S.U.C.RE.

Supporting University Community Pathways for Refugees-Migrants

Authors   **Anna Bibou,** Professor, School of Primary Education

Lia Figgou, Assistant Professor, School of Psychology

Aphrodite Baka, Assistant Professor, School of Psychology

Research   **Martina Sourvinou,** PhD candidate, School of Psychology

assistants   **Dimitra Anagnostopoulou ,** MSc student, School of Psychology

Maria Rapti, MSc student, School of Psychology

Marina Hantit Noour, BSc student, School of Psychology

Dimitris Voutirakis, Social Worker, Greek Council for Refugees

Aristotle University of Thessaloniki

Thessaloniki, Greece

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A digital/online educational module & monitoring/recommendations guidelines

for trainers regarding

the psychosocial support of refugees

IO4: Psychosocial Support through Communities' engagement & mobilization

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INTRODUCTION

1.1 The current refugee 'crisis'

According to UNCHR, 258,365 people arrived in Greece in 2015 through the Aegean sea. By the end of 2016, more than 55,000 people have been registered in settlements throughout Greece. Amongst them about 47,400 refugees, asylum-seekers, and migrants have been transferred on the mainland, while 15,384 remained on the islands (Amnesty International, 2017). Of course, all numbers should be treated with caution. There is an inconsistency in numbers provided by different national and international institutions which reflects factors relating to refugee populations and refugee movements. Reports by UNCHR country offices are drawn on various sources such as governments, implementing partners, national and international programs. In addition, data are mostly collected under adverse conditions, reflecting diverse processes of identification, classification and codification, assessing levels of need in the pre-and post-migration contexts (Ong, 2003).

According to Freedman (2016), the refugee 'crisis' is not new and is not unexpected. Instability and conflict in certain areas of the Middle East and Africa were addressed by a European policy focused on the securitization of the European borders and on the repression of trafficking and prevention of 'illegal' migration[1], instead of the protection of the lives of refugees. In the academic literature, the reception models are mainly categorized in those where migrants/refugees search for benevolent societies in which they would build a future and in those in which migrants/refugees arrive and stay in countries with basic or no reception facilities (Derluyn & Broekaert, 2005). In the first model, the countries have gained experience in the formulation and the development of practices; the practices are mostly characterized by surveillance and social control, along with dominance of immigration processes at the expense of welfare approaches. In the second model, the basic facilities for refugees and asylum seekers are separated from the local communities and refugee integration is not among the main objectives.

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[1] According to Castles & Miller (2003), the theoretical and methodological orientations with respect to migration are defined in four main models:
a) Push/pull theories (neo-classical economic theory, the notion of the migrant as rational agent estimating push and pull factors regarding migration)
b) Historical- structural model informed by Marxist political economy and emphasizing political power and economical inequalities (Bauman, 2004, Castells, 2002)
c) Migration systems theory, focusing on the interaction of macro and micro structures
d) Transnational theory, conceptualizing migration as a regular movement to places with economic, social or structural linkages (prominent in this theory is the notion of deterritorialisation and emphasis on the maintenance of ties and communities in deterritoralised contexts e.g. Appadurai, 1996. Bauer, & Thompson, 2006)
All models have potential strengths and deficits and need to be examined in terms of how they are used by institutions and services and their effects on migrants (for further elaboration see Castles & Miller, 2003).

Greece constitutes a paradigmatic example of the second model. During the arrival of refugees, Greece had already been facing a long period of economic crisis and severe austerity measures. Economic turmoil was accompanied by a severe lack of adequate infrastructures to host the incoming population and by an ambivalent EU stance towards what was approached as a 'refugee crisis'. The main components of the reception and refugee settlement were delegated to International and National Organizations along with the appointment of Refugee Education Coordinators from the Ministry of Education. Non Governmental Organizations (NGOs) in an attempt to cover the lacuna left by state policy responded to the immediate material and psychosocial needs of refugees, developing short or medium term services. Most national and international agencies that came to aid of the refugees were mostly concerned with basic humanitarian assistance, like health, food and shelter. At the same time refugees' psychosocial care needs originated from intertwining and overlapping issues amongst which housing, destitution and legal ambiguity in terms of the asylum process.

Most of the new coming refugees settled in refugee camps. Camps, meant to be temporary transit places, often resemble poorly resourced social spaces with potential risks (health, civil status and rights, environmental risks such as safety, conflicts, criminality). Given various funding streams behind NGO activities, educational and other initiatives were often stand-alone interventions lacking integration with other services or opportunities. Gradually, the difficulty in cooperation and coordination among groups or institutions working in the field, further charged the lack of a strategic plan and partnership within the European context.

1.2 Main rationale and objectives of the educational module

At the beginning of the current project, in camp-based refugees, comprehensive and accessible systems of primary and secondary education had not been established, making equitable admissions strategies for higher education difficult. Within the context described above, SUCRE aimed to facilitate young refugees' educational integration and in particular integration into Higher Education by supporting – through the construction of relevant training material- practitioners who work with the refugees in various sites. Part of the educational material produced within the SUCRE project is the present educational module for trainers regarding the psychosocial support of refugee families.

The general objective of the educational module is aimed at local community workers, specialized psychosocial and mental health care practitioners, and other humanitarian actors working with the refugee population. The module is based on the experience of academic knowledge and practitioners' documentation; it attempts to take into account the perspective of both refugees and the NGO professionals and to move away both from a narrow policy-driven focus and from a problem focused perspective. The present module attempts to combine academic research with the world of policy/practice, claiming that academic research is a prerequisite for meaningful change in policy and services.

According to Turton (2003), 'Scientific knowledge is relevant to practice, provided it is used to problematise what policy-driven work and practical knowledge takes for granted'. We are aware that refugees may be affected in different ways and may need help to recover individually or collectively. What we claim, instead, is the need to move away from both a narrowly-policy driven research focus and from scientific evaluations based on the assumption that refugee population face severe psychological problems.

We are also aware of the legal/administrative definitions of refugee population such as issues regarding the definition of refugees (refugees, asylum seekers, internally displaced, stateless persons). According to Watters (2009), there are at least two ways of defining refugees: Immigration control trajectory raises concerns with security, legislation and documentation of status; on the other hand, welfare trajectory addresses concerns with social support and psychosocial well-being. The psychosocial care of refugees is influenced by the tension between immigration control and welfare trajectories. Becoming a refugee depends on a process of according a specific legal status to populations that have crossed an international border and are recognized as having a well-founded fear of persecution. Different ascribed identities for refugee children and adults are based on universalised notions of transitions and development socially and culturally constructed. Accordingly, distinct agencies may be responsible for health, education, welfare

and housing. A common representation of refugees as untrustworthy, according to the immigration control trajectory, or as damaged, according to the welfare trajectory, are not helpful for the integration of the refugee population. Recent changes in European politics from political asylum to humanitarian reasons are quite prevalent and the right to life has been displaced from the political frame to that of compassion (Fassin, 2005). The humanitarian approach, according to the welfare trajectory, draws upon a moral economy of care, detouring the legislative barriers, or otherwise, reflecting wider societal values regarding legitimate and illegitimate. This bureaucratic approach is linked to the representation of asylum-seeker refugees as lacking in legitimacy in making demands on welfare provision. The emphasis on care and issues of moral economy are sometimes infused with beliefs, according to which, refugees who make claims for support are manipulative and lack in a moral claim for economic support. In order to have access to benefits, refugees have to appeal to humanitarian reasons.

In the current manual, we choose to focus on 'observable social realities' (Zelberg, 1984, p. 4), as documented by the practitioners' focus groups, desisting from legal and administrative definitions. This focus does not mean that we do not acknowledge that considerations of the refugee population welfare are constantly negotiated through shifting immigration laws. The following figure presents some of the main unhelpful and helpful assumptions regarding refugee population.

Figure 1a: Unhelpful assumptions

Humanitarian categories that fix people in particular places and social positions (Brun , 2016).

Children viewed 'as living in a shattered world that needs to be made whole' (Watters, 2008)

Children been seen outside of their families/communities and cultural contexts. Risk of them being displaced by both their country of origin and their family/ familiar cultural groupings when asked to conform to the structures of the host society

Refugees homogenised as having similar experiences and latent vulnerabilities

Psychological interpretation of displacement (Malkki, 1995)

Pathologizing of parents due to adverse experiences, being recognized as a risk instead of protective factor

Figure 1b: Helpful assumptions

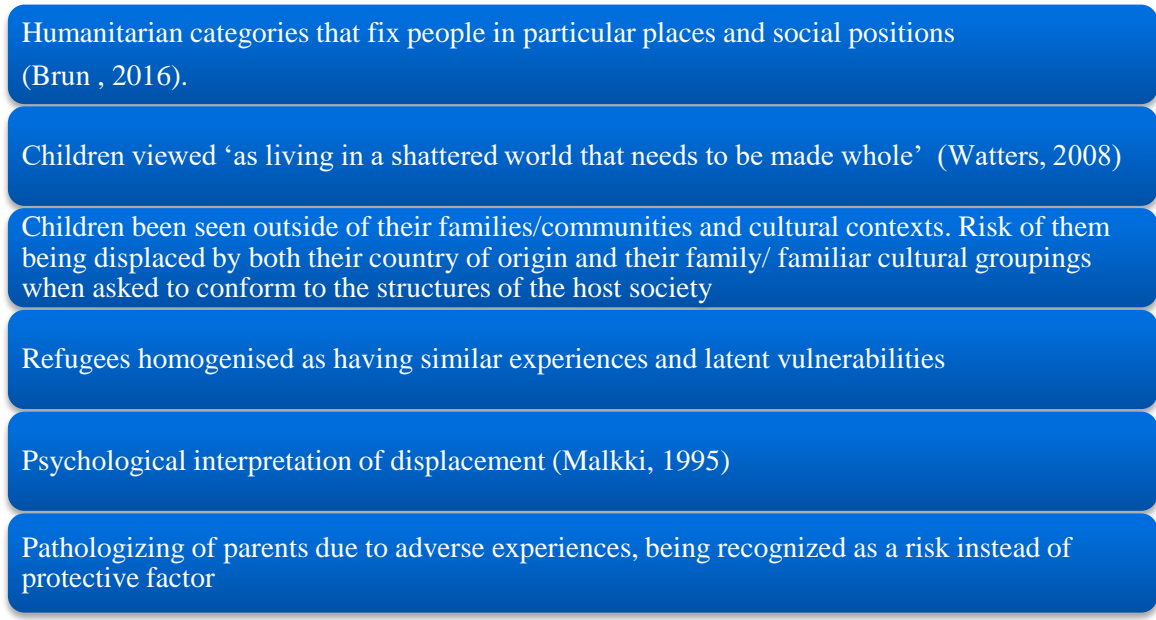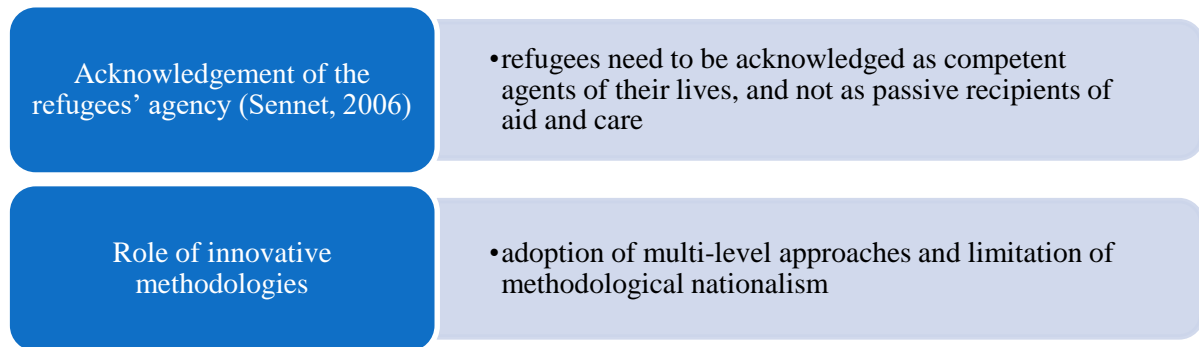| Acknowledgement of the refugees' agency (Sennet, 2006)	•refugees need to be acknowledged as competent agents of their lives, and not as passive recipients of aid and care
Role of innovative methodologies	•adoption of multi-level approaches and limitation of methodological nationalism

