problem-solving, adapting products and processes to address challenges and create opportunities" (Betts, Bloom and Weaver, 2015).

⁴ Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

Receiving and arriving communities (and the role of volunteerism)

If we define integration as a dynamic two-way process it is essential for practitioners to shift away from the focus being predominantly on peer-to-peer (e.g., migrant-to-migrant) social relationships to support settlement, as is often favoured in integration programs. Rather, there is a need to ensure that receiving communities are equally actively engaged and able to contribute to the integration process. The importance of establishing and reinforcing continuous social bonds, social bridges between receiving and arriving communities and community members' social links to relevant services has long been acknowledged in research, with contact between groups being noted as an important factor in influencing the attitudes, emotions and behavioural intentions host community and refugees can have about each other (Ager & Strang, 2008). Providing opportunities for receiving and arriving community members to interact in a constructive and positive manner appears key to facilitating social bonds and connections. Additionally, providing safe supportive spaces for such interaction is essential to foster meaningful interactions.

Volunteering offers a powerful vehicle for quality interactions between communities and is an essential element of integration focused programming within the EU. Volunteers help to foster and build upon social interactions between receiving and arriving community members. Volunteering also provides a crucial entry-point to the community for newly arrived persons, as they gain credibility in their peer groups, due to their role, and thus can be considered knowledgeable persons able to advocate and educate for reduced stigma against arriving communities and in general increased understanding of both receiving and arriving communities.

Recent research conducted by Strang and Quinn (2019) emphasized that the indicators of integration framework first reported in the seminal paper by Ager & Strang (2008) might reasonably be updated to include 'trust' and 'reciprocity' as facilitators of integration. This challenges previously held binary definitions of bonding and bridging relations, and rather emphasizes the importance of continuous and mutual reciprocal bonds. The importance of continuous bonds between receiving and arriving communities was also strongly highlighted in the mapping of host community/refugee relations conducted as part of the FOCUS project, which found that contact between groups was an important factor in influencing the attitudes, emotions and behavioural intentions host community and refugees can have about each other. Further, it was elaborated that more important than quantity of contact, is the quality and nature of the interactions. In the seminal work conducted by Ager & Strang (2008) refugees discussed integration as engaging in a range of activities with people from different groups. Activities often did not focus specifically on the settlement process but rather focused on promoting enjoyable interactions between groups to naturally facilitate and promote quality contact between receiving and arriving communities. Such activities included engaging in arts and crafts or other creative hobbies, engaging in sports or simply holding town meetings where equal participation is sought and ensured.

The FOCUS project has in addition to this, as part of its case studies, identified volunteerism to be an instrument to operationalize dynamic integration, as it activates community members for the development of the 'whole of community'. The domains of the indicators of integration framework (Housing, Education, Work, Leisure and Health) can be seen, in these terms, as 'reservoirs of resource' (Strang, 2010) from which both arriving and receiving may draw and invest in securing other resources. The action delivered and social connections established via volunteerism can lead to 'resource

acquisition spirals' which can contribute to social, economic and political progression for the community.

Multi-stakeholder partnerships and coordination

Given the diverse socioeconomic needs of both arriving and receiving communities, it is essential for partnerships to be established and coordination to occur with all relevant stakeholders within private enterprise, government, and the non-profit sector. Developing connections between integration programs and MHPSS actors is crucial, however linkages must also be made with a diverse range of services that support various aspects of integration. These include services and organisations addressing basic needs such as suitable long-stay accommodation and gainful employment, that equally address the arriving and receiving communities' needs.

2. WP5 Design and Methodology

2.1. Design process

The case study methodology was drafted using principles of participatory action research. The methodology proposed to engage in a process of collective inquiry where practitioners were engaged through reflective exploration, and where they would be charged with leading and shaping the explorative process, drawing on additional expertise from receiving and arriving community members and other end-users, to shed light on important factors that contribute to dynamic integration (e.g., psychosocial support, community connectedness, targeting racism etc.). Implementing organisations who would execute the case studies were pre-determined to include those already active in the field of integration, and that have pre-established strong connections within their communities and with relevant key stakeholders such as government authorities and other integration-focused practitioners. As such, all five implementing partners are well-established organisations and government agencies in Sweden, Germany, Denmark, the United Kingdom and Austria.

Implementing partners were responsible (in collaboration with the WP5 leads) to:

- select the practice to be explored through the case studies (illustrative examples of various elements of the FOCUS Approach),
- select and adapt appropriate data collection tools
- collect and analyse any data collected during the case study, and
- to compile a report of their core findings and recommendations

Five unique integration practices were selected according to screening criteria (see Annex 2) developed based on information collected during the research phase of the FOCUS project (WP2 and WP4) and on the Ager & Strang (2008) theoretical framework that informed the FOCUS project (see Box 1 for a synopsis of core elements of the framework).

Box 1. UK Home Office (2019) Indicators of Integration Framework

The UK Home Office (2019) (Strang et al., 2019) conceptual framework, which is built on 20 years of research, outlines key domains of integration related to four overall themes, i. foundational assumptions and practice regarding rights and responsibilities as they pertain to citizenship, ii. facilitators to the development of social connections including language and communication, culture,

digital skills, safety, and stability within the local environment, iii. social connections between and within groups and within communities, and iv. markers and means of achievement through access across employment, housing, education and health and social care and leisure (see Figure 3).



Figure 3 A conceptual framework defining core domains of integration. The current methodology, along with the screening criteria and preliminary findings from the WP4 stream, utilised the Indicators of Integration Framework to prioritise the selection of case studies that target the social connections level (social bonds, bridges, and links). This level suggests integration should be viewed not solely as an aim to be free from conflict and to gain ‘toleration’ of different groups, but rather to have groups ‘actively mix’ and move towards a sense of mutual belongingness. Social bonds refers to facilitating connectedness between groups that share cultural practices of ‘like-ethnic groups’. Social bridges refers to facilitating connectedness between arriving and receiving communities, ensuring participation of both groups in a range of activities within the community. Social links refers to the connection between individuals and structures of the state (e.g., government services). At this level, facilitating access to services is essential to facilitate connections within and between groups. Removing barriers to service access is considered essential to effective connection with ‘facilitators’ such as language, cultural knowledge and a sense of safety and stability and is also key to achieving the means and markers of integration (such as employment, access to education etc. The dimensions across the conceptual framework are therefore ultimately highly intertwined and interdependent.

The case study methodology was based on Plan-Do-Study-Act (PDSA) cycles, where learning was intended to accumulate over time resulting in continuous amendments and refinements to the FOCUS Approach to Dynamic Integration and drafting of the accompanying implementation guidance. Figure 4 highlights the core components that formed part of the participatory action research approach of the methodology.

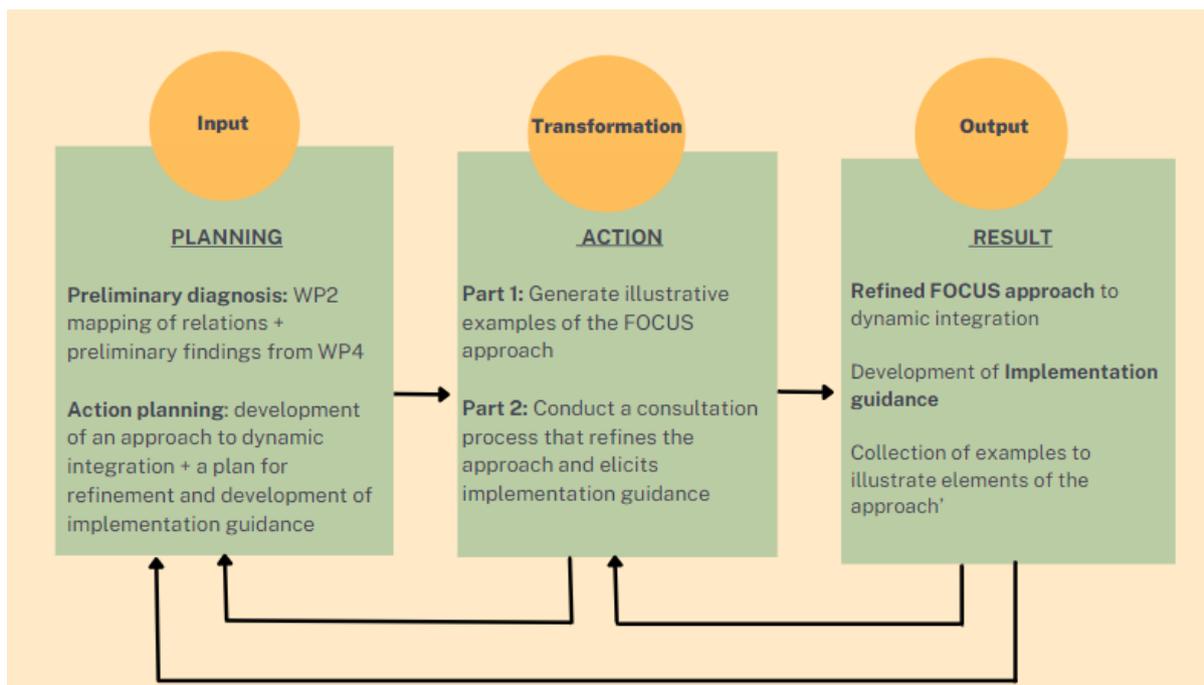


Figure 4 The three-phased participatory action research design to identify contributing factors to dynamic integration

Three phases characterise the overall design. The process began with a **planning phase** (conducted 2020-2021) where a desk review and core information were consolidated from previous work packages (WP2 and 4) to form a preliminary version of the FOCUS Approach to Dynamic Integration, this led to the development of an action plan using a PDSA cyclical approach to continue the refinement of the FOCUS Approach. The second **action phase** included a two-stepped approach, one that utilised explorative case studies to highlight different elements of the FOCUS Approach and draws on key informant and supplementary data to help refine the Approach components, the second step involved four rounds of consultation with practitioners and other knowledgeable stakeholders including refugee diaspora organizations as well as experienced senior researchers and policy leads in dynamic integration, in the form of an End User Committee (EUC), with the purpose to co-create and refine the implementation guidance to be produced as part of WP6. The final, **results phase** encompasses the final version of the FOCUS Approach to Dynamic Integration, which along with the illustrative case studies of the various elements, and the implementation guidance, will comprise the Living Well Together Resource.

2.2. Ethical considerations

The case studies were designed to not collect any potential sensitive information from arriving and receiving community members pertaining to their own personal experiences of integration at the advice of the ethical advisory board (EAB). Rather, their contributions were welcomed as key informants sharing their expertise in reflections on the topic of dynamic integration from a professional perspective. This helped to eliminate the risk of potential distress that could arise as a result of enquiring about more personal information.

Where data was collected, all participants were over the age of 18 years. Implementing partners were responsible for selecting key informants according to their usual standards and protocols of practice. Fully informed consent was obtained from those interested in engaging in the case study. Participants

were informed that the intention of the case study was to inform the development of and refinement of future integration practices. All potential participants were provided with a written information sheet and were asked to sign their agreement should they choose to participate (see Annexes 3 and 4 for the consent form and information sheet for the program coordinator survey and Annexes 5 and 6 for the informed consent form and information sheet for key informant interviews). The information sheet included contact details of a member of the EAB, the research focal point and a person responsible for data protection along with instructions on who to contact given which circumstances. Participants were instructed that they can establish contact should they have any concerns about their participation, or the handling of their data.

