



FINAL REPORT

of the
European Open Forum
on Reception and Health Care
of Asylum Seekers

Vienna, Austria

26. – 28. January 2006

This report (except the “models of good practice”, which reflect the understanding of their authors) was prepared by:

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INTRODUCTION

Background

According to the Conclusions of the Presidency at the Tampere European Council in October 1999, EU governments agreed upon establishing a Common European Asylum System within two periods, namely the initial period (“Tampere Process”, 1999–2004)¹ and a follow-up period (“Hague Programme”, 2005–2010)².

In a first step, a clear and workable determination of the state responsible for the examination of an asylum application, common standards for a fair and efficient asylum procedure, common minimum conditions of reception of asylum seekers and the approximation of rules on the recognition and content of the refugee status was to be reached and to be supplemented with measures on subsidiary forms of protection offering an appropriate status to any person in need of such protection.

In the longer term, Community rules should lead to a common asylum procedure and a uniform status for those who are granted asylum, valid throughout the Union. Finally, the European Council, in Tampere, urged the Council to step up its efforts to reach agreement on the issue of temporary protection for displaced persons³ on the basis of solidarity between Member States. This overall commitment of the Member States was set up as part of the so-called “Tampere Process”.

The Tampere Process in the field of Migration and Asylum was Initiated on September 28th 2000 with the adoption of Council Decision (2000/596/EC) establishing a European Refugee Fund as a solidarity measure to promote a balance in the efforts made by Member States in receiving and bearing the consequences of receiving refugees and displaced persons.⁴

Laying down minimum standards on the reception of asylum seekers

As indicated in the scoreboard to review progress on the creation of an Area for Freedom, Security and Justice in the European Union, approved by the Council on March 27th 2000, the Commission in early 2001 proposed a Council Directive on minimum standards for the reception of applicants for asylum in Member States.

The proposal aimed at setting out minimum standards of reception conditions for applicants for asylum in the European Union, which would be sufficient to ensure them a dignified standard of living; further it aimed at identifying the different reception conditions available to asylum seekers at the various stages or types of asylum procedures as well as for groups with special needs including minors, with cases for their exclusion, reduction and review; moreover it aimed at outlining the possible actions to improve the efficiency of the national reception systems, at limiting secondary movements of applicants for asylum influenced solely by the diversity of the applicable rules on reception conditions. Last but not least, it aimed at ensuring that applicants for asylum are afforded comparable living conditions in all Member States as, according to the Dublin Convention, they do not have the right to choose the Member State that should examine their asylum application.

It was deemed important that applicants for asylum who could not choose in complete freedom where to lodge their application should be granted the same minimum standards in reception in any Member State of the European Union. It seemed that the idea of a single Member State responsible for examining an application for asylum became fairer to asylum seekers if the same minimum standards in reception conditions were granted to them in all Member States. At the same time, minimum standards for reception conditions were considered to limit the importance of one of the factors that determine secondary movements within the Union and, in this way, would help to establish the effectiveness of the mechanisms according to which the responsible Member State is chosen.

After this proposal had been transmitted to the Council and Parliament on May 18th 2001, it took one and a half years to reach a consensus following the opinion of the Committee of Regions and the amendments of the Parliament. On November 11th 2002 the Council agreed on what was to become the “Reception Directive” with its formal adoption on January 27th 2003. The transposition to the national laws of the Member States was due February 6th 2005. The legal instrument of a Directive allows minimum standards to be laid down, while leaving national authorities the choice for the most appropriate form and method for implementing it in their national welfare systems and general legal frameworks.

The Reception Directive

The establishment of a common procedure thus does not necessarily mean a uniform system of conditions for the reception of asylum seekers. During the transposition process the Commission agreed that in a first step the harmonisation of reception conditions was a valuable contribution to reach the objectives as identified within the “Tampere Process”, namely, offering asylum seekers an equivalent level of living conditions throughout the Community and avoiding/limiting secondary movement caused by varying reception and accommodation conditions.