The training module aims:

▸ to give participants an understanding of the need for a macro-, meso- and micro-contextual approach to the issue
▸ to locate helping in the context of practitioners' and refugees' documented needs
▸ to set out the context and ethics in helping
▸ to provide skills and knowledge necessary for practitioners' work settings

1.3 Main resources and structure of the educational module

The present training material is based on a) interview and focus group accounts[2] of practitioners' experiences with/on refugees provided in the context of interview and focus group discussions, b) academic experience and desk research in an attempt to identify relevant literature as well as existing interventions and examples of 'good practices'. The material is not presented as good practice, since the notion of 'good practice' gives support to the assumption that the alleged as good recommendations in one context need to be also adopted elsewhere. We are aware of the fact that the context in which projects have been developed, such as the social and health care systems of particular countries, are extremely important for the sustainability and the quality of good practices (Watters, 2005). Furthermore, the medium or long term impact of a good practice could be militated from the broader international context, such as the European context in relation to Greece's initiatives. Good practices identified and presented below may be appropriately acknowledged as a series of 'accomplishments' achieved by dedicated professionals. We need to take into consideration that the development and establishment of special programs ranging from educational initiatives to advocacy and counseling or broad /comprehensive programs as opposed to programs addressing specific needs, are influenced by pervasive discourses regarding the needs and the problems of refugees.

Hence this module is structured as follows:

The first part includes a brief presentation of the main thematic categories identified in practitioners' interviews. These categories are based on focus group discussions on the practitioners' experience of supporting refugees.

The second part includes some important assumptions and considerations from the relevant literature such as debates on the conceptualization of 'crisis' and the rhetoric of emergency, models of integration, perspectives of psychosocial (humanitarian/political) interventions.

The third part includes examples of 'good practices'.

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[2] Our initial aim was to ground this educational material also on young refugees' interview accounts on their needs. Interviewing young refugees proved to be extremely difficult due to various reasons the most important amongst which are the following: a) the refugee population had been "over-interviewed" by NGOs, a process that created unrequited hopes and resulted in avoiding further calls for engagement, b) those who accepted to participate refused to share personal information and emphasized that they had already undergone multiple procedures of traditional border practices such as identification verification; as a result they were particularly tired of having to disclose personal information and experiences c) at the scheduled (for the interviews) time the majority of young refugees were looking for relocation or were already under relocation procedures.

PART I

2. Exploring practitioners' experiences and needs

Our main interest focuses on the ways in which practitioners working with refugees in public services or NGOs make sense of their contact with refugees in the uncertain Greek context and their psychosocial support practices. In other words, we attempt to document and analyze how humanitarian workers experience their work (challenges and barriers) in protracted humanitarian crises. According to Froyland (2018), practitioners in the field working as frontline workers are key persons for the refugees. The practitioners might lack a recognized body of established knowledge that they can rely on (Van Berkel et al., 2010), thus adopting highly individualized practices. However, they stress the need of competence in terms of proper training and constructive feedback along with feelings of autonomy in terms of involvement in decisions and relatedness with other staff members and the population they serve in the field. In Greece that experiences a considerable influx of refugees, UN agencies and international NGOs along with local and central government involvement have attempted to implement programs addressing refugees' needs.

Aς mentioned above, practitioners' accounts were elicited by focus groups and interviews and the needs survey included the following stages:

- ▶ Identification of potential participants (organizations and refugees). An extensive list of national and international NGOs was compiled that gave us access to the refugee population

- ▶ Mobilization of participants and construction of interviews and focus groups guide

- ▶ Data thematic analysis (Braun & Clarke, 2006).

The main themes discussed in the focus groups and interviews with the practitioners concerned: a) the ways they understand the needs of the refugee population they work with; b) the ways in which they seek to translate these ideas into their practice; and c) the role of practitioners in the NGOs in relation to the refugees' psychosocial wellbeing. Data were analysed using a hybrid inductive-deductive approach and the main thematic categories that emerged are presented below:

2.1 Thematic categories

1. Professional (working) identity

1.1 Uncertainty, precariousness in terms of:

- Professional roles and boundaries: Different roles, approaches, perceptions, rules

- Working places: Continuous transfers from one place (camp) to another or from one NGO to another, or geographical transfers from the camps to community centers in the city

- Working contexts: Lack of a stable working context and of a sense of belonging

- Political scenery: Lack of experience, lack of a long term strategic planning, ambiguous and uncertain national and European legal contexts, lack of experience of international NGOs with the Greek system, change of provisions.

- Mobility of the population: Temporality in terms of chronic uncertainty regarding refugee legal status and integration or moving on.

- Ability to plan or schedule long term activities for refugees: Lack of a clear strategic national or international policy.

1.2. Participants' motivation for working with the refugee population

- Need to help, to resist racism, to contribute as part of a solution

- Sense of personal responsibility,

- Sense of worthiness

1.3. Practitioners as receivers of mistrust and complaints from:

- The refugees

- The community

- The volunteers

1.4. In-service training

- Lack of previous specialized training (including psychosocial, legal and medical issues and issues of cultural awareness)

- Lack of long term training

- Lack of consistent supervision and reflective practice

2. Organizational-Administrative context

2.1 Competition among NGOs

- Given various funding streams behind NGO activities, educational and other initiatives are often stand-alone interventions lacking integration with other services or opportunities.
- Most national and international agencies that came to aid of the refugees were mostly concerned with basic humanitarian assistance, like health, food and shelter and were attempting to define their working place.

2.2 Limited information sharing and exchange-collaboration issues within NGOs and state services

- Lack of adequate communication within the NGOs,
- Issues of confidentiality and reservations (protection of private personal data, UNCR's reluctance to share information and data)
- Interagency collaboration issues with municipalities and/or police (conflicting jurisdiction and competence between NGOs and governmental policy and practice).

2.3 Bureaucratic difficulties:

- Division of jurisdiction and relevancies between two ministries (Labor and Immigration),
- Lack of coordination with the state authorities of the refugees' countries of origin, due to crisis (e.g. countries at war).
- Lack of continuity of care
- Inadequate evaluation of the projects: quality of quantitative assessment, need for continuous evaluation
- Politics as a major barrier for the actual implementation of psychosocial support

2.4 Short term NGO planning

- Inadequate coordination and division of labor,
- Inadequate funding
- Inadequate infrastructure
- Restrictive time schedules

2.5 Lack of a functional welfare state in Greece

2.6 Profiting from providing support :

- Refugees as consumers of services
- Financial profit from non integration
- NGOs as private companies looking after their own interests.

3. Community integration

3.1 Citizens' negative and positive attitudes towards the refugees

- Positive perceptions: Proactive engagement of the host community in welcoming the refugees and establishing integrative practices
- Negative perceptions: Hostile inhabitants/ fearful reactions/ racism/ societal mistrust/ too many stereotypes about refugees

3.2 Conceptualising integration:

- Need for raising awareness of the local receiving communities, as a shield to misinformation and media fake news

- Integration as a mutual process

- Integration as incompatible with settlement in the refugee camps

- Integration as incompatible with refugees' will to move on

4. Challenges in contact with the refugee population

4.1. Language

- Communication/language difficulties as an obstacle to integration

- Need for training in both native and Greek (as a second) language for the children

4.2. Asylum decision-making procedures

- Need for information regarding the obstacles of the route to Europe (idealizing Europe as a promised land)

- Need for information regarding eligibility criteria of the asylum process

- Sticky time - Lengthy waits involved in bureaucratic procedures (applications, interviews, judicial hearings) end up in frustration and stress over the possibility of staying permanently in Greece.

- Refused asylum claims and unwelcome decisions: Frustration, seeking for legal or illegal ways to move on.

4.3 Refugee Education

- Refugee students fluidity: Lack of information regarding the length of stay and the status of the refugees

- Variety of educational interventions: Approaches varying from accelerated learning programs, community based education, remedial classes, basic literacy and numeracy, catch-up programs, and psychosocial activities.

- Specific vs global educational programs: Global education policies are not always the best to be implemented in diverse cultural contexts.

- Mistrust towards school integration in relation to refugee plans for moving on

4.4 Continuous change of refugee conditions

- Change of the refugees' demographics and needs overtime

- Constant movement: From the camps to the city, feelings of isolation, alienation,

- Need for a shift to community support systems

4.5 Cultural issues

- Need for cultural mediators

- Emphasising gender differences

- Psychologising cultural differences

- Differentiating between urban and agricultural population needs

4.6 Passivity vs agency

- Immobilization, passivity, dependency, slow integrative practices

- Lack of self-help organisation initiatives

- Lack of initiatives oriented to refugee empowerment in terms of access to health, work, housing, human rights

4.7 Special groups

- Adolescents and youth: Facing double transitory processes, traumatic experiences, delinquency issues, school drop out

- Children: Unaccompanied minors, detention in prison, guardianship issues

- Refugees facing trauma, separations, false hopes

2.2 Strengths and limitations

The following figures present the potential strengths and limitations in the implementation of psychosocial support projects as documented in the practitioners' (focus groups and interviews) accounts.

Figure 2a Strengths of the implemented projects

Strengths
Professionals addressing real needs in the present, such as accommodation, legal advice, health problems, family reunification
Professional roles enriched by a combination of disciplinary approaches
Useful or even necessary shifts (in contexts with shifting laws/policies and refugees on the move) between locations and institutions
Flexible task orientation

Figure 2b Limitations of the implemented projects

Limitations
Short term duration/ insecure funding/ marginal status
Staff morale
Uncertainties concerning the programs' viability
Practitioners' uncertainties mirroring the refugees' uncertainties
Lack of continuity in terms of support
Low impact and influence in promoting changes in policy and practice
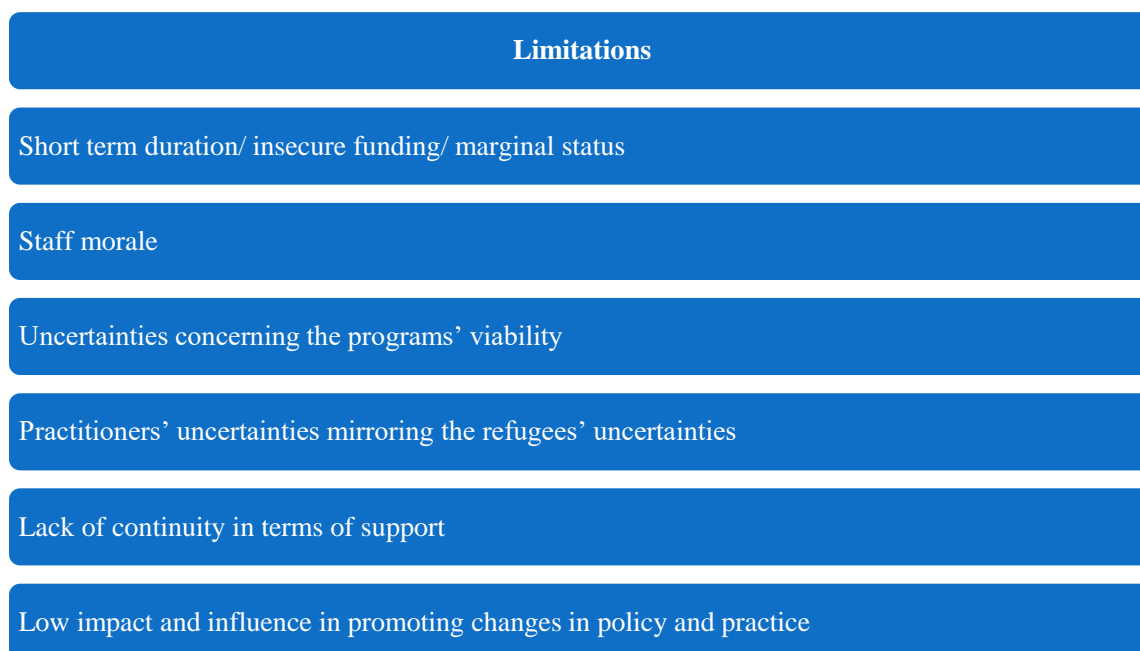
PART II

3. Findings, assumptions and considerations
from the relevant literature on refugee needs

3.1 Constructing the refugee crisis: Emergency and temporality

As already reported, although the refugee movement was not unexpected it has been largely presented as *a crisis*. In Greece, in particular (but also in Europe, in general), the rhetoric of crisis (economic/political) and emergency was widespread.