Participants were informed that their participation was entirely voluntary and would in no way impact their ability to attend current or future activities of the implementing partner. Participants were also provided with information about their right to withdraw consent at any time. Key informants could ask for the summary of their discussion to be removed during or immediately after the interview, after which data will be merged with that of other key stakeholders and will no longer be identifiable meaning it is no longer possible to remove individual-level data. All procedures regarding data removal requests were outlined in the respective information sheets.

Given the highly politicised nature of the topic of integration, at times government authorities (municipalities etc.) may request mandatory participation of migrants in integration-focused programming. Mandatory participation takes the form of governments attaching economic or social benefits to participation in integration practices. This poses a risk to the participants' ability to consent freely and voluntarily in the FOCUS case studies as some participants may feel pressure to engage in the IPs to ensure they receive the attached benefits. All IPs explored as part of the case studies were entirely voluntary nature and no government benefits were attached to participation. This helped to circumvent any potential issues with forced participation. No financial or other incentives were offered in compensation for the participants time.

Data management procedures were defined and followed in accordance with the FOCUS Ethics and Data Management Plan (see Annex 7) to ensure adherence to best practices in the acquisition, creation, storage, use, archiving and deletion of any data and information obtained or generated during the course of the project. *The data collection was conducted according to the ethics standards and guidelines of Horizon2020, in keeping with local regulations, according to globally accepted standards of good clinical practice (as defined in the ICH E6 Guideline for Good Clinical Practice, 1 May 1996), and in agreement with the Declaration of Helsinki.*

Only data that is considered essential to the overall aims and objectives of the case study process was collected to ensure respect for the principle of data minimisation. Any data collected as part of the case study was analysed by implementing partners in line with their usual monitoring and evaluation processes.

No personal data was collected throughout the case study beyond basic demographics captured in aggregate form. The only data that identifies participants will be the informed consent form. Consent forms will be retained for not more than 10 years, in line with institutional requirements and each country's legal jurisdictions.

Each partner is responsible for ensuring the security of the data they collect or generate in the course of the case study. Each partner was responsible to follow the data security policies prescribed by their own organisation, with the provision that the following minimum standards were respected.

- » *Digital data backups*: All key informant interview data will be backed up on at least one physically distinct medium (e.g., on a separate server, external hard drive, etc.).
- » *Physical data backups*: All informed consent forms will be stored in a secure environment, in a locked drawer or equivalent. No digital backups or photocopies will be made.
- » *Data transfers (general)*: There will be no sharing of personal data from fieldwork between partners within EU Member States.
- » *Data transfers (outside EU)*: As stated, no personal data will be shared between partners.

The FOCUS consortium lead was responsible for data protection on behalf of DRC and each implementing partner will handle and process data according to their usual internal protocols in so far as they do not violate the data management plan agreed to by the FOCUS consortium. No adverse events or serious adverse events arose as a result of data collection.

Ethics review process and timeline:

Given the changes in the design of the WP5 methodology (moving away from pilot testing towards illustrative case studies) and the participatory nature of the methodology development, the ethical review process has been multi-tiered and time-consuming spanning from September 2020 to receipt of final approval in October 2021. This meant some delays in activity implementation were unavoidable as data collection could not occur until full approval was received from the EAB. This stringent process has ensured the ethical integrity of the WP5 methodology and has strengthened the quality of the outputs produced as a result of the WP5 activities. A brief overview of the timeline and ethical review process is as follows:

- September 2020 - preliminary pilot testing methodology sent to EAB for review to determine if a full ethics application would be needed or if an ethical waiver could be obtained.
- October 2020 - received feedback that a full ethical review procedure was necessary.
- November 2020 - Ethical application for pilot methodology submitted to EAB.
- February 2021 - Pilot methodology ethical approval received (see Annex 8).
- March 2021 - Ethics amendment submitted for Austrian Red Cross (ARC) case study due to changes in scope necessitated by COVID-19 and the participatory approach.
- April 2021 - EAB advised for ethical approval to be sought from the University of Innsbruck, due to a collaboration between ARC and the University, and as this was the only site (with the exception of the previously approved Danish Red Cross case study) that intended to collect primary data from service users (refugees/migrants themselves).
- June 2021 - Ethical approval for ARC case study received from the University of Innsbruck (see Annex 9).
- July 2021 - A revised methodology for all remaining case studies was submitted to the EAB (see Annex 10). Due to COVID-19 delays and the desire to ensure a participatory approach to the methodology the pilot testing methodology was revised to instead focus on illustrative case studies.
- October 2021 - Approval for revised methodology received (see Annex 11).

It should be noted the ethical review process included mention of consultation sessions that would be conducted with practitioners experienced in integration-focused programming. The consultation sessions were included as part of the WP5 methodology yet were deemed to not require ethical approval by the EAB as they did not collect sensitive information and could be considered standard dialogue conducted with fellow professionals / colleagues. The inputs received from the consultation sessions will inform the development of the WP6 deliverable 'Implementation Guidance' and therefore will not be included as a focus in the current report.

2.3. WP 5 Methodology

WP5 aims to inform the development of and provide content for the Living Well Together Resource that is inclusive of a practical approach to dynamic integration (the FOCUS Approach) that is illustrated through the identification of case studies provided by implementing organisations. The specific aim of the activities in WP5 that will also contribute to the deliverables in WP6 are as follows.

1. **Outline a practical approach to dynamic integration:**
 - a) Develop and refine a FOCUS Approach that highlights core contributors to dynamic integration
 - b) Outline illustrative case studies that are aligned with the FOCUS Approach
 - c) Refine and confirm a final version of the FOCUS Approach based on results of the case studies
2. **Draft implementation guidance:**
 - a) Conduct consultations with integration-focused practitioners to co-create the development of implementation guidance to operationalise the FOCUS Approach

Illustrative case studies were conceived and drafted by each implementing partner to highlight one or more dimensions of the FOCUS Approach, thereby providing an example for how the various FOCUS Approach dimensions might be implemented. The case studies aimed to outline core information about the feasibility of the practice that explored some of the following questions (depending on what was determined relevant by the implementing partner/possible to reflect on using existing information):

1. Demand-based

- » Is this practice meeting an identified need?
- » Does the need appear to be addressed by the practice?

2. Acceptability

- » Do participants actively engage in the practice?
- » Are participants willing to engage in the practice?
- » Do facilitators like the practice?

3. Practicality

- » How practical is this practice? How easy to use was the practice?
- » How resource intensive is the practice (staff/volunteer, materials, transport, community engagement)?
- » What level of training/ qualification is needed for facilitators/volunteers to implement the practice?

- » Were facilitators confident and capable to deliver the practice?

4. Complementarity (able to be integrated)

- » Is the practice embedded within a network of referral services and can it be added to existing practices?
- » Does it link with other socio-economic support services (job search agencies, government supports, civil society, other programs existing within pilot partner etc)?
- » Can the IP be integrated into existing practices (e.g., including a PSS element to a language-focused course)?

For each country (Denmark, Germany, Austria, Sweden, and the UK) in which a practice is to be illustrated, the following process was undertaken:

1. Preliminary desk review

- Exploration of various programs offered by the organisation and the context in which they occur.
- Exploring grey literature and scientific literature that contributed to the development of their programming portfolio and how the implementing partner view integration (especially dynamic integration).

2. Selection of practice

- The screening criteria were used (see Annex 2) in conjunction with the FOCUS team and implementing partners to identify the practice to be outlined in a case study.
- Selection of practices prioritised those that operate at the level of ‘social connections’ in the Ager & Strang (2008) model, in that they focus on strengthening social bonds, bridges and/or links (see Box 1, page 17).
- The preliminary research findings from WP4 and the literature review conducted in WP2 were included in the decision-making process, by ensuring that implementing partners were aware of core findings (e.g., quality of contact, discrimination etc) and were guided to select practices that might tackle one or more of these elements if possible.

Emphasis was given to practices that met screening criteria and provided an illustrative example of one or more elements of the FOCUS Approach, or practices that aim to explore integration challenges identified through the research stream. Box 2 outlines the practices that were selected to be included in the case studies and references the key decision-making factors relevant to their selection.

Box 2. What is a practice?

A practice was defined as the application of an intervention or approach that aims to support dynamic integration. WP5 aims to explore multi-faceted practices that vary in level of complexity. In each site a practice will be chosen by practitioners, according to the screening criteria, their priorities, along with preliminary research conducted in WP4 and that found in WP2.

DANISH RED CROSS – MindSpring aims to improve wellbeing as an avenue to support integration

Link to the FOCUS Approach → mental health and psychosocial support (MHPSS) and volunteerism

Link to the Indicators of Integration model → social bonds, links, markers and means such as health and employment

Link to WP4 findings → socioeconomic facilitators are viewed as integral to perceived integration

AUSTRIAN RED CROSS – peer-led educational podcasts that impart knowledge about the process for acquiring citizenship in Austria and service access

Link to the FOCUS Approach → participatory and co-creative approaches and MHPSS

Link to the Ager & Strang model → social bonds, rights, safety, and stability

Link to WP4 findings → uncertainty regarding legal status poses a barrier to integration

BRITISH RED CROSS – Family Reunion Integration Service aims to support integration into the UK by ensuring access to rights and services and by supporting reunited refugee families

Link to the FOCUS Approach → MHPSS and receiving and arriving communities

Link to the Ager & Strang model → the practice targets social bonds, bridges, and links and as a core element case work for reunited families and children

Link to WP4 findings → quality of contact is a facilitator of integration

GERMAN ASSOCIATION OF PSYCHOSOCIAL CENTRES FOR REFUGEES AND VICTIMS OF TORTURE – aim to increase awareness on the impact of racism in the therapeutic context

Link to the FOCUS Approach → Receiving and arriving community and MHPSS

Link to the Ager & Strang model → social bridges, rights, stability

Link to WP4 findings → racism and discrimination are barriers to integration

PARTNERSHIP SKANE – Health communication for migrants; In-depth programme for mental health and well-being

Link to the FOCUS Approach → Multistakeholder partnerships and coordination and MHPSS

Link to the Ager & Strang model → markers and means (health and social care); social bonds and bridges, rights

Link to WP4 findings → access to services needs to be ensured to support integration and wellbeing

3. In-depth desk review of identified practice

Existing literature and evaluation reports were reviewed to form the basis of the case study exploring the selected practice. The following information was sought from the published or grey literature.

To support illustration of the practice:

- What is the practice? Brief description of the practice and how it promotes dynamic integration
- Who does the practice target/involve and in what ways are they engaged?
- Is the practice needs-based, how were needs determined and how does the practice meet identified needs? (*demand-based in the proposal*)
- Does the practice seem to be accepted by the target population, the community and/or other key stakeholders? Why is the practice considered acceptable? (*acceptability in the proposal*)
- How resource intensive is the practice (staff/volunteers, time required to implement (duration), materials, transport, engagement)? What level of training/qualification is needed to implement the practice? (*practicality in the proposal*)
- Can the practice be integrated into existing practices, does it link with other services (with a focus on socio-economic services), is it embedded within a network of services? (*complementarity/able to be integrated in the proposal*)
- Is the practice considered to be successful? Why/why not. Why should this practice be recommended to others?

To support the refinement of the FOCUS Approach:

- What elements of the FOCUS Approach are highlighted in the practice and how?
- What lessons learned can be extrapolated to support refinement of the Approach?
- What implementation considerations are crucial for the implementation of the FOCUS Approach?
- Are there any findings that suggest elements of the Approach that may not be suitable/appropriate?
- Any lessons learned to prevent harm?