Only at the ongoing second stage within the “Hague Programme” is the Commission considering whether the defined objectives have been attained by the adoption of the Directive and will embark on further stages of standardisation of national reception systems like the limitation of options (i.e. common concept of independence from political authorities), convergence of national interpretations of flexible rules (i.e. governing time limits) and the introduction of new elements like the definition of new concepts and the legislation on aspects not covered by the first stage (i.e. safe countries of origin and third countries, rules on the quality of examining requests and decisions, treatment of documents filed by the applicant, translation of documents, method and duration of interviews, hearing an appeal). The final aim is that a common procedure in a Common European Asylum System will bring more people than before within the scope of reception systems upstream of a final decision on the need for protection, particularly if the option of a single procedure is selected; thereby all applicants for international protection – and not only asylum seekers under the Geneva Convention on Refugees – would follow an identical procedure and receive the same treatment in terms of reception. These initial measures are now set forth in the “Hague Programme” which takes up the challenge to put forward the Common European Asylum System. The Commission is invited to adopt the second phase instruments with a view to the final adoption by 2010.

However, the definition of further steps requires a period of assessment and evaluation of the measures taken during the first stage and this would provide the base on which the second stage is to be built. The process was started in 2005 with an evaluation of the implementation of the Dublin Regulation (the results will be presented by the Commission in 2006) and continues with the Reception Directive. This monitoring and evaluation of the transposition process should help facilitate a point of agreement in the interpretation between Member States beyond what is stipulated in the Directives.

1) See Official journal of the EU C019, 23/01/1999

2) See Council ref, 9778/2/05

3) “Displaced persons” means third-country nationals or stateless persons who have had to leave their country or region of origin, or have been evacuated, in particular in response to an appeal by international organisations, and are unable to return in safe and durable conditions because of the situation prevailing in that country, who may fall within the scope of Article 1A of the Geneva Convention or other international or national instruments giving international protection [...]. For further details see Council Directive 2001/55/EC.

4) On December 11th 2000, the Council adopted a Regulation (2725/2000/EC) concerning the establishment of “Euordac” for the comparison of fingerprints for the effective application of the Dublin Convention on the State responsible for examining applications for asylum lodged in one of the European Member States. In addition to the proposals for the above mentioned acts approved by the Council, the Commission has adopted:

On May 24th 2000, a proposal for a Council Directive on minimum standards for giving temporary protection in the event of a mass influx of displaced persons based on solidarity between Member States;

On September 20th 2000, a proposal for a Council Directive on minimum standards on procedures in Member States for granting and withdrawing refugee status;

On November 20th 2000, a Communication on a common asylum procedure and a uniform status for those who are granted asylum valid throughout the Union.

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ABOUT THE CONFERENCE

Content and objectives

Against the background of the aforementioned, in particular of the evaluation of the completed first stage transposition process, the Open Forum on Reception and Health of Asylum Seekers was intended as a follow-up event of the Conference on the EC Directive on the Minimum Standards for Asylum Seekers, organised by the Red Cross/EU Office in October 2003 at Jesolo, Italy.

While the purpose of the “Jesolo-Conference” was to support the institutions of the EU and its Member States in the implementing process of the EC Directive on minimum reception standards for asylum seekers by providing practical operational guidelines, giving a comparative overview of the practices performed and pointing out the important differences between national reception systems, the Open Forum in Vienna aimed at complementing these results with those reached after the “Jesolo-Conference” during the transposition phase on the one hand, and at valuing the Directive’s compliance with the national laws of the Member States after the first enlargement on the other hand, with the main focus on health care.

The main objective was, though, to increase the capacity among the current and future stakeholders involved in the reception of asylum seekers within the European Union by giving all actors the opportunity to gather information on good practice and to share views. Offering a platform for the exchange of good practices between service providers was considered to result in better care conditions for asylum seekers and to contribute to the improvement of the health status of asylum seekers at least at the defined level of minimum standards.