The rhetoric of emergency creates a heightened sense of discontinuity (Brun, 2016) and decontextualizes the lives of people experiencing a crisis. The initial call for a short term relief work for the refugees arriving to Greece, has been transformed into a rather long term situation, liaised with unintended consequences when crisis became normality. The way in which temporality is understood, discussed and negotiated in practice in relation to space, impacts all involved. In the refugee literature, time has been repeatedly used as a metaphor to talk about instability and powerlessness of both practitioners and refugees along with feelings of disruptions and frustration. Temporality in terms of cultural representations of time, leads to chronic uncertainty regarding refugee legal status and integration or moving on. Consequently, refugees and practitioners are presented as unable or unwilling to consider contingency plans for moving on, a process that has been acknowledged as 'temporal ruptures' (Griffiths, 2014). The precariousness of a stable place casts the refugees as not quite homeless, not yet deported or detained, but still in need for support to deal with their indefinite detention. Long, slowing time of waiting (immigration detention and asylum decision-making) has been liaised as suspended time, with a lack of purpose, fairness or progression for refugees and practitioners in the field. On the other hand, this slow time is transformed in fast time and lack of control in cases of deportations, removals, and transference from one center to another.
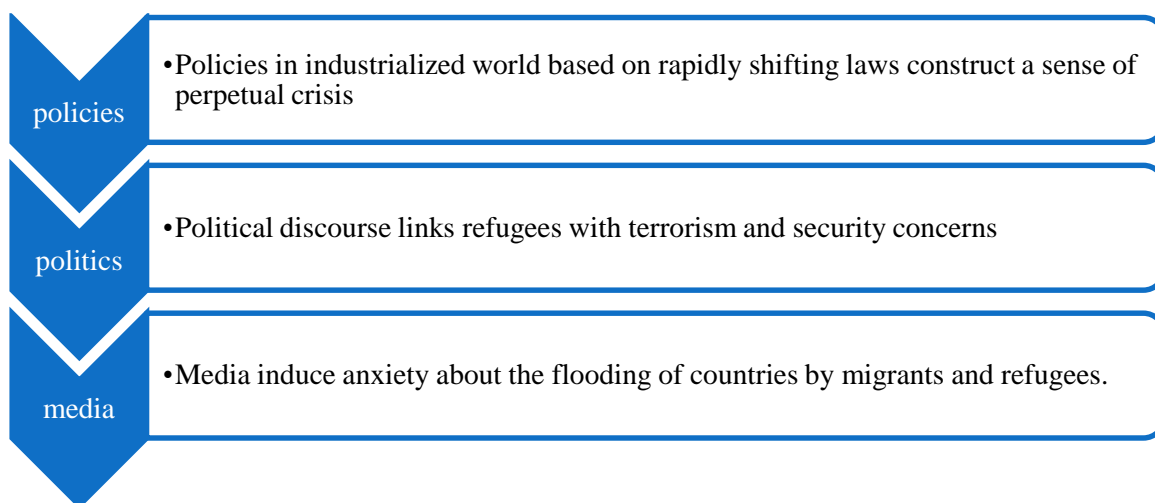
According to Criffiths (2014), refugees both desire and fear time speeding up and slowing down. They face highly unpredictable events that unfold quickly and experience a sense of lack of control over personal circumstances while facing violence, death, and abrupt changes. This situation has been described as permanent impermanence (Brun, 2015) that is 'every day time continues to flow through routinized practices and survival strategies'. The role of uncertainty could be either recognized as a deliberate governance strategy, in order to discourage mobility and/or settlement in places of exile in a liminal situation, waiting and hoping for a normalcy. On the other hand, permanent impermanence (Brun, 2015) could form a coping mechanism that allows space for negotiations ultimately leading to social transformations. According to Brun (2015), in protracted situations, waiting changes from being short-term to long-term, with certain things slowly becoming more predictable. Refugees often feel that their future is in the hand of authorities and bureaucracies that they do not understand. This precariousness has a powerful governing effect on people, rendering them extremely vulnerable and often unable to act, as if they do not have the same rights (Agier, 2011; Butler, 2004).

In terms of coping, one has to deal with the fact of not knowing through a range of strategies, such as work of hope (Pedersen, 2012). Hope can be understood as an emotion that mediates and creates the opportunity to act for people who face uncertainty. Still, hope can be problematic when focuses on a future ability to return to a past that no longer exists, or to resettle to a place abroad that is unreachable for most and does not actually exist in the way it is imagined in the first place. This way, hope potentially prevents people from accepting the reality of the 'here and now' and from seeing opportunities in their current situation. Other strategies might be more radical or even risky, in cases of extreme uncertainty. Explorations of social navigation are a useful starting point along with faith, precaution, or avoidance or all of them. For example, urban refugees often navigate by being invisible. Sometimes, refugees and people in general attempt to re-establish certainty socially. It is, thus, crucial to identify the ways in which uncertainty becomes a limiting or a liberating factor for different groups of people, rather than assuming that we already know what causes uncertainty for all.

The literature on refugee camp (Turner, 2015) draws upon the indeterminate temporality; in other words, upon the fact that the refugees' temporal stay is unknown. On the one hand, refugees can't settle down since the camp is temporary; on the other hand, they are not going anywhere for now or in the near future. Sometimes the fact that the refugees do not fight for better conditions and more permanent situations from the beginning of their displacement, might well mean that it is very painful to give up the hope for return. Overtime, they are waiting for housing and any other possible assistance to develop sustainable livelihoods in the near future, while hopes for return lie in a more distant future. The practitioners in the field must acknowledge agency-in-waiting, in order to help people cope with the waiting, the boredom, the marginalization, and the uncertainty of their futures. Agency-in-waiting denotes the capacity to act in the present, in everyday time, based on the experience of displacement from the refugees' history and a critical reflection of the future possibilities framed as waiting and hope. It does not indicate that people necessarily are able to control or shape their future (Zournazi, 2002).

These conditions have been discussed as a state of extraterritoriality, exception and exclusion (Agier (2014). The state of exception is well documented by Agamben (2005) and is recently explored in the area of border politics.

Figure 3: State of exception

policies
- Policies in industrialized world based on rapidly shifting laws construct a sense of perpetual crisis

politics
- Political discourse links refugees with terrorism and security concerns

media
- Media induce anxiety about the flooding of countries by migrants and refugees.

Thus the work that practitioners are asked to do is embedded into a broader context of securitization and border politics (Gunay, & Witjes, 2017) that include:
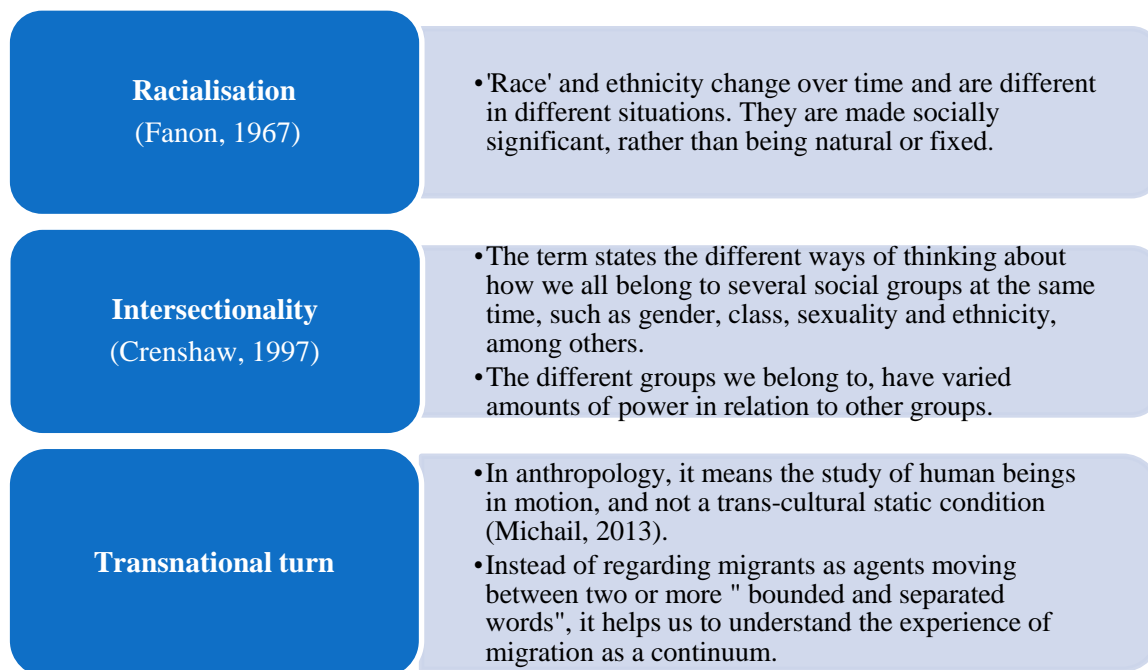
- Debates on border security within Europe.
- Policing and governing issues, humanitarian border work (Pallister-Wilkins, 2015; Williams, 2015), border practices such as identification/ verification.
- Restrictions in movement and access to certain spaces determined by authorities
- Constructions of identity that are connected to notions of place or belonging (Dixon, & Durrheim, 2000)

3.2 Constructing the refugee experience

Refugees are usually considered to be a homogenous group. However, as other authors have emphasized the refugee experience is not homogenous, or does not consist of clear cut stages (Malkki, 1995). The language of loss (loss of culture, traditions, identity, space) usually prevails and leads to the prominence of psychological interpretations of displacement, without considering the refugees' strengths and the social/political context. Malkki (1995) stresses the need to examine the refugee experience within a broader picture as an 'epistemic object in construction'. She calls for a politically engaged approach, that questions nationality, citizenship or naturalised and uncritical presuppositions regarding the nature of refugees and the contexts in which distinct categories emerge (e.g. undocumented and separated children). Instead, good practice allows sites of resistance, and acknowledges the active role of refugees in living and planning their lives.