4. Collection of additional data

Implementing organisations involved in selecting and documenting illustrative case examples were:

- British Red Cross (BRC)
- Danish Red Cross (DRC)
- Austrian Red Cross (ARC)
- Partnership Skåne (LAN)
- German Association of Psychosocial Centres for Refugees and Victims of Torture (BAFF)

Where possible practices were implemented during the course of the FOCUS case studies to allow for more detailed data collection (DRC, ARC). Although in some instances due to COVID-19 and consequent challenges in reaching the target population, no implementation occurred and rather supplementary data collection efforts were undertaken to document the practice and support the development of illustrative case examples to be included in the Living Well Together Resource (BRC, LAN, BAFF). Supplementary data that was collected included key informant interviews to retrospectively interview key stakeholders, along with a survey to be completed by a program manager/coordinator.

Data collection for all organisations will include:

- **Key informant interviews:** key informants can include knowledgeable persons including persons with a personal migration background, who have participated in the program as part of the target population, implementing practitioners, municipalities etc. Selection of key informants were designated to implementing organisations. Implementing organisations were responsible for identifying who would be most informative and how many persons should be selected for the interview. The key informant interviews (KII) provided feedback on the practice being explored and additional feedback on the FOCUS Approach. See Annex 12 for an example KII but note not all questions were asked sequentially as implementing organisations reserved the right to determine the relevant questions to ask.
- **Program manager/coordinator survey:** The survey was completed by one knowledgeable stakeholder in the implementing organisation and explored time and resource commitment required to implement the identified practice. The survey also aimed to capture information about important elements pertaining to the quality of the practice (such as the training required for facilitators to implement). The implementing organisation was responsible for identifying who was best placed to complete the survey, although it was likely the person in a manager/coordinator level role. See Annex 13 for an example program manager/coordinator survey.

Where possible (Danish Red Cross) additional data will be collected:

- **Focus group discussions:** Data was collected from persons who have actively participated in the identified practice either as a beneficiary or as a facilitator. The discussions sought feedback on important implementation considerations and elements of the FOCUS Approach that needed modification. See Annex 14 for an example of the Focus Group Discussion (FGD). The FGD was only conducted as part of the DRC case study due to challenges in conducting FGD remotely. The DRC FGD provided important foundational knowledge about the FOCUS Approach in helping to refine it for the benefit of future case studies.
- **Facilitator/volunteer survey:** The survey provided additional information on the level of resources and staff time required to implement the practice being explored and covers the perspectives of those implementing the practice. See Annex 15 for the facilitator/volunteer survey.

In all instances the tools were adapted by the implementing organisation to ensure appropriateness and relevance to their practice and context. The ongoing modification and adaptation of tools was in line with the nature of implementation research and the participatory action research design of the methodology.

5. Analysis and reporting of data

The implementing organisations were asked to collate their findings and provide their case study reports to be reviewed by the FOCUS team for inclusion in the Living Well Together Resource. Data analysis was mostly descriptive in nature and relied on summaries of discussions and identification of core themes relevant to the FOCUS Approach and other core areas of interest (related to feasibility of the practice). It was not expected that implementing partners would conduct stringent qualitative thematic analyses, it was rather envisaged that the case study partners would use the qualitative information presented to explore different aspects of the practice and the FOCUS Approach.

Box 3. ANTICIPATED OUTCOMES

→ The results of this process were anticipated to form part of the Living Well Together Resource by outlining illustrative examples of various elements of the FOCUS Approach, and/or practices that aimed to address some of the challenges identified through the research stream or through the initial mapping conducted in WP2.

→ Results were also envisaged to be utilised to revise and update the FOCUS Approach and to begin gathering important implementation guidance.

In parallel with the collation of case studies, a consultation process was undertaken to inform the creation of implementation guidance (deliverable in WP6). The consultations were conducted with members of the end-user committee (see Annex 16 for the end-user committee terms of reference). As previously mentioned, the consultation process was included as part of the WP5 methodology to ensure ethical integrity was maintained. The consultations were conducted to inform the bulk of work to be conducted in WP6 and therefore will not be reported upon here. Annex 17 provides an overview of the methodology and highlights the relation between the case studies and consultation process.

3. Case Study Findings

3.1. General findings

The FOCUS Approach, as previously mentioned, was developed using a combination of qualitative, participatory exercises and a desk review. The resulting framework consisted of five dimensions thought to be important contributors for facilitating dynamic integration. These five dimensions were identified as mental health and psychosocial support, arriving and receiving communities, volunteerism, participatory and co-creative approaches, and multistakeholder partnerships and coordination. *The development of illustrative case studies (reported below in 4.2) provided crucial information that enabled us to refine our understanding of the FOCUS Approach.* Table 1 summarises the different dimensions of the FOCUS Approach that were respectively explored in each case study.

Table 1. Overview of FOCUS Approach dimensions explored through case studies

	MHPSS	ARRIVING & RECEIVING	CO-CREATIVE & PARTICIPATORY	MULTI-STAKEHOLDER
DRC	X	VOLUNTEERISM		
BRC	X	X		
ARC	X		X	
SKANE	X			X
BAFF	X	X (RACISM)		

Based on the conclusions of the five completed case studies the number of dimensions within the FOCUS Approach was reduced to four core dimensions, with volunteerism being merged within receiving and arriving communities as a potential key facilitator for enabling meaningful interactions between both communities. The understanding of each dimension was also further refined helping to provide clarity on what the dimension included as part of their definition and providing information on how the dimensions might be operationalised in practice. Full illustrative case studies reports are available in Annex 1.

Core findings that relate to each of the four dimensions can be summarised as follows:

Mental Health and Psychosocial Support

With respect to the mental health and psychosocial support (MHPSS) dimension, illustrative case studies that explored this component highlighted the importance of MHPSS services being culturally sensitive and informed. This might mean that staff within such services are either themselves members of the community being served (of the same cultural background), or they receive training and continued supervision to ensure they are communicating and practicing in a culturally respectful manner. Similarly, where possible, MHPSS services should be provided in the language of choice of persons utilising the service. If this is not feasible, then translators who are appropriately trained in cross-cultural communication should be incorporated within service provision. Where staff providing MHPSS services are members of the receiving community, it is essential they receive training and sensitisation on the topic of discrimination and systemic racism to ensure an awareness of potential power imbalances and how these might impact the therapeutic relationship, this training should also be extended to translators and administrative support staff to ensure that all points of access to the service function in a sensitive and supportive manner helping to facilitate access.

MHPSS services should not unduly focus on trauma and rather should incorporate this concept as part of a range of different experiences that arriving community members, like receiving community members, might experience. The understanding of wellbeing in this context should be that consistent with IASC (2007) guidelines that note in response to emergencies many people experience distress that is normal given the exceptional experiences and challenges they have, and continue to, face. Of course, exposure to emergencies such as war can lead to the heightened experience of common mental health conditions (such as depression, anxiety) and persons with pre-existing mental health conditions might experience an exacerbation of their condition. This highlights the pertinence of ensuring linkages with specialised services but also emphasises the need to support persons who may be experiencing distress. Integrating MHPSS considerations within integration-focused programming therefore becomes essential, not only to ensure functioning referral pathways for both arriving and receiving community members, but to support the creation of activities that strengthen societal and community connections as an avenue for reducing distress and improving wellbeing more broadly. Linked to this, a variety of support options should be offered, for example peer support groups can help to bolster social bonds and bridges whilst improving wellbeing, whereas individual support might be better suited to support persons experiencing a potential mental health condition and needing more specialised care.

Art-based or creative MHPSS practices may be useful to overcome language barriers and can also be offered as part of culturally informed practice as not all cultures are equally used to 'talking therapies', or due to mental health stigma in their country of origin or arrival may feel more comfortable to express their mental health and psychosocial support needs differently. Integration-focused practices should aim to promote mental health literacy to prevent social stigma and discrimination and to aim to increase access to care. Safeguarding sessions that assure that safety, security, and trust in the home and local area prevail may be needed. Refugees or asylum seekers, as well as receiving community members, might be in an unsafe or unsecure situation yet reluctant or somehow fearful to divulge the risky or difficult situation that they might be experiencing. Information sessions about different situations that highlight potential risks and clearly outline mitigation actions that can be taken as safeguarding, who to contact and what assistance to expect, can contribute to the wellbeing. The IASC Guidance (2007) also highlights the need to primarily focus on information provisions that contribute to a sense of safety is essential before more elaborate forms of MHPSS services can be offered.

Receiving and Arriving Communities (including volunteerism)

A key finding of the case studies highlighted that volunteerism should not sit as a standalone dimension, but rather should be thought of as a potential 'tool' for facilitating meaningful interactions between receiving and arriving community members. Volunteers should be appropriately trained in culturally informed communication and should be actively recruited to ensure representation from both receiving and arriving communities. This equal representation is essential to mitigate potential power imbalances that arise as a result of the traditional helper/recipient of care that pervades systems of care operating within a migration context. Engaging arriving community members as volunteers (alongside receiving community members) helps to shift away from traditional 'helper' dynamics and rather reinforces social bonds and bridges that can support dynamic integration.

The case studies also highlighted that more emphasis is needed on receiving community members when exploring the concept of dynamic integration. Interestingly, preliminary desk reviews identified the majority of integration-focused practices focused almost exclusively on arriving community members and only included a small number (if any) of members from the receiving community as facilitators/helpers/buddies. This goes against the principle of 'dynamic' integration as a two-way process with both the receiving and arriving community taking shared responsibility. The case studies presented here highlight that more attention should be paid to how receiving community members are engaged in integration practices, exploring the responsibility they too must take as crucial contributors to this shared societal issue of community building. Increasing awareness within receiving communities on barriers that arriving community members might face (post-migration stressors, racism etc) can help to foster a greater sense of empathy and potentially serve as a motivating factor to engage more meaningfully with arriving community members as allies striving towards societal change.

Arriving community members may need to consolidate trusting relationships and re-establish a sense of safety and security at home, foster new connections, embed into the local area, participate in the wider community before they feel ready to volunteer and 'contribute' to the wider society by means of volunteerism. Volunteerism can, on the other hand, support other goals in the integration journey, as by means of working and getting more local working experience, opportunities for employment, but also housing, education, leisure, and health or other domains of the Indicators of Integration framework such as language, culture and digital skills acquisition may be easier accessible by means of social bonds, bridges and links created.

Volunteerism is ideally also about engaging people who have never volunteered before and are usually not part of integration efforts. This can be receiving community members who are experiencing daily challenges in their own lives, from more diverse socio-cultural and socio-economic backgrounds, who would be challenged themselves by the social connection with people with a refugee or migratory background. This may require more time investment on behalf of the social link providing the volunteer opportunity, but could lead to an increase in tolerance, one of the aims of integration.

Multistakeholder Partnerships and Coordination

The illustrated case studies highlight the importance of functioning referral pathways that are broad in scope and support the variety of needs arriving community members might have. The Ager & Strang (2008) model highlights the various markers and means that facilitate integration including access to appropriate education opportunities, housing etc. Ensuring linkages exist with services that operate

across these domains is essential to ensure a comprehensive and holistic perspective of integration rather than a one-dimensional construct. The case studies presented are not all encompassing in scope and present varying levels of complexity, with some (such as BRC, and LAN) offering a broad profile of activities that encompass their explored practice, and others (such as ARC) narrowing their scope to an activity that is intended to have a small, yet personally meaningful outcome for participants. Regardless of the scope and the level of resources allocated to practices, it is impossible for one actor (or one programme) alone to address the diverse range of needs that support dynamic integration. This highlights the imperative that exists to ensure all actors are aligned and coordinated to support diverse needs.