Procedure

Creating the Open Forum as an exchange platform included:

- **Conference webpage**, established for the exchange of information before, during and after the Conference and to enable online networking among the participants but also to facilitate the dissemination of conference materials and other country information.
- **Plenary sessions**, foreseen to provide the participants through brief presentations by keynote speakers with essential information related to the implementation process of the Directive and to summarize the results of the workshops (see below).
- **Workshops** ensured a face-to-face information flow on the current practices of the countries of the participants focusing on the identification of possible deficiencies and shortcomings but also good conduct in the implementation of the Directive. They focused on this identification process triggered by an initial speech and followed by a discussion. Based on the provisions of the Directive, the 4 workshops covered topics which were considered of particular interest in the health context of asylum seeker’s reception in the Member States: modalities for material reception conditions, persons with special needs, health care and community relations (for the results/recommendations see executive summary).
- **Presentations of good-practice-models** offered by 11 EU Member States (Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, Germany, Greece, Latvia, Netherlands, and Sweden) in 23 sessions (45 minutes each) in one day. All in all, 50 models of good practice were submitted, out of which 39 were selected and published on the website, and 23 presented during the Forum. In addition to the presenting countries, France, Hungary, the Slovak Republic and Spain were the other countries to provide their projects as models of good practice, which means that altogether 15 Member States participated in the exchange of good practices which were developed and are being implemented on the basis of the Directive in the particular countries (for project profiles see submitted projects herein). The presentations focused on 3 main issues: health care in general terms, psychosocial care and care and rehabilitation for victims of torture. Also addressed were the provision of medical care and advisory services (primary health care) for people without social insurance, information and support for women, schooling programmes for asylum seeking children, accommodation for unaccompanied minors and the implementation of reception standards in general.

Results

Participants from 22 EU Member States and from Switzerland took part in the Open Forum - among them 6 new Member States which were represented mostly by Government officials; the “old” EU Member States were represented almost exclusively by NGOs. This analysis brings out the bodies implementing the Reception Directive (stakeholders) and shows to what degree civil society is involved in the migration process in the Member States. Altogether 100 people participated in the Open Forum, the practitioners shared experiences between themselves and increased their knowledge of the provisions of the Directive in

order to reach a more uniform application and help strengthen capacities in the new Member States. To make the contents of the European Open Forum accessible to a large number of persons involved in the reception of asylum seekers and in health care matters, a “good practice guide” will document the results of this conference, consisting of this introduction and the annexes that go with it.

This “good-practice-guide” together with the guidelines from the “Jesolo-Conference” is considered to be a comprehensive handbook for the relevant stakeholders, key actors, but before all for practitioners by reflecting the developments of the transposition process and presenting a way forward to the second stage of the European Union’s policy – paying attention to the enlargement – what should become a uniform procedure in a Common European Asylum System.

EXECUTIVE SUMMARY ON THE RECOMMENDATIONS OF THE WORKSHOPS

Workshop I:

Modalities for Material Reception Conditions

Following Article 14 of the Directive this workshop aimed at giving a general overview of the reception standards in the implementing states evoking further the recommended guidelines as they were stated at the Red Cross Conference on the EC Directive on Minimum Reception Standards for Asylum Seekers at Jesolo in October 2003 with concern to this Article. Determining to what degree and in what way the Directive’s minimum provisions have been implemented, in particular with regard to the recommendations from the “Jesolo-Conference”, was the challenge defined for this workshop.

Results of discussion

After a brief overview of the situation in Austria, provided by the initial speaker, workshop members were asked to also describe the situation with regard to material reception conditions in their respective countries and to point out possible problems. One of the first and most important results of the discussion was that some EU states still have not transposed the Reception Directive and still do not adhere to the minimum standards it contains. In this context some participants reported that in their countries material reception conditions are only granted to certain groups of asylum seekers (e.g. families) whereas other groups (e.g. singles but also Dublin cases) only have restricted or no access. Some workshop members observed that material reception conditions in some states that so far had or still have higher reception and accommodation standards than those called for by the Directive seem to be deteriorating towards the minimum standard of the Directive.