Some useful concepts to question the homogeneity of refugee experience are the following:

Figure 4: Useful concepts questioning homogeneity of refugees

Racialisation (Fanon, 1967)	• 'Race' and ethnicity change over time and are different in different situations. They are made socially significant, rather than being natural or fixed.
Intersectionality (Crenshaw, 1997)	• The term states the different ways of thinking about how we all belong to several social groups at the same time, such as gender, class, sexuality and ethnicity, among others. • The different groups we belong to, have varied amounts of power in relation to other groups.
Transnational turn	• In anthropology, it means the study of human beings in motion, and not a trans-cultural static condition (Michail, 2013). • Instead of regarding migrants as agents moving between two or more " bounded and separated words", it helps us to understand the experience of migration as a continuum.

3.3 Constructing the refugee children

The negative effects of forced migration on psychological and emotional well-being of [separated] children are well delineated in the empirical and clinical literature (see for example, Bean et al, 2007; Bronstein and Montgomery, 2011; Fazel and Stein, 2002; Hodes et al, 2008). These appear to accrue over time, partly in relation to experiences in their countries of origin, partly associated with the stresses of a difficult and dangerous journey to a country of refuge, and finally in relation to the uncertainties of waiting for an asylum claim to be settled and finding ways of surviving in a new environment.

Eruyar, Huermer, & Vostanis, (2017), reviewed the research literature on mental health interventions for refugee children, searching the period 2004-2017 in Europe. They demonstrated a shift of the research from the identification of risk factors and trauma-based interventions to a broader eco-systemic, resilience based approach focusing on multimodal interventions. They have also concluded that there are differences between high income countries, with relatively well developed mental health services and low and middle income countries, facing a lack of explicit policies and organised service systems. The first countries have to work on the establishment of a joint care route to address refugees' unmet needs along with the incorporation of young refugees' voices and views. In the second case, -which is the case for Greece- the lack of infrastructure along with the protracted precarious status of the refugee population needs to be taken into consideration by the international, national and local NGOs adopting a model based on a pyramid structure of refugees' psychosocial needs starting from safety (environment, attitudes), nurturing (family, carers), resilience building (school, community) and moving on to counseling/psychosocial services and applications of therapeutic approaches.

According to Watters (2009) and Ingleby (2008) refugee children needs are often approached in terms of three lines of research and practice: a) Child development b) Trauma and c) Risk and resilience
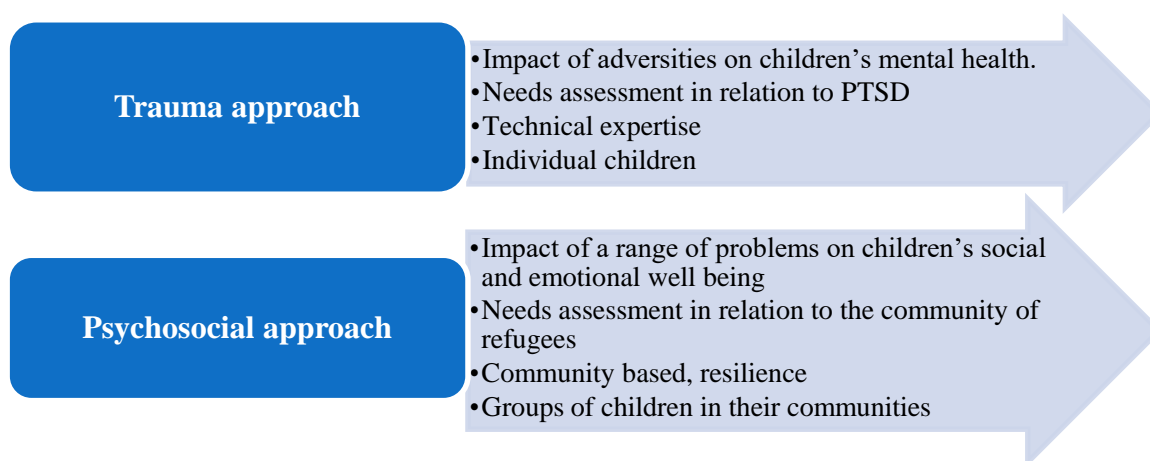
a) The child development approach

In terms of children's development, there is ample literature in relation to the construction of childhood (James, Jenks & Prout, 1998; Mayall, 2002; Qvortrup, 2005). Developmental approaches are mainly based on Western norms and values, thus evaluating and judging diverse cultures' child rearing practices and adopting uncritically, universalized needs of children, with little or no regard for cultural differentiation in terms of assessment and intervention policies and practices**.** Practitioners supporting refugee children need to approach children's psychosocial development in terms of their culture and to critically reflect on practices oriented to refugee children (see for example, Gardner 2002 in her study of Bangladeshi migrants in London and the way the stages of life are identified in traditional agricultural societies, or the importance of 'sense making' and its impact on mental health in the work of Lynne Jones in Bosnia, 2004).

b) The trauma approach

According to the existing literature, there is a dominance of trauma discourse in research and policy formulations. According to Griffiths, Fortune, Barber, & Young (2007), the diagnosis of post-traumatic stress disorder in the wake of Vietnam War has been acknowledged as a clinical condition combining the effects of war, human right violations and the emergence of a psychiatric illness. Many researchers (Furedi, 2003; Summerfield 1999), maintained that psychiatric imperialism led to the prevalence of a

therapy culture that undermines traditional models of support and refugees' engagement in finding out their priorities. Processes of refugee recognition in industrialized countries gradually led to a strategic and tactical role of mental health workers and refugee advocates (Watters, 2001). Trauma as a strategic categorisation shifted away from granting asylum seekers refugee status on the grounds of persecution, towards recognition of their status with limited rights based on humanitarian reasons. As Fassin (2001) stated, legitimisation of the refugees' status based on [mental] health problems facilitates a move away from the social and political approach towards the individual and the clinical. In other words, the 'suffering body' or being sick represents an 'avenue of access' through which people on the move may earn a right to stay. Emphasis has been placed on real and verifiable problems that potentially provide the best possible practical outcomes for refugees. Thus, the agencies assume that trauma symptoms are present within a proportion of the refugees and emphasize strategically this fact as professionals and advocates of refugees' welfare. According to Papadopoulos (1997), trauma accompanies nostalgic disorientation 'Although refugees do not constitute any one coherent diagnostic category of psychological or psychopathological characteristics, the fact that they all have lost their homes makes them share a deep sense of nostalgic yearning for restoring that very specific type of loss. The term 'nostalgic disorientation' refers to this uniqueness of the refugee predicament. The loss is, among others, the double signification of home in terms of tangible and intangible entities (physical and imaginary), and the two successive moments of the homecoming process (external and internal, physical and psychological, return and reintegration)'. The author argued that 'Refugees sense the impact of this multidimensional, deep and pervasive loss and they feel disoriented because it is difficult to pinpoint the clear source and precise nature of this loss, especially due to its complex and dichotomous nature. What is certain is that refugees have lost their homes; the term 'nostalgic disorientation' was advanced in order to clarify that "this disorientation is enwrapped in a nostalgic sense of deep ache. Refugees never lose their awareness of the actual loss of home; however, what creates confusion and bewilderment is the intricate mixture of these other dimensions which get confused and which generate this feeling of 'nostalgic disorientation' (Papadopoulos 1997).

Figure 5: Two frameworks of programs regarding refugee children (Berry et al., 2003)

Trauma approach
- Impact of adversities on children's mental health.
- Needs assessment in relation to PTSD
- Technical expertise
- Individual children

Psychosocial approach
- Impact of a range of problems on children's social and emotional well being
- Needs assessment in relation to the community of refugees
- Community based, resilience
- Groups of children in their communities

c) The Risk and resilience approach:

There is extensive literature in relation to children's resilience (see Cicchetti, 2003; Luthar, 2003; Rutter, 1985). From a critical point of view, there has been a tokenist use of the resilience concept, often embedded in policy document and research reports discussing mainly the numerous risks and vulnerabilities associated with refugee population. Apfel and Simon (2000), stated that resilience-depended on the social interactions-needs to be acknowledged in terms or resourcefulness, curiosity and intellectual mastery, flexibility in emotional experience, having goals for living, a vision of moral order, among a list of qualities.

Overall, refugee children are normal children facing sometimes extreme experiences (de Ruuk, 2002) and some of the tasks or goals of interventions need to focus on types of competence (affective, social or behavioral and cognitive), coping in relation to control issues over length stays in reception centers, issues of parental structure and social support, preventative activities in the community, sense of coherence and meaning-making and integrative policies and practices.

3.4 Acculturation and educational integration

According to Karam, Monaghan, & Yoder (2017), the Interagency Network for Education in Emergencies (INEE) provides Minimum Standards for Education in Emergencies to which the global policy framework for education programming for refugees aligns. However, when it is unknown whether the refugees will stay or repatriate or move on to other countries, -which has been the case for Greece- there is a lot of queries about what should be taught and in what language, to whom and for how long, based on the persistent educational constraints such as capacity or language. In Greece, in the beginning, the state implemented a range of approaches varying from accelerated learning programs, community based education, remedial classes, basic literacy and numeracy, catch-up programs, and psychosocial activities. Sometimes, these initiatives would adopt a de-centralized decision-making against the considered best practices, due to the fact that global education policies are not always the best to be implemented in diverse cultural contexts, such as in Greece (see INEE for a complete list of key actions for Education in Emergency www.inesite.org/en/minimun-standards/reference-tool). Schools are not just about education: They are 'contact zones' of multicultural classrooms (Pratt, 1991). The school classrooms need to be acknowledged as social spaces where cultures meet, clash, and grapple with each other, often in contexts of highly asymmetrical relations of power, such as colonialism, slavery, or their aftermaths as they are lived out in many parts of the world today. In other words, classrooms are sites for complex interplay, where cultures knock against each other, both sanctioned by teachers and schools, challenging and enabling at the same time, with hierarchies and value negotiated. On the other hand, a colorblind perspective evident in the way curriculum presents migration, presumes a homogenized 'we', in a celebration of diversity. There is evidence to suggest the need to make racism explicit in that students can recognize and struggle against any form of oppression. Quite often, manifestations of multicultural education in the classroom are acknowledged as superficial and trivial celebrations of diversity, such as singing 'ethnic songs', eating ethnic food and the like, being disconnected from critical race education theories and practices.

Integration both in education, as well as in other social contexts constitutes a multifaceted and dynamic process that involves a continuous inter-play between self and socio-political and historical forces. Immigrants can develop different strategies in different historical and cultural contexts. Even the same immigrant group and at the same period of time can adopt different strategies in different social domains (eg. work and education) Immigrant identities are situated within contexts of hierarchical intergroup relations and constitute processes mediated by factors such as race, ethnicity, gender, sexuality and power and shaped by social representations and institutionalised ideologies (Bowskill, Lyons, & Coyle, 2007; Chirkov, 2009).