Beyond the establishment of referral pathways and coordination mechanisms, integration-focused actors should ensure the establishment of partnerships that promote long-term, sustainable and intersectoral engagement. These partnerships can assist to address both socioeconomic and sociopsychological factors that are integral to facilitating integration. An example of this, could be partnering with private business to create opportunities for apprenticeships/on the job training, that can ease the transition of arriving community members into the labour-market. Additionally, ensuring strong linkages with municipalities and key governmental representatives is essential to ensure sustainability of programming (emphasising the responsibility of governmental organisations in the integration process), and also to create an opportunity for the creation of dialogue that advocates for change to alleviate common post-migration stressors that might be hampering integration efforts.

There should be resources for interpretation (to enable culturally informed and accessible services) as well as resources for digitalization both because this makes resources more accessible and digital poverty can serve as an integration obstacle. Digital poverty can also form a gender specific risk to women, who are more likely to be excluded from internet and phone access, which can create dependency, increasing the safety and security risks because of a lack of access to information. Adult arriving community members may want to invest in strengthening their employable skills, signposting where to go to gain them can be a crucial element to strengthening social links. Debt advice should be included as many people arrive as newcomers with debts, the costs associated with migration and reunion, which can be exacerbated due to pandemic travel restrictions (e.g., quarantine costs being born by the arriving community member).

Participatory and Co-Creative Approaches

Case studies that explored this dimension of the FOCUS Approach highlighted that the ability of community members to automatically engage meaningfully in a participatory process cannot be assumed. Rather, community members should be provided with clear expectations for what constitutes a participatory/co-creative process, and they should be provided with guidance on how they might be able to contribute, emphasising their personal experiences in integration as contributing to the development of important expertise that can benefit others in a similar situation. Such a process should always be conducted within a safe, supportive space with due consideration for potential ethical issues that might arise. Participatory approaches should be utilised at all stages of program cycle management, encouraging arriving, and receiving community members engagement during the inception phase all the way through to the design, implementation, and evaluation of integration-focused programming.

Similarly, the expertise of participants should be widely acknowledged and valued, meaning that while volunteerism is an important aspect to facilitating engagement between receiving and arriving community members, their active contribution to program design, implementation and evaluation should be valued in accordance with usual organisational procedures (e.g. monetary or in-kind compensation that would be offered to staff serving a similar role should be extended to members of the arriving community whose personal experiences and expertise is being utilised). This is essential to again mitigate potential power imbalances that can arise in settings where paid / unpaid staff are functioning in similar roles where unpaid staff might be more likely to represent the arriving community, and paid staff more likely to represent the receiving community.

Overall, these key insights that were elucidated through the collation of the five case studies helped to clarify how the FOCUS Approach can be better understood and how it might begin to be operationalized for the benefit of policy makers, practitioners and other key stakeholders. The consultation process to be conducted with the end-user committee will supplement these findings and will allow for the ultimate development (through a co-creative, participatory process) of the implementation guidance to be delivered in WP6.

Interestingly, the methodology of WP5 used to construct the illustrative case examples (presented below) itself was an important outcome as it outlined potential actions that can be taken by integration-focused practitioners that enables them to explore their practices in contrast with the FOCUS Approach. Implementing organisations noted the questions developed as part of the key informant interviews were useful to explore their practice considering the FOCUS Approach and helped to identify potential gaps that existed in their practice with reference to the four dimensions. As such, a simplified version of the tools utilised in WP5 can themselves form a component of the Living Well Together Resource as an example for how to explore current practices against the FOCUS Approach.

3.2. Case study specific findings

Case Study 1

Danish Red Cross - MindSpring

The FOCUS Approach to Dynamic Integration is a framework that aims to strengthen existing integration practices, and to support the development of promising integration practices. ***The case study conducted by the Danish Red Cross (DRC) primarily focused on Mental Health and Psychosocial Support (MHPSS).***

Danish Red Cross

The DRC is a major volunteer organisation. The DRC's Migration and Refugees section focuses on several challenges: provision of health to undocumented migrants through health clinics, enabling family reunification and tracing through Restoring Family Links (RFL), and the implementation of volunteer-led activities for and by asylum seekers and refugees.

MindSpring

MindSpring is an approach first developed in the Netherlands which aims to address the psychological concerns of displaced persons. For the purposes of this case study, MindSpring was adapted by the DRC to serve as a *group programme* implemented for and by refugees and migrants *about topics related to their lives*. ***The aim is to create awareness and empowerment and thereby strengthen the ability to cope with psychological and social problems.***

The overall theme for the programme varies and depends on the participants (parents, adolescents, or children). In this case study the focus was on parenthood due to the unique challenges faced by families during the integration process, this focus was selected in collaboration with participants of the program.

Format of Programme

Each MindSpring group consisted of 8-10 participants attending 9 sessions of 2 hours duration. In each session different topics were discussed related to the participants' role as a parent:

- 1) Introduction to MindSpring, establishment of 'group rules' to ensure a safe and comfortable environment for all and exploration of different parenting strategies,
- 2) Discussion on culture, norms, and values,
- 3) Communication and listening,
- 4) Conflict management,
- 5) Identity,
- 6) Gender related issues and social control,
- 7) Stress management,
- 8) Trauma and
- 9) Emotions and wrap-up of the program.

Training of those who facilitate the group is central to MindSpring's effectiveness. A ***volunteer MindSpring trainer*** with a refugee or migrant background facilitates the group sessions (peer-peer method) together with a co-trainer from the local area. It is important the MindSpring trainer has experienced the receiving process entering a new country and, in this way, represents both the receiving and arriving communities. The ***co-trainer*** has a more practical role but can also add perspectives to the topics. The MindSpring trainer receives seven days of formal training before facilitating a group and the co-trainer participates in two of the seven training days. The use of volunteers as trainers was intended to strengthen the connection between a programme such as MindSpring with other activities offered by the DRC.

Use of the FOCUS Approach

While the primary focus of the case study was on MHPSS, each of the four guiding principles of the FOCUS Approach were used to inform the development of the specific programme topics. The trainers were trained in the elements of the Approach and, following the completion of the programme, the Approach was used as a guide for reviewing the programme.

Timing & Impact of COVID

The changing nature of pandemic restrictions during the period of implementation required a flexible approach – with some meetings taking place online and the overall duration being longer than planned

due to temporary suspension of the group arising because of lockdowns. However, the programme was implemented as planned.

Resources

Overall, the programme required a medium level of resources. In total 130 person hours were required to implement the programme of which half would not be required after the first running of the programme (due to a one-off training):

1. Recruitment of the MindSpring trainers, co-trainers and participants: 20 hours (the municipality and Red Cross in collaboration)
2. Training and supervision: 60 hours
3. Session preparation: 20 hours
4. Implementation of the programme: 30 hours (including the actual implementation of sessions and the time dedicated to facilitating the collaboration across actors)

Training the trainers cost €2,700 and other implementation costs were €2,800 (transport, refreshments, translation, etc).

Evaluation

A detailed evaluation of the reception of the MindSpring programme and perceptions of its impact was undertaken. The principal focus was on the MHPSS impact of the programme, though feedback was obtained on all elements of the FOCUS Approach.

- The FOCUS Approach was positively received as both an analytic tool and a means for guiding development of the programme.
- The programme was received positively by participants.
- A significant improvement on the WHO-5 well-being scale was recorded (as measured in previous evaluations), indicating improved well-being of participants immediately following the programme.
- The programme was viewed by participants in placing individual concerns in a wider context ("you realise that you are not alone").
- An improved ability to speak out on personal concerns and in own interest was reported.
- The flexible approach which responded to the attitudes and circumstances of participants was viewed as helping to build self-confidence.

Recommendations

- Recommendations for further developing the MindSpring programme include:
 - Broaden the tools used for participation to include visual and written elements in addition to the predominant verbal communications.
 - While the peer-to-peer elements of the programme are very welcomed, increasing the participation of receiving community members would add an extra positive dimension.
 - The importance of education and labour market issues is such that incorporating elements related to them would be welcomed.
- Recommendations for further developing the FOCUS Approach and accompanying implementation guidance:
 - The FOCUS Approach could be used by practitioners as an analytic tool and as a means for guiding the development of promising integration practices.

- The participatory and co-creative dimension of the FOCUS Approach requires more consideration on how to empower participants to meaningfully contribute. This should be outlined in the implementation guidance, to support practitioners to activate the arriving and receiving community in the design, development and evaluation of integration practices.
- The implementation guidance needs to provide consideration for how to better engage receiving community members in integration practices beyond the typical ‘helper / recipient of care’ dynamic that is often prevalent in interactions between persons from host community and migrant/refugee backgrounds. This would help to mitigate potential power imbalances.
- The FOCUS Approach should be modified to highlight the importance of socioeconomic factors (such as education and labour market considerations) and the implementation guidance should aim to provide inspiration for how to incorporate such elements within integration practices.

Case Study 2

Austrian Red Cross – Informative Podcasts

The FOCUS Approach to Dynamic Integration is a framework that aims to strengthen existing integration practices, and to support the development of promising integration practices. *The case study conducted by the Austrian Red Cross (ARC) focused on the Participation and Co-Creation element of the FOCUS Approach.*

Austrian Red Cross

The ARC is extensively involved in the care of refugees and asylum seekers especially through its federal units. The organisation plays a particularly important role in the early stages of people seeking the benefit of international protection. The ARC’s unit in Upper Austria operates accommodation facilities hosting asylum seekers from different countries. The average length of stay in the accommodation varies significantly - with some persons staying a few weeks, and others for months.

Co-Creation of Podcasts for Recent Arrivals

In recent years, due to increasing migration to the region and a lack of resources (staff and housing), it has been difficult to provide adequate care for all new arrivals and to ensure they receive the necessary information that will facilitate their access to essential services and ultimately support integration.

The specific objective of this case study was to explore the use of a participatory approach to design an activity that better caters to the needs of residents of the ARC accommodation facilities and provides the information they need to ease their transition within Austrian society. A participatory approach was chosen to ensure that the activity would accurately target the concerns and strengths of the participants. In addition, it was hoped the participatory nature would result in the creation of an activity that would support the wellbeing of participants thus also targeting the mental health and psychosocial support (MHPSS) dimension of the FOCUS approach.

Critically, the programme began without any pre-prescribed activity or topics. It was shaped directly through active engagement with recent arrivals and peers at a more advanced stage of integration.

Format of Case Study

Before developing the activity to be explored in this case study, the ARC together with the International Federation of Red Cross Red Crescent Societies Reference Centre for Psychosocial Support (PSC – which is based in the DRC and is the coordinator of FOCUS) developed a framework for engaging with recent arrivals in an iterative process for creating and implementing a relevant programme. The proposed approach, including evaluation, were approved by the Research Ethics Committee of the University of Innsbruck.

Four specific steps were followed:

1. ***Developing the core idea.*** Focus groups to identify a meaningful activity were held with members of the arriving community. Podcasts relevant to issues around the early period of arrival were identified as being most pertinent to support the needs of new arrivals.
2. ***Shaping specific actions.*** Interviews to determine contents of podcasts were held with members of the arriving community at various stages of the migration journey (including newly arrived persons and persons who had received settlement status in Austria).
3. ***Implementing the action.*** Podcasts were developed on the topics that were identified to be most important to new arrivals (preparing for the asylum status hearing and the rules which apply within asylum accommodation facilities)
4. ***Evaluation.*** Interviews were held with persons who listened to the podcasts to explore their reactions, recommendations for improvement and any potential impact the podcasts might have had on listener wellbeing.

The podcasts focus groups and interviews used the language of the arriving community (Arabic) and were facilitated by active case workers in ARC facilities.