The Directive seems to be regarded by many states as a common standard rather than a minimum standard. This development is a reason for concern among NGOs which would like to see more states making use of Art. 4 of the Directive and retaining higher national reception and accommodation standards. Another item that was discussed in depth is the question of detention of asylum seekers. Large scale detention (and even sometimes in regular prisons) of asylum seekers seems to be increasingly common (sometimes even upon arrival) in many EU states – a development that was regarded as a cause for alarm among the workshop members. Representatives from countries that largely comply with the Directive reported in some cases that although their countries do provide the services called for by the Directive, they sometimes fail to provide them in sufficient quantity to accommodate all asylum seekers or in insufficient quality to reach the goals of the Directive. These deliberations resulted in the following recommendations:

Recommendations

- The immediate transposition of the Directive’s provisions into national law should be undertaken by all EU Member States which so far have failed to do so.
- More accommodation facilities for asylum seekers with special needs (e.g. unaccompanied minors) should be provided by the EU Member States; implementation guidelines on how to establish and run such facilities should be drawn up on the basis of existing experience and best practice.
- Higher reception standards that are already in place in some EU Member States should be retained pursuant to Art. 4 of the Directive.
- Staff at reception and accommodation facilities should be available in sufficient number and adequately trained in all relevant issues concerning asylum seekers.
- A manual containing basic information about asylum seekers should be compiled for use in smaller facilities; practical

support by experts is being considered an essential need.

- Exceptional situations in the reception/accommodation systems (e.g. mass influx) should be dealt with on the basis of a handbook offering expert's advice.
- Detention should not be the norm for entire groups of asylum seekers (e.g. Dublin II cases).
- Detention conditions should be the same as in regular accommodation facilities, except the limitations of freedom.
- Member States together with NGOs should explore ways of collecting and implementing best practice, e.g. concerning interpretation services.

Workshop 2:

Persons with Special Needs

Approximating Chapter IV of the Directive into the implementing process was the goal of this workshop considering that the provision of adequate need matched health assistance that it should be understood as a fundamental human right of the most vulnerable, like minors, women and elderly, the mentally and physically ill.

To define possible interactions at reception centres for each of these groups, as they are the first contact with host countries, was considered important for the outcome of this workshop, since it was initially presumed of having impact on migrants' psychological and physical health. To reach diversification of these health and reception needs and to indicate the importance of greater dialogue, further research and a harmonization of legislative and operational instruments at the European Union level defined the challenge of this workshop.

Results of discussion

Against the background that travelling i.e. migrating conditions are increasing health risks and vulnerability to those with special needs as children (unaccompanied), women, elderly and persons with ill-health it was made clear that these factors are a cross-cut subject with migration determinants of health which are to be overall considered by being split in three main risk factors, namely:

the **risk of pre-departure** (morbidity profile & health status, socio-economic status, poverty associated with ill health, poor health infrastructure, physical & mental fragility, life experiences [violence, torture, rape, loss], lack of education, no preventive care), the **risk of travel** (irregular means of travel [smuggling/trafficking/undocumented], legal migration status during transit), and the **risk of arrival** (health risks in the hosting community as regards legal status, access to health & social services, reception policies, health screening, discrimination, detention, exploitation, child labour, unsafe working conditions, sexual exploitation etc.) and following the introductory presentation and the explanation of professional experiences and case presentations of the participants, it was concluded that the main focus of the workshop was well targeted because:

- Within the sound need for setting up minimum standards for health assistance of asylum seekers there are persons/groups who either because of their age, gender, health/mental health status, or because of conditions to which they were exposed in their country of origin or during the journey, should receive special attention and services capable to address their needs.
- There is a shortage in the relevant legislation as well as in its harmonization, the problem is more visible on operative level. There is shortage or lack of health professionals who are trained/prepared to cope with this special and sensitive task.
- Within EU exists an initiative to address the special conditions of migrant population only at secondary health care level, but the "Migrants Friendly Hospital" movement has not built links either to primary health care providers or to NGOs assisting asylum seekers.
- The complex problem of unaccompanied minors was also mentioned repeatedly, addressed mostly from the perspective of guardianship this needs a clear, well defined and "beneficiary friendly" solution.