PART III
4. Examples of good practices

According to Watters (2005), a multi-level approach towards identifying good practices needs to include the following elements:

- *Access and entitlement.* The entitlement refers to the right (legal or policy) to receive a service, or otherwise, a macro level approach concerning laws and policies, whereas access refers to the practical ways through which refugees enter a service. Access relates to actual practice on the ground, or the street level work as described by Lipsky (1980).
- *Participation*: In terms of participation, for example, we know that multi-level programs adopting the involvement of children, parents (when available) and service providers are more helpful in terms of needs assessment and implementation of policies. One type of participation could be the utilisation of refugees as experts in their own culture and needs and could be offered in the context of informal information sharing groups.
- *Holistic practice:* For example, a practice that takes into consideration a hierarchy of needs informed by the refugees as well.
- *Interagency collaboration:* The establishment of an interagency collaboration varies depending on wider economical, legal and political factors. Those working in the field as documented, are constantly navigating between legal and welfare agencies facing an absence of clear policies on how to proceed.
- *Cultural sensitivity:* This implies a critical reflexivity in which the cultural influences on both the practitioners and refugees are constantly examined. It does not mean a cultural relativism; instead we suggest that practitioners' and academics' knowledge and training is informed by ongoing examination of the cultural politics of care.
- *Evaluation:* It refers to the process of assessing the value of a project either internally in relations to the aims and the objectives or externally by [inter]national standards.

4.1 Migration and psychosocial support

Refugees in protracted situations often experience a loss of dignity (De Vries, & Van Heck, 1994). Long term displacement depletes the resources available to them and might lead to mental distress (Horn, 2010). The negative effects of forced migration on psychological and emotional well-being of refugees are well delineated in the empirical and clinical literature (see for example, Fazel and Stein, 2002; Bean et al, 2007; Hodes et al, 2008; Bronstein and Montgomery, 2011). These appear to accrue over time, partly in relation to experiences in their countries of origin, partly associated with the stresses of a difficult and dangerous journey to a country of refuge, and finally in relation to the uncertainties of waiting for an asylum claim to be settled, and finding ways of surviving in a new environment. Examples of good practices from different organizations and institutions are the following.

4.1.1 Good practice in social care for refugees and asylum seekers: Social Care Institute for Excellence, SCIE, 2010

1. Rights-based approach
- Refugees and asylum seekers can make a positive contribution to society, given the right circumstances. It is important to set a response to their social care needs in a context of human rights. Most important are the right to be treated with respect and the rights set out in international conventions and treaties. Adopting a rights-based approach to social care is the best way of ensuring that asylum seekers and refugees are treated with dignity, equality and respect.

2. Organizational commitment
- Securing organizational commitment to promoting the wellbeing of refugees and asylum seekers, as an integral element of mainstream social care policies, is an important first step.

3. Development of strong multi-agency partnerships
- Multi-agency partnerships with a clear focus on refugees and asylum seekers, at both strategic and operational levels, will facilitate the development of access to appropriate social care provision.

4. Strategic approach
- The development of a local strategy using the joint strategic needs assessment framework will enable local authorities to plan and develop services for current and future populations of refugees and asylum seekers, as well as other migrant populations.

5. Involving refugees and asylum seekers
- Involving refugee and community organizations and refugees and asylum seekers in the design and delivery of services is good practice and the outcome will be more appropriate service provision. Local refugee and community organizations are a vital resource which needs to be nurtured and sustained. Such groups have a crucial role to play in the design and delivery of local services and fostering social inclusion.

6. Workforce development
- Workforce development is needed to ensure a focus on, and expertise in relation to, refugees and asylum seekers. This may include the provision of local authority/Northern Ireland health and social care trust specialist teams with a focus on refugees and asylum seekers. Training and supervision for social care providers and practitioners should be available.

7. Monitoring and Review
- Equalities monitoring is an essential component of performance monitoring and is required by equalities legislation. Commissioners and social care providers need to ensure that current monitoring systems include refugees and asylum seekers.

Source: Social Care Institute for Excellence, SCIE, 2010 (retrieved from
https://www.scie.org.uk/children/

4.1.2 Good practice in social care for refugees and asylum seekers: Children (Social Care Institute for Excellence, SCIE, 2010)

- Provision of safe, age-appropriate accommodation
- Support for refugee families – including a focus on child welfare, not only on child protection
- Families may have poor quality housing and insufficient means to support themselves – in such cases action to address child poverty needs to be taken
- Support may need to be considered for children who are caring for a parent with social care needs
- Assessment and access to appropriate services should be available for children and young people who have been trafficked
- Independent age assessment involving a thorough assessment of the child's social and cultural combined with detailed medical and psychological observation
- Engagement in age-appropriate training and education and the provision of leisure activities
- Careful thought needs to be given to the process of transition from children's to adult services. For those children and young people in families, good practice in meeting their needs will be intertwined with the quality of response to their parents, as necessary

Source: Social Care Institute for Excellence, SCIE, 2010 (retrieved from https://www.scie.org.uk/children/

4.1.3 The Inter-Agency Standing Committee (IASC) Intervention pyramid for mental health and psychosocial support

The Inter-Agency Standing Committee (IASC) was established in 1992 and is the primary committee for facilitating inter-agency decision-making in response to complex emergencies and natural disasters. The IASC is formed by the heads of a broad range of UN and non-UN humanitarian organizations. For further information on the IASC, please access its website at: http://www.humanitarianinfo.org/iasc

Figure 6. Mental Health and Psychosocial Support in Emergencies Intervention Pyramid Source: Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support, 2010 (IASC).
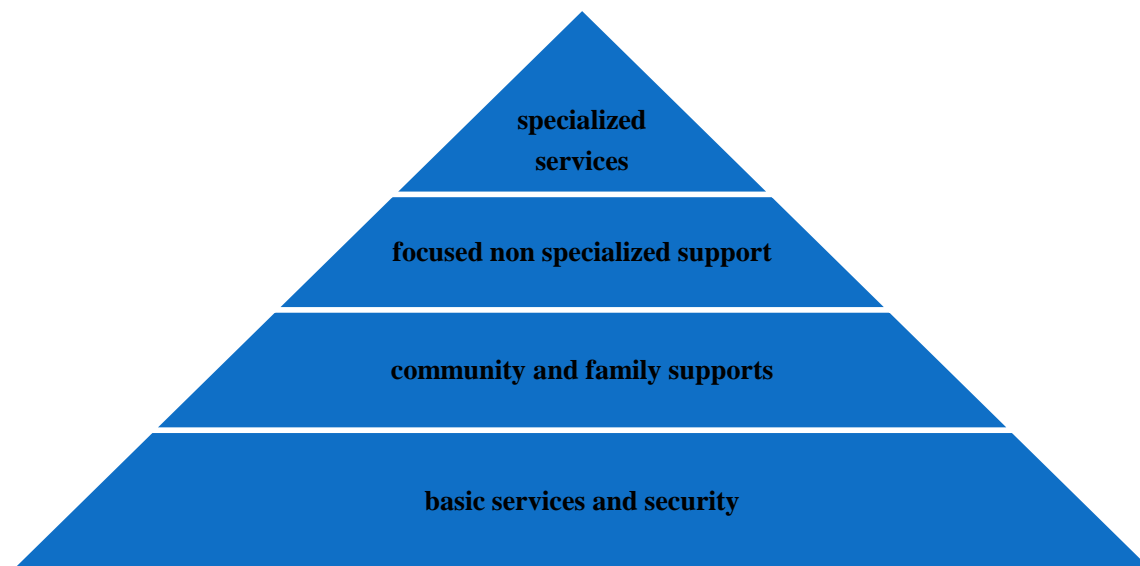
Defining levels of intervention

According to the figure, there is a priority of social considerations in basic services and security (e.g. Advocacy for good humanitarian practice) which represents the well-being of all people, followed by the second layer that represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. (e.g. Activating social networks or Supportive child-friendly spaces). The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers and includes, also, psychological first aid (PFA) and basic mental health care by primary health care workers. The top layer of the pyramid represents the additional support required for the small percentage of the population who have significant difficulties in basic daily functioning. The help provided should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (a) referral to specialized services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers.

Following are some actions that need to be implemented or avoided, based on experience from many different emergencies. These are identified below as 'Do's' and 'Don'ts' respectively.

Do's	Don'ts
• Establish one overall coordination group on mental health and psychosocial support • Support a coordinated response, participating and validating the work of others • Tailor assessment tools to the local context • Recognize that people are affected by emergencies in different ways • Ask questions in a safe, supportive manner that respects confidentiality • Pay attention to gender differences • Check references in recruiting staff and volunteers and build the capacity of people from local and affected communities	• Do not create separate groups on psychosocial support that do not coordinate with one another • Do not work in isolation • Do not conduct duplicate assessments or uncritical data • Do not use non validated assessment tools • Do not assume that everyone in an emergency is traumatized or that people who appear resilient need no support • Do not assume that the impact of adversities is the same or the interventions equally adequate for both men and women • Do not use recruiting practices that weaken existing local structures
• After training on psychosocial support, follow up supervision and monitoring are necessary • Facilitate the development of community-owned, managed and run programs • Build local capacities, strengthening the existing resources of affected groups • Learn about, and where appropriate, use local cultural practices • Build government capacities and integrate services in community mental health services • Organize access to a range of supports	• Do not use one-time or short trainings • Do not use a charity model that treats people as beneficiaries • Do not organize supports that undermine local responsibilities • Do not assume that all local cultural practices are helpful • Do not create parallel mental health services for specific subpopulations • Do not establish screening for people with mental health problems without an appropriate place and accessible care services
• Establish effective systems for referring and supporting severely affected people • Develop locally appropriate care solutions for people at risk of being institutionalized • Use channels such as media to provide accurate information • Seek to integrate psychosocial considerations as relevant into all sectors of humanitarian assistance	• Don't institutionalize people unless temporarily for care protection • Do not show media that sensationalize people's pain • Do not focus only on clinical activities in the absence of a multi sector response

Source: IASC Intervention pyramid for mental health and psychosocial support, 2010 (retrieved from http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007. pdf)

4.1.4 Innocenti Research Center (IRC's) Guiding Principles for Psychosocial Programs

- Listening before acting: Our work shall be based on careful listening and respecting what children, adolescents, families and communities are saying;
- Genuine respect for the culture of the affected population;
- Assisting people to recover and supporting their resilience: interventions will build on the affected population's resources and current and traditional ways of coping, when they are in the best interest of the child;
- Promoting interventions that contribute to reestablishment of normal daily life so that children may resume their age-appropriate developmental course;
- Promoting and supporting interventions which preserve and reinforce the cohesion of the family, and discouraging any which risk separating children from their families, unless it is in a child's best interest;
- Involving children, their families and communities in the psychosocial recovery process;
- Promoting activities and opportunities to allow children to express their experiences and feelings in culturally appropriate ways in order to make meaning of these experiences and to integrate them into their lives, only if: we are certain that no harm will ensue as a result of disclosure, and o we can ensure further comfort and help
- Continually re-examining our work, emphasizing evaluation and research for the purpose of:
    - ensuring that our psychosocial programs incorporate the above principles,
    - improving the quality and effectiveness of our programs,
    - contributing to the body of knowledge on how best to help war-affected children and adolescents, in terms of both theory and practice.

Source: Psychosocial Support for Children: Protecting the rights of child victims and witnesses in transitional justice processes, Innocenti Working Paper No. 2010- 14, Florence, UNICEF Innocenti Research Centre (retrieved from https://www.unicef-irc.org/publications/pdf/iwp_2010_14.pdf)

4.1.5 The British Psychological Society's Code of Ethics and Conduct (2009)

• Do no harm in all activities, interventions, research and other psychological work
• The best interests of the individual must be the primary consideration, while endeavouring to address the differing needs of the family or primary caregivers.
• Swiftly identify those who are particularly vulnerable to harm or exploitation, or mental health difficulties, so that they can receive prompt access to health and social care services and education.
• Be aware of context –and take into account the social, economic legal and political contexts, which can impact on both individual and the family.
• Adopt a rights-based approach, which upholds the human rights of every individual and ensures their dignity and safety.
• Adopt human rights principles of inclusivity, non-discrimination, participation and cultural and gender appropriateness in all aspects of psychological work.
• Ensure access to professional interpreters, qualified and skilled in working with children and/or adults.
• Collaborate and work in partnership with other professionals and agencies to ensure psychological, physical, social welfare, educational, vocational and legal needs are addressed as holistically as possible. Show respect for refugees , and bear in mind that you may be the first person to hear details of their trauma.
• Make sure clear information is given, and that appointments are scheduled at suitable times.
• Use professional interpreters, especially if trafficking is suspected.
• Maintain boundaries, and ensure the client understands you are not part of the asylum decision.
• Maintain good contacts with other health services and NGOs to ensure a holistic approach and avoid duplication of services.
• Ensure supervision for yourself to avoid vicarious trauma and to reflect on the process.