Use of the FOCUS Approach

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

Timing & Impact of COVID

The changing nature of pandemic restrictions during the period of implementation required a flexible approach. Some activities had to be completed online and through different technologies due to differing levels of access.

Resources

Overall, this project is viewed as having a relatively low level of financial and resource commitment. The initial start-up elements of the programme (which are broadly not required for ongoing implementation) took 3 months inclusive of a lengthy ethical review which would normally not be needed if implemented as part of standard practice. Overall, excluding the ethical review process, six weeks were required for the core work of the co-creation of topics for the podcasts and implementation (writing the script and recording), and development of the interview guides.

The time required to conduct an individual interview varied from person to person. On average, it took approximately 30-45 minutes. The pre-interviews were conducted on one day. Post-interviews were conducted 10 days later over two days. In between, all participants listened to the podcasts in one day.

Skills required for implementation include interpretation, interviewing/evaluation, and the recording of podcasts. A basic training in interviewing is required where no experienced staff are available.

Evaluation

A detailed evaluation of the reception of the activity and perceptions of its impact was undertaken through key informant interview with persons who listened to the podcasts. The principal focus was on the impact of the podcasts that were designed as a result of the participative and co-creative approach.

- The project was found to be effective in enabling a co-creative and participatory approach linked to an activity of practical assistance to the arriving community, with a sense of co-ownership evident.
- Time and support are essential to assisting participants in reaching a stage where they both feel comfortable giving their input.
- Participants responded positively to the podcasts and reported a significant improvement in their knowledge of topics which they had identified as a priority.
- The project created a space for expression and dialogue in a supportive atmosphere which was considered by participants to be instrumental to supporting their wellbeing. This raises important practical implications for the FOCUS Approach to dynamic integration.
- Specific expertise and interpreting services are required, but the podcasts appear to meet an identifiable demand and is not otherwise resource intensive.

Recommendations

- In developing a genuinely participative and co-creative programme it is important to emphasize from the outset how multiple methodological approaches are required. This was achieved in the programme but had not been a defined objective at the start.
- Recommendations for further developing the informative podcast activity include:
 - Integrating within the programme the Approach element of receiving and arriving communities would be helpful to all involved. This could be addressed through, for example, the involvement of volunteers from the receiving, local community.
 - While the focus here was on recently arrived persons seeking international protection, a longer-term approach would need to provide for topics such as language, education and labour market participation. This would broaden the range of expertise required.
- Recommendations for further developing the FOCUS Approach and accompanying implementation guidance:
 - Participatory and co-creative methodologies appear to be crucial at the early stages of activity development. Offering participants an opportunity to design an activity based on their own needs was reportedly highly appreciated by participants and had an added impact by supporting participants to feel heard. The FOCUS Approach should

ensure participatory methodologies are employed to inform the inception phase of programme development.

- The FOCUS Approach needs to highlight the important of socioeconomic factors such as education and labour market opportunities to supporting dynamic integration.
- Participants reported benefits to engaging in key informant interviews despite the interviews not being considered a part of the activity being explored (and rather were used as a source of gathering evaluation information). This unexpected finding highlights the importance of creating a safe space and providing an opportunity for open dialogue with arriving community members. FOCUS Approach implementation considerations should provide guidance to practitioners on how to create such a supportive space.

Case Study 3

BAfF – Workshops to Explore Racism

The FOCUS Approach to Dynamic Integration is a framework that aims to strengthen existing integration practices, and to support the development of promising integration practices. *The case study conducted by BAfF had implications for each of the FOCUS Approach pillars but especially the MHPSS and receiving and arriving community strands.*

The German Association of Psychosocial Centres for Refugees and Victims of Torture (BAfF)

BAfF is an umbrella organization of psychosocial centres, facilities, and initiatives in Germany, which provide psychosocial and therapeutic care for displaced people. It is a non-profit organization which has been operating for over 40 years and is found in all 16 federal states in Germany. BAfF operates 47 psychosocial treatment centres, initiatives and facilities for the medical, psychotherapeutic, and psychosocial care and rehabilitation of victims of torture and other serious human rights violations. Nearly 23,000 people avail of services each year. At the psychosocial centres, clients receive services like psychotherapy, social work, and legal advice. BAfF is committed to the protection of human rights and promotes society's responsibility for refugees seeking protection.

Workshops to Explore Racism

FOCUS and BAfF explored a wide range of issues concerning integration and agreed to focus specifically on seeking to understand the impact of racism on people who avail of their services. The role of racism in determining integration outcomes for both the arriving and receiving communities emerged as a substantial barrier to integration as identified through FOCUS's review of current knowledge and the early stage of field studies. Amongst many other findings, this work links racism with mental health outcomes. Separately, BAfF had published a report on racism and the impact on its services. Specifically, BAfF has been working to identify the ways in which racism may manifest itself within services provided and how awareness of racism within the therapeutic context is important to ensuring effective care and support for refugees. This was considered an especially pressing topic for BAfF considering most staff working within the psychosocial centres do not identify as black, indigenous and/or other people of colour (BIPOC) making sensitisation and awareness an important aspiration for the umbrella organization.

As such, it was decided to develop a case study which might provide a roadmap for BAfF to take a systematic approach to understanding and addressing racism in the context of their services and the challenges faced by clients of their services. In this way it was directly linked to the cross-cutting themes which inform the FOCUS Approach.

Format of Case Study

The activity was designed to create an open space for communication about racism in the psychosocial field. It was intended to explore racism as a form of discrimination and violence which clients of the psychosocial centres experience but also as a structural problem within institutions like the psychosocial centres. The aim of the workshop was to motivate change on the individual and structural level within the psychosocial centres.

1. ***Developing Core Idea.*** The idea for a workshop that facilitated such discussions amongst centre staff emerged from various psychosocial centres who identified a need for further knowledge on this topic.
2. ***Shaping the Action.*** The structure, content and approach of the workshops was developed with therapists who were experienced in facilitating group dialogues and creating supportive environments conducive to open communication. It was decided that participants should have already worked through the first stages of confrontation with BIPOC coaches, allowing for the planned workshop to skip foundational knowledge and rather focus on more advanced topics. The workshop was designed to create an open space for communication about racism in the psychosocial field.
3. ***Implementing the Action.*** Psychologists, psychotherapists, and social workers working in specific centres who had already benefited from foundational knowledge on the topic, were invited to register for one of two 2-hour workshops on the topic 'How do you address racism in your work in a psychosocial centre'. Thirty participants attended each workshop which involved a mixture of plenary and break-out discussions guided by experienced facilitators. The workshops were held online due to pandemic-related restrictions. The structure was:
 - Short introduction of the project (embedded in the FOCUS Approach) and the aims of the workshop, creating an open atmosphere (10min)
 - Scale questions assessing knowledge and engagement with topic (5min)
 - Smaller groups focused on questions developed in advance (60min)
 - Getting back together, exploring ideas, reflection (45min)
4. ***Evaluation.*** Feedback was gathered from participants and key informants who had extensive experience exploring the topic of racism. The key informant interviews provided supplementary information and helped to shape structured feedback and findings.

Use of the FOCUS Approach

The issue of racism impacts dynamic integration in all its dimensions. According to research in different fields, it is a cross-cutting factor influencing integration. In the context of this case study the principal focus was on mental health and psychosocial support and the receiving and arriving community pillars of the FOCUS Approach. Whilst the case study did not directly seek to facilitate interactions between arriving and receiving community members, it did work intensively with receiving community members (psychosocial centre staff) aiming to create further awareness on how arriving community members might be impacted by racism within Germany and how to better support them to tackle systemic

examples of racism. Further, engagement with the arriving community did occur indirectly as some staff who attended the workshops had a migratory background. In the evaluation of the workshops and exploration of how to develop the activity further, the Approach's different elements were used as a guide for reviewing the programme.

Timing & Impact of COVID

The changing nature of pandemic restrictions during the period of implementation meant that all activities took place online. Evaluation suggested that the format would be fully replicable in in-person workshops, especially where a longer duration is needed, although an in-person format might require additional resources to facilitate attendance.

Resources

Overall, this project is viewed as having a low to medium level of financial and resource commitment. The critical additional element is ensuring the availability of expertise on the topic and that participants have completed the first stages of engagement before the workshop.

Once the basic blueprint for the workshops (guidance, background materials, evaluation approach) have been put in place, the ongoing resource commitments are low. Face-to-face attendance of the workshops might result in slightly increased costs due to the potential need to hire a venue and provide necessary provisions (food, stationary etc), however the costs are still considered to be at the low to medium level of commitment.

Evaluation

A detailed evaluation of the reception of the workshops was undertaken.

- The workshops were viewed as an effective way of engaging with a significant number of professional staff on a topic central to integration outcomes and providing an important first step in an ongoing process.
- The format succeeded in ensuring the active engagement of participants who raised significant practical points about the impact of racism on the clients of the psychosocial centres and identified racism as a potential barrier to the access of essential services such as healthcare. The workshops were an effective way of helping professionals to broaden their understanding of the circumstances in which racism can impact integration.
- Participants highlighted the importance of fostering a trusting relationship as part of the therapeutic process. It was noted that openly discussing racism can be essential to fostering such a relationship. Furthermore, if translators are used within the psychosocial centres, they too should benefit from sensitisation on the topic of racism.
- Participants and key informants both highlighted the importance of reflecting on and being mindful of their own potential biases with respect to racism, and noted the workshops represented an important opportunity for psychosocial centre staff to openly discuss their feelings and responses when their clients report racism.
- Through the workshops, participants were able to share and brainstorm ideas for how to initiate discussions with clients on the topic of racism and how to better support clients to navigate such challenging interactions.

- Supportive supervision (a practice of regular peer review and consultation) was identified to be essential to support centre staff to engage in continuous reflective practice on this topic.
- Overall, there was found to be a substantial eagerness to address racism on an ongoing basis in the different elements of the work and training of therapists and counsellors within the psychosocial centres, with participants noting the workshops as an important first step on a continuing process.

Recommendations

- Recommendations for further developing the workshop activity include:
 - An option for a longer workshop should be developed to allow for more in-depth discussions. This is especially important if participants are not already familiar with one another as creation of a trusting environment is central to open dialogue. It is essential to include BIPOC persons within the preparation and implementation of the workshops, and for participants to have worked through at least the early stages of engagement with the topic previous to participation. This enables discussions to occur within relatively brief workshops. Administrative staff and translators working within the psychosocial centres should be invited to similar workshops as they serve as contact points with clients of the centres and thus too can impact the clients experience.
 - Evaluation of the workshops ensures that future iterations are able to accommodate feedback of participants to increase a sense of trust in the process.
 - Members of the arriving community (clients) who already expressed interest in the topic could be asked for input and feedback on the workshops. This could be established in a multi-stage process in which (former) clients and participants have time to make smaller steps/not overwhelm each other. To give (former) clients the appropriate space/protection it could be helpful to start with quotes/stories from them as inputs in the workshops without them having to be present.
- Recommendations for further developing the FOCUS Approach and accompanying implementation guidance:
 - Overall support was found for each of the elements of the FOCUS Approach.
 - The relevance of racism, its impact on trauma and the broader field of MHPSS should be understood within the broader field of dynamic integration work. This highlights that MHPSS should be understood as a broader concept that explores societal impacts at the individual level and vice versa.
 - For psychotherapists, psychologists and social workers, racism should be incorporated within training, occupational induction courses, and where relevant, supervision sessions to ensure all staff are provided with foundational knowledge on how to better support their clients who face this issue.
 - While the case study did not facilitate direct interactions between arriving and receiving community members, it did work intensively with receiving community members (psychosocial centre staff) aiming to create further awareness on how arriving community members might be impacted by racism within Germany and how to better support them to tackle systemic examples of racism.