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20 Conduct%20(2009).pdf

4.1.6 Supporting/working with refugee communities (The British Psychological Society's Code of Ethics and Conduct, 2009)

• People from many cultural backgrounds have a wealth of ways of dealing with psychological distress or mental health issues and you may find that there are a range of other ways of considering mental health and wellbeing (Fernando, 2014; Tribe, 2014).
• Arguments over the field of 'global mental health' (Summerfield, 2012; White, 2013).
• Some mental health professionals argue that the issues largely remain the same regardless of culture and context (Patel & Prince, 2010) but others contest this view and see the imposition of concepts developed in high income countries as a form of neo-colonialism which may undermine long-standing practices (Mills, 2014; Summerfield, 2012).
• Psychologists are increasingly being encouraged to work in a more inclusive and participatory manner.
• Issues of power need constant consideration in this situation.

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20 Conduct%20(2009).pdf

4.2 Childhood and migration

4.2.1 Ways the refugee experience affects children **(The British Psychological Society's Code of Ethics and Conduct, 2009)**
Parental distress and anxiety can seriously disrupt the normal emotional development of their children.
Children often lose their role models in a refugee situation.
Separation from one or other parent, very often the father in circumstances of flight, can deprive children of an important role model.
Even when both refugee parents are present, their potential for continuing to provide role models for their children is likely to be hampered by the loss of their normal livelihood and pattern of living
In many refugee situations, the language, religion and customs of the local population in the country of asylum, as well as that of officials and aid workers may be quite different from those of the refugee community.
In such cross-cultural situations, in particular in the context of resettlement, children frequently 'lose' their culture much more quickly than adults

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20Conduct%20(2009).pdf

4.2.2 Extended stay in camps **(The British Psychological Society's Code of Ethics and Conduct, 2009)**
Refugee children are restricted in their freedom of movement, grow up dependant on care and maintenance support, and often live in poor conditions.
The situation and limited day-to-day occupation of parents and the refugee community have changed, leaving children feeling lost and isolated and without traditional role models
Extremes of behavior in children, who may become either passive and submissive or aggressive and violent.
Effects on adolescents, particularly those without accompanying family members, range from depression, apathy, delinquent behavior or aggressive acts to situational mental disturbances, drug abuse and suicide which in many cases may also be a reflection of the high level of anxiety and despair within the refugee community as a whole

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20Conduct%20(2009).pdf

4.2.3 Supporting refugee children

Helping children by helping the community is the best way of psychosocial support. The emphasis on self-sufficiency, that is, the opportunity to manage one's own life has important mental health benefits, whereas the feeling of powerlessness is distressing and debilitating. Enhancing and strengthening participation in refugee camps and settlements, refugee participation in planning, decision-making, implementation, management and evaluation of all assistance measures should be as extensive as possible. We should consider that some children need specialized services; through schools, reception centers, camps, systems should be established to identify such children. Children who suffer emotional distress or mental disorders need to benefit from culturally appropriate mental health services and treatment. Because certain trauma-related psychosocial problems result directly from the conditions that have led some individuals to become refugees, such services should be provided to refugee children, provided that the treatment offered acknowledges issues of language, culture, and developmental stages of the children concerned. In some situations, traditional healers have proven effective in treating mental disorders among refugee children. Psychosocial Well-being has been inappropriately diagnosed by mental health professionals without adequate experience regarding the situational stress reactions or sufficient cross-cultural skills and understanding. Unless it is necessary to prevent abuse or neglect, a child should not be separated from her/his family and community for treatment. UNHCR's approach regarding child protection and care emphasizes direct services to the child, helping the child through services to the family and assisting the child and the family through services to the community. The main goal is to restore normalcy, that is, to help the family function as normally as possible. Safekeeping of predictability ensures for the children, a daily routine that is predictable. When life becomes stable, then children can rely on good things happening on a predictable basis, such as eating, going to school, playing. In any case, the sense of normalcy gives psychological security. According to British Psychological Society (2009), good practices in supporting children and young people ensure interpreter, educational support, legal issues management, psychological assessment and process of bereavement.

Decisions about a child's best interests can often be difficult
(The British Psychological Society's Code of Ethics and Conduct, 2009)
Making a long term plan for an unaccompanied minor requires a decision about a child's *best interests*. A child might be an orphan living in a refugee camp, with grandparents in the country of origin, an uncle in a second country of asylum, and with an unrelated family in another country that would like to adopt the child.
In deciding what is best for the child many factors would have to be considered, including 'the desirability of continuity' of culture and language (art. 20), the preservation of family and nationality (art. 8), and the child's own desires, which must be considered according to the child's 'age and maturity' (art. 12).
The participation of children in decision-making helps adults make better choices because they are better informed of the thoughts, feelings and needs of the children.
Participation also meets a developmental need. It is through participation that children learn decision-making skills and gain the confidence to use those skills wisely.

4.2.4 Indicative Check-list for cultural issues

(The British Psychological Society's Code of Ethics and Conduct, 2009)

Is the economic self-sufficiency of refugee families being promoted as a means of enabling them to live the life they prefer?

Are cultural, religious and social preferences of refugee families respected in assistance programs?

Do living arrangements enhance and protect cultural, social and religious values?

Are participatory strategies being implemented in the planning and implementation of refugee services?

Is the children's native language used and taught to the children?

Is adaptation to the cultural and social values of the host country and community being promoted?

Are sports events and recreational activities promoted?

Are coercive religious and cultural practices by assistance agencies monitored and countered?

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20 Conduct%20(2009).pdf

4.2.5 Detention
(The British Psychological Society's Code of Ethics and Conduct, 2009)
Unfortunately, refugee children are sometimes detained or threatened with detention because of their own, or their parents', illegal entry into a country of asylum
Alternate accommodation: Strong efforts must be made to have them released from detention and placed in other accommodation. Families must be kept together at all times, which includes their stay in detention as well as being released together.
Refugee children must comply with the laws of the country of asylum, in the same way as adults.

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20 Conduct%20(2009).pdf

4.2.6 Disabilities

Disabilities may be physical or mental. Common causes of disabilities in refugee situations are malnutrition, vitamin deficiencies, polio, cerebral palsy, leprosy, epilepsy, burns and other accidents, injuries related to armed conflict, torture and other severe trauma, mental retardation and severe ear and eye infections. The first step is to know the local situation: what are the major causes of disabilities in the population with which you are working? What is the cultural attitude towards different types of disabilities? Two mutually reinforcing intervention concepts are recommended: community-based rehabilitation and integration. Interventions for disabled children presuppose that specific steps are being taken to allow each disabled child to reach their potential. The availability of community-based, family-focused rehabilitation services is vital for the integration of disabled children into the usual services and life of the community, such as schooling.

Indicative Check-list for disabilities

(The British Psychological Society's Code of Ethics and Conduct, 2009)

What is their gender and age?

Have disabled children been registered and assessed?

Prevention and treatment of disabilities

What are the nature and extent of their disabilities?

What are the cultural attitudes towards different disabilities?

Are families of disabled children provided with help to cope with the specific needs of the child ?

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20 Conduct%20(2009).pdf

4.3 Clinical issues- Migration and psychological structure

4.3.1 Assessment issues (The British Psychological Society's Code of Ethics and Conduct, 2009)

All assessments and interventions should be based on a sound psychosocial perspective, that includes not only psychological factors but also the actual realities of living, along with their financial, medical, spiritual, and other considerations: issues of intrapsychic factors; interpersonal interactions; wider socio-political and cultural parameters should be within the context of the actual reality of their everyday lives. For instance, family assessment needs to refer to at least two types of histories: their own family developmental cycle (e.g. have they just married, do they have young children, have their parents died, is their main focus now the education of their teenage children?) and their dislocation history (e.g. is their current location the final destination of their journey or are they still planning to move to another country; are they expecting other members of their family to join them?), along with appreciation of the particular stage that each family is at that given time, as well as the stage in their process from dislocation to relocation.

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20 Conduct%20(2009).pdf

4.3.2. Boundaries (The British Psychological Society's Code of Ethics and Conduct, 2009)

When working with asylum seekers, it can be distressing and worrying to see someone who is destitute, or surviving on very little money and with often very few personal possessions. Each service needs to develop their own protocol for coping with these challenges. It is important for the practitioner to avoid being the person who directly gives money, presents or clothes to the refugees they work with. Instead, signpost the person the practitioner works with to relevant agencies and colleagues. Many asylum seekers will have lost their family either through forced separation or death. They may feel very isolated in their host country and regard practitioners as part of their new family. Refugees often say things like: 'you are my mother now' or 'you are my new daughter' or when referring to the team, 'this is my family now'. While this may be appropriate it can be helpful if the differences between the professional helping relationship and those with a member of the family are thoughtfully explained. Our professional relationship with the person in need will end eventually, and it is kinder and more ethical to gently explain the boundaries and limitations of this professional relationship.

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20 Conduct%20(2009).pdf

4.3.3. Issues of concern to be aware of (Volkan, 2017).

Make the refugee the scapegoat: as the source of all problems and discontent

How parents perceive and treat their children during adverse conditions and the ways they transmit their emotions may cause the child to evolve as a "living statue".

Parents may unconsciously "deposit" their traumatized self-and object-images related to dislocation into the developing self-representation of the child and give her different tasks to deal with such images.

Guilt reinforced by being a survivor while beloved people left behind or in danger

Activation of a fantasy (refugees) that the past contains all "good" things along with their gratifying affective links. Experiences of a sense of discontinuity

Parents as dislocated and children as "exiled": this means that moving from one location to a foreign one involves losses [e.g. in terms of families and social support] and abilities to mourn or resist the mourning process
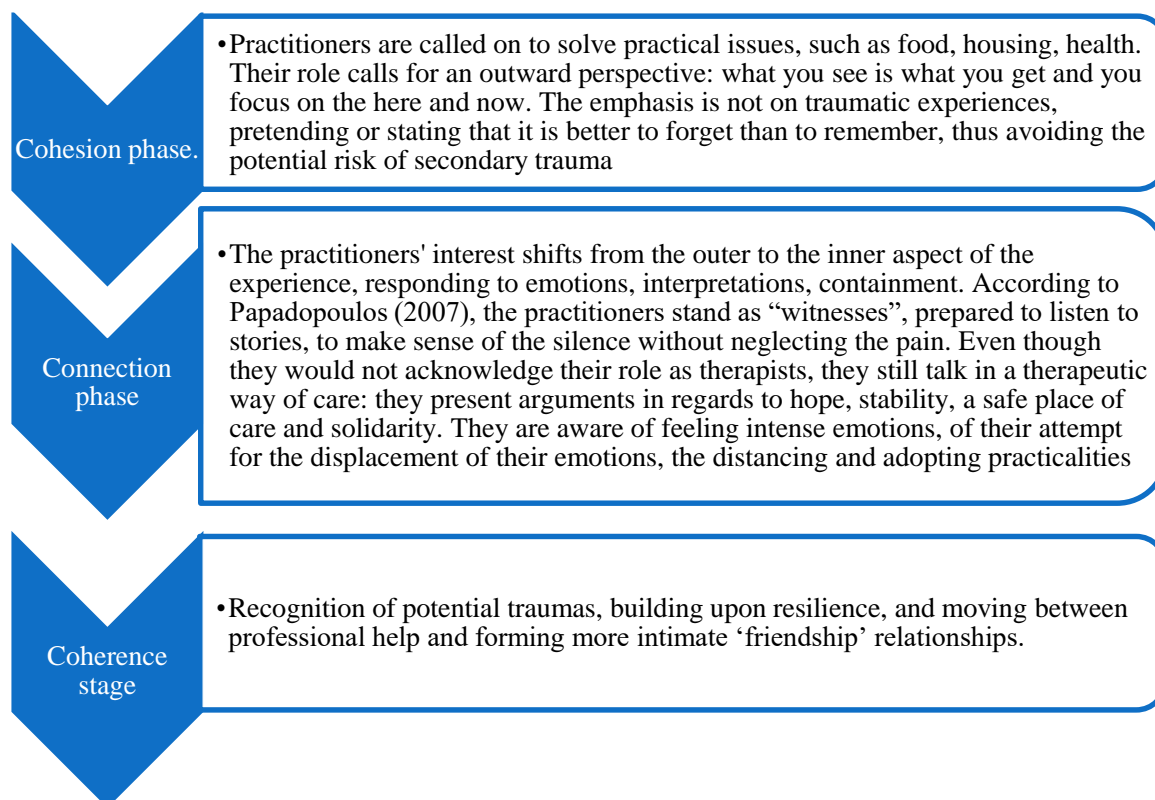
Physical borders can become psychological borders protecting large-group identities

Awareness of double mourning for adolescents who leave their childhood along with moving to a new country

4.3.4 Professional identity stages and recognition of traumas (Kohli, 2006)

Professional practice in psychosocial mental health literature according to Kohli (2006) passes through three intertwining stages: *from cohesion to connection and to coherence*.

Stages of professional practice according to Kohli (2006).

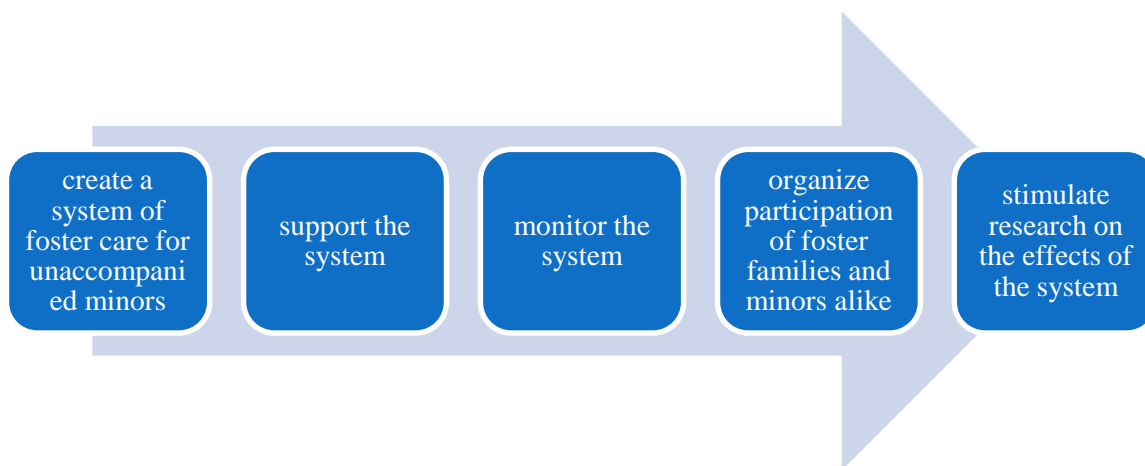|	
Cohesion phase.	• Practitioners are called on to solve practical issues, such as food, housing, health. Their role calls for an outward perspective: what you see is what you get and you focus on the here and now. The emphasis is not on traumatic experiences, pretending or stating that it is better to forget than to remember, thus avoiding the potential risk of secondary trauma
Connection phase	• The practitioners' interest shifts from the outer to the inner aspect of the experience, responding to emotions, interpretations, containment. According to Papadopoulos (2007), the practitioners stand as "witnesses", prepared to listen to stories, to make sense of the silence without neglecting the pain. Even though they would not acknowledge their role as therapists, they still talk in a therapeutic way of care: they present arguments in regards to hope, stability, a safe place of care and solidarity. They are aware of feeling intense emotions, of their attempt for the displacement of their emotions, the distancing and adopting practicalities
Coherence stage	• Recognition of potential traumas, building upon resilience, and moving between professional help and forming more intimate 'friendship' relationships.

There is substantial literature referring to the refugees being mistrusted by others and being accustomed to mistrust (Behnia, 2008. Ni Raghallaigh, 2013). We need to reflect critically whether or not mistrust is activated due to migration or not. Lack of trust on behalf of the refugees might be due to the political situation of the countries of origin, or resulting from being mistrusted at an institutional level in the reception countries. Sometimes, mistrust forms a strategic decision, since it minimizes the likelihood of developing relationships or accompanies refugees' concerns about negative consequences or negative social recognition in the host country. Overall, the relational aspects of the interaction between practitioners and refugee population need to be recognized, along with a credibility based approach (Behnia, 2008) in the given socio-cultural and political context.

4.4. Family focus- Migration and family matters

4.4.1 Familial separation (Swedish Association of Local Authorities and Regions, 2015)

- A large proportion of migrant/refugee families involve family separations.

- Theories of object relations, attachment and loss, ambiguous loss (Boss, 1999): when somebody is either physically present but psychologically unavailable or physically absent but psychologically present.

- Impact on children: acting out, detachment (Suarez-Orozsco, 2002).

Recommendations for unaccompanied minors

create a system of foster care for unaccompanied minors → support the system → monitor the system → organize participation of foster families and minors alike → stimulate research on the effects of the system

Source: Reception and living in families (RLF). Overview of family-based reception for unaccompanied minors in the EU Member States. Nidos, Swedish Association of Local Authorities and Regions, 2015 (Retrieved http://www.scepnetwork.org/images/21/276.pdf)

4.4.2 General recommendations for foster care to unaccompanied minors (Swedish Association of Local Authorities and Regions, 2015)

- stimulate improvement of the system

- develop tools and training for foster carers and the professionals working with them (the development of tools and training at European level is a logical development as the work is largely the same in each country and economies of scale can be applicable)

Source: Reception and living in families (RLF). Overview of family-based reception for unaccompanied minors in the EU Member States. Nidos, Swedish Association of Local Authorities and Regions, 2015 (Retrieved http://www.scepnetwork.org/images/21/276.pdf)

4.5 Migration and education

Education in general can help refugees develop a 'critical consciousness' by providing children with a voice in their communities and empowering them to create change. This is particularly crucial in militarized and volatile environments such as refugee camps where the choices may include whether or not to engage in risky or precarious types of work, or to return to the home country, or put one's energy and resources into resettling elsewhere. The practitioners working in the education field might serve as role models within communities (native and/or host communities) and help refugee families develop future orientation and reframe the meaning of traumatic and unjust events. Through education, refugees might strengthen psychosocially such as gaining skills, personal growth, engagement and collaboration and provide structure that addresses with the dichotomy of depression versus boredom status.

4.5.1 Migration and Education (The British Psychological Society's Code of Ethics and Conduct, 2009)

Migration and Education
• Swift access to education and well-planned initial school-based assessments are key in helping these children integrate successfully.
• Be aware of local political, cultural and religious issues as well as wider geopolitical and national ones. You should understand, and work with the community the refugees and asylum seekers are coming into, as well as the schools, nursery or colleges.
• Challenge dichotomous thinking. Not all children will have experienced traumatic events, although most will have experienced some key losses.
• Consider the impact of socio-economic facts, age, and language skills to make sense of educational, social and psychological outcomes
• Be mindful that some children and young people may distrust interpreters because of past experience or specific cultural interaction between the child and the interpreter.
• Be aware that a young person's leave to remain could be revoked at the age of 18.
• This is a key developmental and educational transition point, and may impact on their life and their ability to complete/attain formal qualifications.

Source: Reception and living in families (RLF). Overview of family-based reception for unaccompanied minors in the EU Member States. Nidos, Swedish Association of Local Authorities and Regions, 2015 (Retrieved http://www.scepnetwork.org/images/21/276.pdf)

4.5.2 Supporting schools and educational settings (BPS, 2009)

Preparing the school, nursery or college system
Specific social inclusion tools such as MAPs: Making Action Plans (O'Brien & Forest, 1989); and PATHs: Planning Alternative Tomorrows with Hope (Pearpoint et al., 2001) successfully used to work toward successful social inclusion.
The educational practice should not be a one off. Continuous intercultural and diversity education is important for staff and pupils and the wider community.
Involving the refugee and asylum seeker community: Engaging and involving the family and the community is key in ensuring the longer-term social inclusion, and improved outcome for children from refugee and asylum-seeking families.
Psychologists can work with educational settings to ensure that schools provide detailed information about themselves and academic structure and goals.
Assess such children in their home language and correct dialect.
Don't automatically place children in lower-attaining groups if Greek is not their first language; assess them on their previous schooling, ability and needs.
Engage the community and whole school so that these children and young people can be quickly integrated.

Source: Reception and living in families (RLF). Overview of family-based reception for unaccompanied minors in the EU Member States. Nidos, Swedish Association of Local Authorities and Regions, 2015 (Retrieved http://www.scepnetwork.org/images/21/276.pdf)

5. Other resources on good practices

5.1 Resources from Greece

1) Scientific Committee for the support of refugee children. Educating refugee children

https://www.minedu.gov.gr/publications/docs2017/16_06_17_Epistimoniki_Epitropi_Prosfygon_YPPET H_Apotimisi_Protaseis_2016_2017_Final.pdf

2) Displaced Children's Rights (July-December 2016). The Greek Ombudsman and UNICEF on monitoring children's flows in Greece

https://www.synigoros.gr/resources/20170420-ekthesi-mixanismos.pdf

3) Passages: Training through experiential learning UNCHR in collaboration with The General Secretariat for Lifelong Learning (2012-2013). (See material and video)

https://www.unhcr.gr/fileadmin/Greece/mathitikosDiagonismos/Passages/PASSAGES_GREEK_FINAL.p df

https://www.youtube.com/watch?v=0kJ10XwraqA&feature=c4-overview-vl&list=PLDhxOid2aiAFz GX6sE6tGc TXA1xCQA75e

4) Greek Network for Drama in Education:"What if it was you?'

http://www.theatroedu.gr/el-gr

5.2 International Guidelines for practitioners

5) War Trauma Foundation in collaboration with World Vision International (WVI)), World Health Organization (WHO) & WHO Regional Office for the Eastern Mediterranean). Psychological First Aid: Facilitator's Manual for orienting field workers (edited in Greece by N. Gionakis, Day Center Babel, 2016)

http://apps.who.int/iris/bitstream/10665/102380/8/9786188273702-gre.pdf

6) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007. pdf

7) PROBLEM MANAGEMENT PLUS (PM+) Individual psychological help for adults impaired by distress in communities exposed to adversity. WHO generic field-trial version 1.0, 2016 Series on Low-Intensity Psychological Interventions – 2

http://apps.who.int/iris/bitstream/10665/206417/1/WHO_MSD_MER_16.2_eng.pdf

8) An Overview of Children's Protection Needs in Syria 2018. Whole of Syria (WoS) Child Protection Area of Responsibility (AOR)is in line with the No Lost Generation (NLG) strategic framework and is driven by two operational priorities: i) strengthening the quality of community-based child protection

interventions and (ii) expanding the availability of quality specialised child protection services, including case management).