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

Case Study 4

Partnership Skåne (PS) Regional Integration Partnership, Sweden– Health communication for migrants; In-depth programme for mental health and well-being

The FOCUS Approach to Dynamic Integration is a framework that aims to strengthen existing integration practices, and to support the development of promising integration practices. ***The case study conducted by Partnership Skåne (PS) explores the relevance of the FOCUS Approach in terms of its two pillars MHPSS and receiving and Multi-Stakeholder Partnerships and Coordination.***

Partnership Skåne (PS)

PS represents a multi-stakeholder partnership operating in the large Skåne region of Sweden which has primary responsibility for integration-related services in the region. PS gathers multi-disciplinary partners from the public sector, academia and civil society. While many of the organisations operate with different priorities and responsibilities, all are committed to a systemic and holistic model for a health-promoting integration process for newly arrived migrants. PS is a cooperation platform which functions on both an operational and a strategic level, focusing on facilitating an environment in the mandatory introductory programme that is conducive to integration as well as to trust building, empowerment, and social cohesion.

On a practical level, the main activities of PS are organised and coordinated through five regional hubs to facilitate collaboration and reach all arriving community (AC) members. There are three spheres of activity within the PS: 1) providing civic and health education through culturally sensitive civic and health communication, 2) improving access for refugees and migrants to open, or tailored, activities within civil society and 3) conducting knowledge- and research-based development work (MILSA).

In-depth support programme for mental health and wellbeing for AC members

Partnership Skåne's support programme for mental health and wellbeing supported by the Swedish Ministry of Health and Social Affairs, is a newly developed initiative to support ACs mental health and psychosocial wellbeing, is well founded in international research on interdependency between migration and mental health. The programme was developed based on comprehensive mapping of research in which several theoretical frameworks has been used to analyse how PS's developed methods align with established models and analytical frameworks of AC's mental health support. The programme consists of 1) dialogue support groups /study circles on mental health and well-being for the AC members; 2) coordinated efforts to create enabling environment around the dialogue circles; 3) training in mental health and wellbeing for Civic and Health communicators (CHCs)

Training in Mental Health and Wellbeing for Civic and Health Communicators (CHCs)

Civic and Health Communicators are people, mostly from a migrant background, who are trained and supported to help communicate with arriving community members during the reception phase of their time in Sweden. The CHCs provide a very valuable resource as a bridge between official bodies and refugees. The County Administrative Board Skåne decided to initiate and lead a new element of the training programme for CHCs which would build their knowledge of and responsiveness to mental health and wellbeing issues. Arising from this, it would enable the CHCs to facilitate local discussion circles focused on mental health as well as wellbeing and mental health and parenting. Developed by teachers from five universities, together with other experts, a detailed programme was developed and has subsequently been evaluated.

This training now forms part of ongoing activity and evaluation has been undertaken by PS and its partners. For the purposes of this case study, the FOCUS Approach's pillars were used for a structured review of the operation and impact of this training.

Format of Case Study

The objective of the activity was to engage with a significant cohort of CHCs in relation to mental health and wellbeing so that they could, in turn, use this knowledge in their ongoing engagement with refugees in the region. The specific format of this was a course within the overall education platform for CHCs (MILSA). Training sessions were organised around the idea of creating within communities' specific dialogue support groups which could address 1) mental health and well-being 2) mental health and wellbeing and parenting for the AC members. These community-based groups would be implemented by the CHCs.

Materials were developed to provide both the basis for the training and for the subsequent groups in the community. The two principle sets of materials developed were:

- a) *After the escape* - 5 short films about mental health and parenting; developed as a method material for discussions in the dialogue support groups. (One of the films in the film series was tested to see if the films could be used without the supporting environment of the in-depth programme. The results indicate that the supportive environment is important).
- b) *Ways forward after the escape*; A support programme co-created together with the CHCs, facilitating the support groups for AC members who need a supporting environment due to migration-related stress

29 CHCs participated in the training, which was then reviewed through a number of approaches including by the academic advisers to the project and through direct feedback from participants. Dialogue Support groups were organised in Malmö and Lund, where the programme has been pilot-tested; structured feedback was obtained from arriving community participants, principally through focus group discussions.

Use of the FOCUS Approach

Two of the four pillars of the FOCUS Approach are at the core of the case study and of the ongoing work of PS: MHPSS and Multi-Stakeholder Partnerships and Coordination. In addition, there was substantial engagement with the pillar Participation & Co-creation. Overall, the case study provided extensive opportunity to use the principles of FOCUS Approach as a basis for reviewing the activity and illustrating the work on dynamic integration within a large, publicly supported network delivering core supports for integration.

Timing & Impact of COVID

Implementation of the planned training was adjusted, where necessary, to reflect prevailing pandemic-linked restrictions. This involved online rather than in-person activity for some of the groups.

Resources

Overall, this project is viewed as having a high level of financial and resource commitment. The creation and implementation of the activity required a diverse range of inputs and the participation of a range of organisations. Absent the start-up and evaluation costs, the project contains elements which can be scaled up to fit within existing integration programmes in diverse contexts, where training of facilitators and production of language versions of materials would be the primary costs.

Evaluation

Evaluation of the activity was undertaken on a number of levels – the CHCs and the AC participants in the support groups gave distinct feedback. Provision was made for feedback in Arabic where appropriate.

A high level of acceptability was found in relation to the practice but significant points for further changes emerged. In case of the CHC advance course evaluation, found the training for the in-depth programme for mental health, well-being, and parental support to be valuable, interesting, and engaging. Many stated that it provided more knowledge than expected. The structure and content of the course was appreciated however the content of the course was perceived as too extensive in relation to the length of the course. Most CHCs suggested that the content of the course be spread over more class days. There were also suggestions to add some shorter follow-up classes. Removing some content was not seen as an alternative as everything was perceived as relevant and important. The evaluation of the testbed programme concluded that the programme participants experienced the programme as valuable, since they were motivated and gained knowledge about stress, grief, health promoting habits, being a parent in Sweden, and suggestions for solutions to practical everyday problems. The participants appreciate the fact that they had the opportunity to talk about migration-related stress in their mother tongue together with other participants and leaders who have had similar experiences. This, combined with the screening of the film series *After the Escape*, gave them a broadened perspective on their own situation and a more positive mindset.

Recommendations

An extensive list of practice improvements emerged from the evaluation procedures. In relation to the FOCUS Approach to Dynamic Integration, a list of recommendations emerged. In general, the FOCUS Approach can be considered applicable in developing and assessing an integration practice such as MILSA's *in-depth programme for mental health, well-being and parental support* as its elements provide an important building block and point of reference for the programme/project design phase. Using the FOCUS Approach as an evaluation lens of the MILSA practice, it is evident that two of the FOCUS Approach pillars, 'MHPSS' and 'multistakeholder partnerships and coordination' are more visibly prominent. Participatory and co-creative approaches and the dynamic of shared responsibility for integration between AC and RC could be strengthened.

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

Multistakeholder partnerships and cooperation:

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

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

MHPSS

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

Where possible, MHPSS integration practices should be culturally tailored and anchored, without language barriers and with considerations of cultural conceptions and practices.

MHPSS integration practices should be trauma-informed to avoid fostering potentially retraumatizing environments, though while avoiding a dominance of the medical model of mental health support for refugees. MHPSS integration practices should be designed on the solid foundation of creating an enabling environment, and should aim to promote social support, and access to social networks. Referrals and structures for continued support beyond the specific intervention should be established.

MHPSS integration practices should promote mental health literacy to prevent social stigma and discrimination

Case Study 5

British Red Cross (BRC) in partnership with Queen Margaret University (QMU) and Barnardo's – Family Reunion Integration Service (FRIS): a focus on social connections in integration practise

The FOCUS Approach to Dynamic Integration is a framework that aims to strengthen existing integration practices, and to support the development of promising integration practices. *The case study conducted by the British Red Cross (BRC) explores the relevance of the FOCUS Approach in terms of its two pillars MHPSS and Arriving and Receiving Communities (including volunteerism).*

British Red Cross (BRC)

The British Red Cross focuses nationally on providing people, equipment, space, and resources to support those affected by an emergency, helping them to recover when emergencies happen to individuals and families; to local communities; regionally and across the UK. Beyond this, the BRC is the

United Kingdom's largest provider of services for refugees, asylum seekers, vulnerable migrants, and survivors of trafficking. The BRC's policy and advocacy work helps make sure people seeking protection in the UK are treated fairly and with dignity. British community members are encouraged to join BRC's advocacy work by joining the 'Every Refugee Matters' community. As part of the International Red Cross and Red Crescent Movement, the BRC supports people who are forced to flee their homes overseas. BRC helps people find safe and legal routes to new countries and provides essential aid. They also support survivors of trafficking in the UK and other countries. To help refugees who need information on COVID-19, the BRC worked with *Doctors of the World* and other organisations to produce information on COVID-19 in 23 languages.

Family Reunification and Integration Service (FRIS)

FRIS was designed as the UK's first national programme of integration supports specifically for reunited refugee families. The project aimed to support 900 reunited refugee families (around 3,000 individuals) in building a new life together in the UK. The project also aimed to provide robust evidence to shape the ongoing and future national discourse about integration. FRIS was funded by the European Union Asylum, Migration, and Integration Fund (AMIF) and administered by the relevant UK public body. FRIS began in late 2018, and was set to run until September 2020, and was extended until April 2022. Queen Margaret University (Edinburgh, Scotland) conducted qualitative research as part of the project. This study consisted of several phases: phase one included mapping workshops, surveys through a 'social connections app' and family interviews. The third partner is Barnardo's, the largest national NGO in the UK supporting vulnerable children across England, Scotland, Wales, and Northern Ireland. Barnardo's have been delivering child-focused support and conducting research on the experience of children arriving in the UK through family reunion. In FRIS they offer child focused integration support through assessments, child-focused casework, and parenting support. Families with complex needs are also offered a 10-week group work programme, involving group work sessions with parents and children, jointly facilitated by BRC and Barnardo's.

Format of Case Study

FRIS has two key delivery objectives:

1. Providing integration support for reunited families via a mix of 1:1 casework, psychosocial support, peer-based and host-community interventions
2. Growing the knowledge base about refugees' social connections, to inform refugee integration policy and practice, and enhance refugee sector operational capacity by delivering training to public authorities and internal staff across the project locations.

These challenging objectives have been underpinned by a very specific set of targets for people engaged and activities undertaken. These include:

- 1:1 case work advocacy and assistance
- Refugee sponsors to receive hub-based peer support and practitioner-facilitated psychosocial sessions.
- Reunited families to receive child-focused assessments and 1:1 child-focused casework
- Reunited families with complex needs to receive a 10-week group work programme
- Families to receive befriending, orientation and life-skills support through the peer buddy scheme and the peer education programme

- Individuals from reunited families to receive integration support through the host buddy scheme and language holidays (focused on learning a third language such as sign language together) with host community members
- 30 community grants of £4,000 (€4,800) each for grassroots organisations to run activities for reunited refugee families
- FRIS research and development officers to deliver:
 - o Capacity building sessions with local authorities
 - o Online webinars, presenting research findings
 - o Policy briefings

The activities took place in major cities, though not each activity was available in all places. This different level of activity increased the ability of the evaluation research to draw conclusions about elements of FRIS, focusing on either a ‘family bonds lens’ (focused on rebuilding connections within reunited families), a ‘community bonds lens’ (focused on peer support from someone with other people from a refugee background via peer education- and peer buddy schemes) or a ‘bridges with host community lens’ (focused on support to new arrivals to build connections with local people through the host buddy scheme, language holidays and a grant scheme).