https://reliefweb.int/sites/reliefweb.int/files/resources/child.pdf

5.3 Guidance for refugee operations

9) Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations:

http://www.unhcr.org/protection/health/525f94479/operational-guidance-mental-health-psychosocial-support-programming-refugee.html

10) A Psychosocial framework for work with refugees Renos K. Papadopoulos

http://southeastsafenet.eu/sites/default/files/3.pdf

11) The ENGI-project is a project funded under the European Commission European Refugee Fund (ERF) aiming to improve guardianship services in the EU Member States. The project is implemented by NIDOS Foundation from the Netherlands and Refugium from Germany. The Foundation NIDOS is the Dutch guardianship institution for unaccompanied minor refugees and asylum seekers.

http://www.epim.info/wp-content/uploads/2011/02/ENGI-Report-Towards-a-European-Network-of-Guardianship-Institutions.pdf

12) NIDOS – Guardianship institution for unaccompanied minor asylum seekers

http://www.europarl.europa.eu/document/activities/cont/201110/20111019ATT29750/20111019ATT29750EN.pdf

13) Migrants in Countries In Crisis Initiative (MICIC) (2016). Integrating migrants in emergency preparedness, response and recovery in their host countries. Reference handbook (283 pages). Geneva: IOM

According to the authors, IOM 'attempts to provide a comprehensive evidence base, and a collection of examples, practices and tools to help practitioners and policymakers systematically include migrants in emergency prevention, preparedness, response and recovery work' (p.3). The training course is for State and non-State actors in charge of managing directly emergency situations in diverse posts such as education, media (e.g. dissemination of emergency information), police and armed forces (e.g. provision with evacuation assistance), implementation of recovery and reconstruction activities. It is mainly focused on natural disasters addressing the technical staff of emergency and disaster risk management and civil protection institutions. The training package is very general and involves facilitators' manual, reference book and power point presentations.

14) United Nations High Commissioner for Refugees. Operational Guidance. Mental Health and psychosocial support programming for refugee operations. Geneva: United Nations High Commissioner for Refugees, 2013 (86 pages)

This guidance treats Mental Health and psychosocial support as a cross-cutting concept relevant for programming in sectors such as health, community based protection, education, shelter, livelihoods and

nutrition. It adopts ten guiding principles (rights-based, community based and participatory approaches, equity of care and access, needs and resources assessment, systems approach, integrated service provision, adaptation of services to the stages of the refugee displacement cycle, capacity building, appropriate and systematic monitoring and evaluation, compliance with UNCHR policies and strategies in line with national government policies and awareness raising of the potentially negative impacts of humanitarian programs . The guidance differentiates mental health interventions from psychosocial ones that do not specifically focus on people with mental disorders. The annexes include a checklist of mental health and psychosocial support in refugee settings, a list of mental health categories and case definitions, recommended tools for assessment of mental health and psychosocial support needs and resources in refugee settings.

15) The language of asylum (Kirkwood, Goodman, McVitte, McKinlay, 2016).

The book's structure in five main parts gives the reader significant material to picture the refugees' journey from the processes deemed appropriate for entry into the UK, though their getting and being there, to the eventual outcome of integration or exclusion. The concept of integration is thoroughly negotiated through a broad range of meanings such as integration as a strategy (Berry 1997), integration as a process (Castles and colleagues, 2002) and integration in practice with some experiences been successful and others less so. The authors claim that the way asylum seekers and refugees have been categorized in political discourse and other media reflects not only how processes of asylum operate, but the functions of justification and accounting for specific policies and social practices.

6. Conclusions

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

Nowadays, more than ever, we definitely need to take into consideration, two mainstream assumptions in our work with refugees and migrants. The first one has to do with the role of international organizations such as IOM. Given their project-based and their proximity to Western receiving states, it is bound to be involved in some of the toughest measures against undocumented migration. Castles et al. (2014, 18) for example argue that 'IOM lacks the capacity to bring about significant change'. In the same line of criticism, Pecoud, (2017) argues that IOM has even sponsored the creation of new NGOs, to challenge already existing NGOs, therefore prompting accusation of manipulation. Migration politics cannot be understood without considering the 'migration industry' and the private interests of the actors benefiting from the commercialisation of migration (Pecoud, 2017).

The second assumption is related to the sense of belonging and psychosocial care for refugees. The sense of belonging is a dynamic process, instead of a reified fixity, with a naturalized construction of a particular hegemonic form of power relations. Constructions of belonging reflect emotional investments and desire for attachments. Therefore, the transitions of migrants and refugees should be seen as combined processes of being and becoming, belonging and longing to belong. According to Yuval-Davis (2006), the notion of belonging could be contested along three analytical levels, such as social locations, peoples' identifications and emotional attachments to various collectivities and ethical and political value systems.

The participating practitioners as humanitarian actors working in different national and international NGOs and educational posts, hold different roles depending upon the levels of hierarchy such as heads of regional offices to recently appointed field workers. Despite the fact that the majority of them were working as part of the Greek response to the influx of Syrian refugees leaving their country, some of them had already being involved in NGOs, prior to the specific 'humanitarian crisis', working with refugees from other countries. Further, Refugee Educational Coordinators were in charge of the education policy and practice regarding the refugee children at a school age.

According to the interviews, a significant source of uncertainty relates to the fact that refugees do not have access to clear or convincing information. They are continually evaluating their safety and the best strategy for protecting themselves, in the middle of rumors, and contradictory accounts and terrified of pain, loss and death. In the face of radical uncertainty moving away is on everyone's mind because the uncertainty of staying is often as great as the uncertainty of moving (Horst & Grabska,2015).

Brun (2015), from her study of internally displaced people in Georgia, explores how people's future orientation may change during a prolonged period of displacement and how people's capacities for waiting are analyzed through the changing dynamics of hope created in the meeting point between their everyday lives and geopolitical realities. She claims that even when people are 'moving on' and developing their lives in displacement, they remain fixed within a political status and a humanitarian category that continues to produce uncertain futures. Displacement, the movement from one place to another, relates to questions of mobility, who moves, where and why. This process presupposes an

understanding of the relations of power that shape that mobility, processes of inclusion and exclusion. She aptly criticizes the category 'protracted refugee situation' since it might fix refugees to particular locations such as camps and collective centres and thus reducing them to the dehistoricized humanitarian category of refugees.

Temporality and space are interrelated closely in our work with practitioners supporting refugees. Fassin & Pandolfi (2010) argue that states of emergency are negotiated in terms of temporal and spatial insecurity within a humanitarian and/or political framework (temporality and emergency, transitions, change, discontinuity, pre-/post-migration, short vs long term interventions and policies, disruptions, temporal ruptures, past vs present vs future). Refugee people were represented as living in limbo, passive in their longing of the past and consequently devoid of agency, with the practitioners' attempts to move them from limbo to liminality. The temporal orientation of refugees, according to the participating practitioners, often circles around the past and the future; as if they dream about a future they cannot reach, which often lies in the past and is represented by the places and lives they were forced to leave.

In terms of space (camps, houses, reception centers, community centers, street-work, protective guidance, schools, police stations, circulation, mobility in lives, safe space, push backs, place identity, border politics), practitioners were negotiating the place identities of refugees as an attempt to subvert the dehumanizing state policies by resisting, claiming and facing conflicts regarding their role. According to Resseguier (2018, p. 62), 'there is no axiological neutrality in humanitarianism. From the outset, the humanitarian sector stands in the sphere of ethics: located above private and political interests, with the aim of saving lives and alleviating suffering in a time of crisis'. The ethics concept moves in between morality in a particular cultural context and law conception based on the notion of justice and legislation (Fassin, 2008). According to Resseguier (2018, p. 70), 'there is an inevitable and inherent inequality in any helping relationship. This inequality is composed of capacities, that is, humanitarian resources and competencies, to respond to the needs and vulnerability of crisis-affected individuals and communities'. This constitutive asymmetry can lead to either abuse of power (people objectified and losing the sight of human being, with the adoption of managerial or mechanical attitudes towards refugees) or lack of recognition (that is related with the becoming of the relationship functional or utilitarian and the 'helped' feeling that no substantial help is being offered to them).

Before ending our report, let us summarize, once again, some examples of practice proven helpful in work with refugees:

Figure 7: Good practice in psychosocial support for refugees

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

Provision of ongoing supervision of workers to avoid burn out

Resilience as a collective form or practice

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

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

Problematizing the psychological discourse and practice

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

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

Finally, we need to consider that the reality of safety and normalcy is a varied context, sometimes undermining the sense of hope that we claim to be providing through our interventions. Practitioners as 'outside experts' might be ignorant of local and cultural norms and raise expectations that are unmet (see for example the Healing Classrooms Initiative, that takes into consideration the students' accounts of their lived experiences in refugee and post-conflict contexts (http://www.healingclassrooms.org/). Addressing psychosocial needs in the context of refugees implies collective and community initiatives for enhancing belonging and desistance from the prevailing culture and practice of the biomedical model. According to Sousa, & Marshall (2015), the psychosocial support suggests collective responses that empower the population in need and break with individual or personal growth projects above collective social accountability. In other words, there is a need for psychosocial interventions that foster community initiatives, encourage a sense of control and counteract the dependency and inertia in many refugee settings (Silove, Ventevogel, & Rees, 2017).

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Appendix I

Suggested Readings

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Heisbourg, F. (2015). The strategic implications of Syrian Refugee Crisis. *Survival. Global Politics and Strategy, 57*(6), 7-20.

Kohli, R. (2006). The comfort of strangers: social work practice with unaccompanied asylum-seeking children and young people in the UK. *Child and Family Social Work, 11*, 1-10.

McMahon, S. (2017). The politics of immigration during an economic crisis: analysing political debate on immigration in Southern Europe. *Journal of Ethnic and Migrant Studies*, DOI:10.1080/1369183X.2017.1346042

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Watters, C. (2017). Three challenges to a life course approach in global mental health: Epistemic violence, temporality and forced migration. In R. White, D. Jain, D. Orr, & U. Read (Eds.). *The Palgrave Handbook of Sociocultural Perspectives on Global Mental Health.* pp 237-256. London: Palgrave/Macmillan.

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Appendix II

Movies to be seen

- La promesse (1996). **Directors**: Jean-Pierre Dardenne, Luc Dardenne

- It's a Free World... (2007). **Director**: Ken Loach

- Incendies (2010). **Director**: Denis Villeneuve

- Le Havre (2011). **Director**: Aki Kaurismäki

- In This World (2002). **Director**: Michael Winterbottom

- Le silence de Lorna (2008). **Directors**: Jean-Pierre Dardenne, Luc Dardenne

- Beyond Borders: The Debate Over Human Migration (2007). **Director**: Brian Ging | Stars: Noam Chomsky, Jim Gilchrest

- Insyriated (2017). **Director**: Philippe Van Leeuw

- Human Flow (2017). **Director**: Ai Weiwei.Writers: Chin-Chin Yap, Tim Finch

- Short Term 12. (2013). **Director**: Destin Daniel Cretton

Films for children and adolescents

- http://www.neanikoplano.gr/allmovies