Use of the FOCUS Approach

FRIS encompasses a broad programme of activities and, as such, to some extent touches on each element within the FOCUS Approach. However, two of the four pillars of the FOCUS Approach are at the core of the case study: MHPSS and the Arriving and Receiving Communities (including volunteerism). Overall, the case study provided extensive opportunity to illustrate the principles of the Approach within a large-scale NGO delivering core supports for integration. In addition, its focus on family reunification provides insight on work addressing one of the most consistent concerns in refugee advocacy and long-term integration.

Timing & Impact of COVID

FRIS began before the pandemic’s outbreak in 2020. Once pandemic controls were in place the activities were updated on a regular basis. Given the centrality of face-to-face interactions in the development of positive inter-group contact, this was a substantial challenge.

Resources

Overall, this project is viewed as having a high level of financial and resource commitment. Absent the start-up and evaluation costs, project elements can be scaled to fit within existing integration programmes, where training and focused case work would be the primary costs.

Evaluation

A systematic approach to gathering learning and building capacity was set as a core principle for FRIS. As such, a range of evaluations were put in place which have given a very detailed picture of the nature and impact to date of FRIS.

The beneficiaries interviewed reported substantial positive change in terms of addressing their immediate needs (e.g., housing, healthcare, education, and finances/welfare benefits). The project has made a positive difference to many beneficiaries in a variety of ways. It has helped them:

1. feel more settled and secure in the UK;

2. become part of their local communities;
3. gain knowledge about their rights and entitlements to core services;
4. rebuild family connections;
5. develop friendships;
6. feel happier and more confident;
7. improve their wellbeing.

Many of these outcomes directly map onto the Indicators of Integration Framework, demonstrating that FRIS is contributing positively to the integration of beneficiaries. Many beneficiaries aspire to continue to integrate into their communities, develop their English language skills, and enter employment or volunteering. There have also been positive impacts for the FRIS team, including learning new skills, gaining knowledge, and increased confidence in working with reunited refugee families. Most express pride in the work they have done and what they have achieved, despite their heavy workloads. FRIS has also helped BRC to improve its organisational practices and increase its profile. In addition, wider outcomes associated with FRIS have been observed, including more positive working relationships with external organisations across the hubs. The collection of data through FRIS (including tracker data) has been valuable for gathering evidence to share with external organisations to improve practice and policy to benefit reunited refugee families.

Recommendations

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

Participatory and co-creative approaches

This area was identified as needing improvement in some areas compared to others. There was an overall desire to find ways of giving participants an opportunity to shape more activities. Where this was possible it was positively referenced. For instance, in Cardiff, having engaged and committed volunteers and utilising a co-production approach influenced by the AVAIL⁵ project was said to make the community lens activities effective. This also in combination with the co-location of the Cardiff FRIS team, which was located in a refugee community hub, which influenced the ability to recruit more volunteers. Overall, in the FRIS project, an individualised and beneficiary-led approach were recognized by external reviewers to be its key strength. Based on the FRIS project experiences, the following general recommendations can be made for practitioners and policy makers who are seeking to apply the FOCUS Approach in designing similar dynamic integration practice:

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

⁵ AVAIL is an AMIF funded European project in AVAIL project ran in the UK, Ireland, Latvia and Italy. The British Red Cross' AVAIL project in the UK focuses on the VOICES network, which helps refugees and asylum seekers to speak out to change policy and practice via a life skills course given through peer education, and peer research which fed into plans for future support services.

Arriving and Receiving Communities (including volunteerism)

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

- Buddy initiatives can be important to facilitating social bonds and bridges, and where possible volunteers may be engaged from both communities to facilitate interactions amongst RC and RC members.
- Should volunteers be utilised in programming, their motivation and interests should be explored to ensure they are appropriately ‘matched’ to a community member with similar motivations and interests – this can help to facilitate more meaningful, quality interactions.

MHPSS

MHPSS elements of FRIS, core to it due to the case work given to all participants, were appreciated as was their beneficial impact. Participants provided significant feedback to help develop this dimension further, with a particular emphasis on going further on the concept of wellbeing of staff and volunteers while dealing with safeguarding issues of the people they aim to help. The expertise of a child-oriented well-being agency such as Barnardo’s and the child-focused work they provided, was stated to help frontline staff understand each family’s needs. Psychosocial support was warmly welcomed by beneficiaries and frontline workers alike, due to high levels of isolation and mental health problems experienced by refugee families, meaning also high caseloads for frontline workers. As can be seen from the evaluation description, FRIS had impact on beneficiary mental health as they reported feeling happier, more confident and having improved wellbeing. This may also be because their psychosocial support system seemed to have strengthened via FRIS, by rebuild family connections and developed friendships. In general, the practitioners wishing to design similar to FRIS practice taking in line with FOCUS approach are recommended to the following:

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

Coordination & Multi-Stakeholder Partnerships

Due to the way the project was set up as a partnership between three organizations, working at a national and 8 local levels, this dimension was prominent in FRIS. The partnership with Barnardo's was stated to have created an important bridge between the knowledge and expertise of both partners, which allowed for a 'more holistic and responsive service' in FRIS. Frontline workers also stated how they encountered delays and difficulties in accessing core statutory services, which provided important advocacy support opportunities to beneficiaries when issues arose. This speaks to the need for the role of coordination and advocacy being combined and the opportunity that case work gives to this. The external review also stated that more positive working relationships with external organisations across the hubs were observed as a wider outcome associated with FRIS. Especially the data collection elements, including tracker data, was stated to be valuable for gathering evidence to share with external organizations, to improve policy and practice. In sum, it is recommendable that:

- Advocacy initiatives and the role of advocacy more broadly in promoting policy-level change is recommended to be considered as part of multistakeholder partnerships and coordination.
- Careful consideration to how data is collected and shared (respecting appropriate privacy policies) can be essential to ensure that information is maximised allowing for the sharing of lessons learned and also to provide a further avenue for advocating for change based on facts.
- Linkages should be established with a diverse range of stakeholders to ensure broad expertise exists within programming and that referrals are in place to address the diverse needs of service users.

3.3. Limitations of the case study work

COVID-19 adaptations & learnings

As outlined earlier, the impact of pandemic-related public health guidelines and continued uncertainty about future waves of COVID-19 dramatically altered the ability to plan and implement activities involving direct human contact. The FOCUS consortium collectively worked together with the project's Advisory Board and end-users, to develop a number of specific amendments to overcome these obstacles and ensure fulfilment of the objectives to the highest standards and with maximum practical impact.

FOCUS adds value through research and innovation within the social and psychological aspects of dynamic integration. Pre-COVID, WP5 was designed to add this value through short, direct test of "...operational solutions for building trust and dialogue between host communities and refugees..." (T5.1) in five pre-selected locations. In WP6, results from these 5 locations were intended to contribute substantially to the development of a toolbox and adaptation guidance to support in particular "local helpers providing practical guidance, opening doors to local networking, and providing cultural and linguistic interpretation easing the way into the society and community."

Findings from WP2 literature reviews and preliminary findings from the FOCUS research confirmed that WP5 tests should emphasise contact between people and groups of people, and that trust and dialogue would be fostered where solutions emphasised quality of contact. This translates to integration practices where, as a core principle, people meet in groups and interact face-to-face in safe environments.

With the COVID-19 pandemic the fundamental premise of safe, physical social interaction was completely suspended and disrupted. Throughout Europe, public health guidelines and regulations restricted and recommended against such social interactions that are essential to support dynamic integration. In addition, a lingering impact has been observed in that many persons have experienced increased reluctance to engage in group settings with strangers due to continued fears and uncertainty around contamination, or the fear of the restrictions themselves which were quite strictly imposed in some context and especially the earlier stages of the pandemic or when new variants emerged.

Despite refugees being particularly exposed to the disease itself and its negative psychological and social effects, partners in the prospective implementing sites *had no choice but to stop all implementation of integration measures involving physical contact between people*. The FOCUS consortium worked closely with implementing partners to develop an alternative methodology that would be viable during the pandemic that would still enable for meaningful exploration into the concept of dynamic integration within the EU.

Development of the mitigation strategies entailed *close consultation, collaboration, and engagement with the partners in the implementing sites*, enabling a deeper understanding of the contexts that implementing partners work in, their challenges and increased access to and broader reading of secondary data in the form of reports and internal evaluations of the complex programmes for dynamic integration that partners currently implement.

Capitalising on the insights above entailed a shift away from the direct pilot test of individual integration practices to identification and validation of an approach to dynamic integration that draws both on the extensively evaluated and documented complex programming for integration that test partners have produced in the course of their work *and* that is supported by the FOCUS scientific findings.

The reconfiguration of WP5 was delivered with no additional cost and within the original budget, even though the work entailed to achieve this surpasses the budget framework.

The case studies also provided valuable insights over adaptations of dynamic integration practices due to the pandemic. British Red Cross (BRC), for instance, reported that providing casework support and advice over the telephone, particularly during the COVID-19 lockdown, has saved time and increased productivity. Detailed description of on BRC's COVID-19 adaptation strategy and its impact on the case study can be found in Annex 1 – Illustrative Case study 5.

Lengthy ethical review processes

Due to the above COVID-19 related disruptions, significant modification needed to occur to the WP5 methodology. This led to the methodology needing to be subjected to multiple ethical review processes. Further, given a participatory action research design was employed the process of providing ownership to the implementing partners in the process of tool selection, implementation and final evaluation meant that considerable time needed to be spent designing a package of tools from which implementing partners could select. Additionally, considerable time was spent in dialogue with each implementing partner to support them to identify a methodological approach that was appropriate to their context and also fulfilled their needs, ensuring practical and contextual relevance. This flexibility in methodological design and continued co-creative development of the methodology presents an important strength of the current methodology, however it also led to considerable delays in finalising the methodological package and ensuring the ethical application sent to the EAB for approval represented the diverse contexts and needs of each implementing partner.

This challenge has also been reported in the literature as a common one in participatory action research (Goodyear-Smith, 2015). The need for resubmission for ethical approval led to significant delays in the ability to collect data meaning case studies had to rely strongly on the expertise of the implementing partners and their prior research/evaluations. This limitation however does give rise to a significant strength of the current report in that it has ensured a high standard of ethical integrity, has respected the principles of data minimalization and also has built upon existing knowledge to further develop key insights into the field of dynamic integration.

Challenges defining successful integration

The original WP5 design as outlined in the description of action relied heavily on the concept of ‘testing’ ‘solutions’ to integration, which supports a notion that integration can be solved through short-term intervention, and that ‘successful’ integration can be easily defined and evaluated. Consultations with key stakeholders in WP2 and amongst the FOCUS consortium highlighted the problematic nature of this notion and instead decided upon key reframes that were more conceptually sound. This contributed to a shift away from ‘testing’ to illustrative case studies and exploration of an approach to integration, and a shift away from ‘solutions’ to exploring practices that might contribute to facilitating dynamic integration. Whilst the changes in conceptualisation presented challenges to the implementation of WP5 leading to further delays in the design and execution of the case studies, the final results are practically meaningful and in line with the continued discussions around how to define and measure integration (in that it is complex and multi-faceted).

3.4. Recommendations

Results from the five case studies provided compelling insights not only for the FOCUS Approach by outlining core considerations for its operationalisation, but also in generating recommendations for how practices can be strengthened to support dynamic integration. Core recommendations that arose from the various case studies are as follows:

1. FOCUS Approach

- The FOCUS Approach could be used by practitioners as an analytic tool and as a means for guiding the development of promising integration practices. The key informant interview guides used as part of the case study methodology can be provided within the Living Well Together Resource as an example for how to explore the FOCUS Approach dimension for existing programmes.
- The FOCUS Approach should be modified to highlight the importance of socioeconomic factors (such as education and labour market considerations) to support dynamic integration.
- The relationship between the FOCUS Approach and advocacy initiatives should be considered to target systemic racism and prevent the impact of such on policies and service access and provision.

Mental Health and Psychosocial Support

- MHPSS services in the context of integration practices should be multi-layered meaning linkages exist to specialist support, but that also non-specialised support is provided to strengthen support at the community and familial level.
- MHPSS services should not unduly focus on concepts of 'trauma' and rather should acknowledge the wide range of stressors placed upon migrants within the EU, with special attention to the role of post-migration stressors that can perpetuate distress and lead to lower wellbeing. Advocacy initiatives can be important as an action that can help increase awareness of persistent post-migration stressors that are attributable to policies and bureaucracy and attempt to foster change.
- Capacity strengthening training and supportive supervision is essential for staff and volunteers engaged in MHPSS activities in the context of integration to ensure they are encouraged to regularly reflect on potential power dynamics, racism and to ensure staff and volunteers in 'carer' roles are provided with the necessary support to protect and promote their own wellbeing as well as of those they help, making sure no harm is inflicted and quality is assured.
- Integration-focused practices should aim to promote mental health literacy to prevent social stigma and discrimination and to aim to increase culturally informed practice and access to care.
- Art-based or creative MHPSS practices may be useful to overcome language barriers and can also be offered as part of culturally informed practice as not all cultures are equally used to 'talking therapies', or due to mental health stigma in their country of origin or arrival, service users may feel more comfortable to express their mental health and psychosocial support needs differently.
- Safeguarding sessions that assure that safety, security, and trust in the home and local area may be needed. Refugees or asylum seekers might be in an unsafe or unsecure situation yet reluctant or somehow fearful to divulge the risky or difficult situation that they might be experiencing. Information sessions about different situations that can be taken as safeguarding, who to contact and what assistance to expect can contribute to the wellbeing. The IASC Guidance (2007) also highlights the need to primarily focus on information provisions that contribute to a sense of safety, before more elaborate forms of MHPSS services can be offered.

Receiving and Arriving Communities (including volunteerism)

- Engage receiving community members in integration practices beyond the typical 'helper / recipient of care' dynamic that is often prevalent in integration-focused initiatives is essential to address potential power imbalances.
- Volunteerism is a potential vehicle for the better engagement of receiving and arriving community members. Efforts should be made to elicit volunteers from both arriving and receiving communities.
- Providing safe and supportive environments are essential when attempting to facilitate interactions between receiving and arriving communities. In particular, receiving community members should be provided with a foundational understanding of how factors such as racism and discrimination can impact the daily lives of arriving community members to encourage increased understanding.
- Volunteerism corresponds with the 5th stage of social connections (Baillot et al., 2020), 'contributing to wider society'. This means that arriving community members may need to first

consolidate trusting relationships and re-establish a sense of safety and security at home, foster new connections, embed into the local area, participate in the wider community before they feel ready to volunteer and 'contribute' to the wider society

- Volunteerism can support other goals in the integration journey, as by means of working and getting more local working experience, opportunities for employment, but also housing, education, leisure, and health or other domains of the Indicators of Integration framework such as language, culture and digital skills acquisition may be easier accessible by means of social bonds, bridges and links created
- Volunteerism is ideally also about engaging people who have never volunteered before and are usually not part of integration efforts. This can be receiving community members who experiencing daily challenges in their own lives, from more diverse socio-cultural and socio-economic backgrounds, who would be challenged themselves by the social connection with people with a refugee or migratory background. This may require more time investment on behalf of the social link providing the volunteer opportunity, but could lead to an increase in tolerance, one of the aims of integration.

Multistakeholder Partnerships and Coordination

- Linkages should be established with civil society organisations led by BIPOC persons who can ensure integration-focused and other supportive services are provided in a manner that is sensitive to potential power imbalances and aims to address important topics such as racism and discrimination.
- Linkages should be established with a wide array of stakeholders to ensure supportive services exist to support the diverse needs of arriving communities. Referral pathways should span a diverse range of needs and should be functioning and facilitative of access to services (not convoluted and complicated).
- Advocacy initiatives might be needed to ensure that receiving and arriving communities are able to enjoy equal and equitable access to services that are tailored to their unique needs.
- Partnerships should be established to promote long-term sustainable and intersectoral cooperation amongst a variety of actors that target various elements of socioeconomic and psychosocial constructs.
- There needs to be resources for interpretation (to enable culturally informed and accessible services) as well as resources for digitalization as digital poverty can serve as an integration obstacle. Digital poverty can form a gender specific risk to women, who are more likely to be excluded from internet and phone access, which can create dependency, increasing the risk of not feeling safe and secure because of a lack of access to information.
- Adult arriving community members may want to invest in strengthening their employable skills, signposting where to go to gain them can be a crucial element to strengthening social links
- Debt advice should be included as many people arrive as newcomers with debts, the costs associated with migration and reunion, which can be exacerbated due to pandemic travel restrictions (e.g., quarantine costs being born by the arriving community member).

Participatory and Co-Creative Approaches

- The participatory and co-creative dimension of the FOCUS Approach requires more consideration on how to empower participants to meaningfully contribute. In developing a genuinely participative and co-creative programme it is important to emphasize from the outset how multiple methodological approaches are required to bolster confidence and know-how for how to meaningfully engage in design, implementation, and evaluation.
- Participatory and co-creative methodologies appear to be crucial at the early stages of activity development. The FOCUS Approach should ensure participatory methodologies are employed to inform the inception phase of programme development.
- Participatory and co-creative approaches can serve as a double-edged sword. By giving power to experts by experience, there is a lot of potential, insights, and experience to be gained, but those experiences and insights may be easiest to access as a resource once people are more settled in, for newly arrived community members. This corresponds with the 5 stages of social connections (Baillot et al.,2020) as described in the introduction, 'contributing to wider society'.
- People with refugee backgrounds can be involved in different aspects, from consultation to advocacy work at the policy level, depending on how they wish to participate at this stage of their personal integration journey. Their participation does not need to be targeted to dynamic integration outcomes, but rather to community development goals.

2. Implementation Guidance

- The implementation guidance needs to provide consideration for how to better engage receiving community members in integration practices.
- Participants reported benefits to engaging in key informant interviews despite the interviews not being considered a part of the integration-focused activities being explored (and rather were used as a source of gathering evaluation information). This unexpected finding highlights the importance of creating a safe space and providing an opportunity for open dialogue with arriving community members. FOCUS Approach implementation considerations should provide guidance to practitioners on how to create such a supportive space.
- The implementation guidance should aim to provide inspiration for how to incorporate socioeconomic factors (such as education and labour market considerations) within integration practices.
- The implementation guidance must provide more detailed information on how to empower community members to meaningfully engage in the participative and co-creative design process, ensuring persons being asked to participate are equipped with the necessary knowledge, confidence, and communication abilities to ensure meaningful participation.
- Cooperation with academic partners can be considered a promising avenue for strengthening monitoring and evaluation of integration-focused practices and can help to disseminate key lessons learned to further the field of practice related to dynamic integration.
- Policy considerations – these findings and recommendation have significant policy implications which will be reflected in FOCUS's policy outputs.

References:

- Ager, A. and Strang, A. (2008). Understanding integration: a conceptual framework. *Journal of Refugee Studies*, Vol.21(2), pp.166-191. Available online at <https://academic.oup.com/jrs/article/21/2/166/1621262>
- Baillot, H., et al. (2020). Pathways and Potentialities: the role of social connections in the integration of reunited refugee families . Available online at <https://www.qmu.ac.uk/media/10689/pathways-report-final-with-exec-summary-final.pdf>
- Betts, A and Bloom, L (2014). *Humanitarian Innovation: The State of the Art*, New York: OCHA
- Betts, A., Bloom, L., Weaver, N., (2015). *Refugee Innovation. Humanitarian innovation starts with communities* Available at <https://www.unhcr.org/innovation/wp-content/uploads/2015/07/refugee-innovation-web-5-3mb.pdf>
- Charlson, F., Van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). 'New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis' in *The Lancet* Vol 394 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30934-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext)
- European Commission (24.11.2020). Action plan on Integration and Inclusion 2021-2027. Available online at https://ec.europa.eu/home-affairs/system/files_en?file=2020-11/action_plan_on_integration_and_inclusion_2021-2027.pdf
- European Commission. COM(2005) 389 final. A Common Agenda for Integration Framework for the Integration of Third-Country Nationals in the European Union
- FOCUS (2019). Deliverable 2.1: Mapping of host community/refugee relations. Available online at <https://www.focus-refugees.eu/materials-downloads/>
- Goodyear-Smith F, Jackson C, Greenhalgh T. (2015). Co-design and implementation research: challenges and solutions for ethics committees. *BMC Med Ethics*. Available online at doi:10.1186/s12910-015-0072-2
- Guribye, E. (2013). White Tigers': Researcher Roles in Relation to Linking Social Capital within Tamil Voluntary Associations in Norway. Available online at <https://academic.oup.com/jrs/article-abstract/26/3/416/1585996?redirectedFrom=fulltext>
- Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.
- Murray, R. , et al. (2010). *The open book of social innovation*. NESTA Innovating public services
- Strang, A. (2010). Refugee Integration: Emerging Trends and Remaining Agendas. *Journal of Refugee Studies* 23(4):589-607 Available online at [DOI:10.1093/jrs/feq046](https://doi.org/10.1093/jrs/feq046)
- Strang, A., et al. (2019) *Home Office Indicators of Integration framework 2019*. Third edition. Available online at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835573/home-office-indicators-of-integration-framework-2019-horr109.pdf
- Strang, A., Quinn N.,(2021). Integration or Isolation? Refugees' Social Connections and Wellbeing. *Journal of Refugee Studies*, Volume 34, Issue 1, March 2021, Pages 328–353, <https://doi.org/10.1093/jrs/fez040> . Available online at <https://academic.oup.com/jrs/article-abstract/doi/10.1093/jrs/fez040/5525279?redirectedFrom=fulltext>

List of Annexes:

- Annex 1 – Illustrative case studies in Denmark, Sweden, Austria, UK and Germany
- Annex 2 – FOCUS Screening criteria for WP5 case studies
- Annex 3 – Informed Consent Project Coordinator
- Annex 4 – Information Sheet Project Coordinator
- Annex 5 – Informed consent form Key Informant Interview
- Annex 6 – Information sheet Key Informant Interview
- Annex 7 – FOCUS ethics and data management plan
- Annex 8 – Pilot methodology ethical approval received
- Annex 9 – Certificate of good standing University of Innsbruck
- Annex 10 – Revised WP5 methodology
- Annex 11 – FOCUS Case Study Ethical Approval WP5
- Annex 12 – FOCUS Key informant interview questions
- Annex 13 – FOCUS Program Manager - Coordinator survey
- Annex 14 – Example of FOCUS group discussion questions
- Annex 15 – FOCUS - Facilitator volunteer survey
- Annex 16 – FOCUS End User Committee - Terms of Reference
- Annex 17 – FOCUS methodology: relation between the case studies and consultation process