Recommendations

- Setting up a strategy which will bridge legislation with best practices by assessment and mapping is to be strongly recommended especially with regard to the application of the EU directives (legislative level) on the country level practices (EU cross-border comparative studies).
- Establishing minimum standards for multicultural sensitive care and treatment, competence in services delivery and the health assessment (incl. mental health) in an early stage of the reception assistance process should be a target for the purpose to reach both consistency between regions in a given country and among the countries paying attention to gender-sensitivity.
- Accountability and transparency of health systems for asylum seekers should be common standard as impact evaluation and monitoring of models of health services.
- Establishing best practices based on evidence, bridging return with development and the protection of care providers against retaliation should become an integral part of health care.

- For the unaccompanied children it is specifically recommended that guardianship and basic protection should not be incompatible in their interference and that guardianship should be legally based, “guided” and/or independent (voluntary with selection standards).
- For the elderly it is specifically recommended that they should be included as a sub-group with special needs in the Reception Directive or in the national policies and that an assessment/mapping and comparative studies on their health care situation should become a target.

Workshop 3:

Health Care

Responding to the provisions of Article 3, 13 and 15 of the Directive this workshop aimed at identifying the health care services offered to asylum seekers by the EU Member States with the view to show if minimum standards have already become a common implemented rule, or have even reached higher standards in certain countries or certain areas of health care. Identifying implementation practices and thus determining demands for improvement or calls for immediate action was the challenge set for this workshop.

Results of discussion

The discussion, which after the initial speech was triggered by the exemplified presentation of health services offered to asylum seekers in the Netherlands, was in general focusing on comparisons of health care systems especially with regard to the definition of minimum standards being effectively provided.

In the course of the discussion it could be realised that there is a different understanding among the EU Member States concerning the minimum provisions as a matter of national law restrictions but mainly due to restrictive national practice. Soon it became clear that some countries as a minimum standard only offer access to emergency aid and that other health services are left to the discretion of government-contracted or non-contracted agencies without clear rules provided on quality of work and conduct. Performing duties as induced by the Directive proved to be tied to difficulties within these restrictions so that an urgent need was detected for outlining a code of conduct for health professionals but also for asylum seekers.

As an essential improvement of health care in this context, the unrestricted and EU-wide equal access to Primary health care in connection with monitoring systems to be applied was favourably considered.

Based on the outcome of this discussion process the workshop members have decided on the following recommendations:

Recommendations

- Ongoing monitoring should be ensured for the quality of health services based on experiences and feedback of asylum seekers and on evidence-based medicine for this specific group.
- Health care for asylum seekers should have the same quality of service standards as for nationals.
- Comprehensive initial health examinations should be imparted to provide information about the health system and the rights and duties of patients.
- Information (legal and medical) and training (cultural competence) for health professionals engaged in curing and caring should become mandatory.
- Opportunities for asylum seekers to involve themselves in their health process (empowerment), should be, if not given, created and increased, if given.
- Full access to Primary health care in all EU Member States should be guaranteed.
- Mental health care and necessary services should be a matter of basic concern and be provided.
- Mediation of language and culture in health services should be established; no children under the age of 18 should be used as interpreters.

Workshop 4:

Community Relations

Focusing on the provisions as stated in the Directive’s preamble alinea 14 and the Articles 7, 8 and 10-12, this workshop was set up to absorb the level of EU-wide implementation developments in this context especially, as being deemed important for understanding secondary migration as a movement phenomenon, generated by the ostentatious differences in the integration policies of the EU Member States.

Since the Directive focuses on the harmonisation of human rights standards and its compliance, this workshop aimed at pointing out the main existing differences in the daily implementation process on all levels (local, regional, national, european-wide), thus localising realisable fields of action and offering ideas for solutions which where to be formulated in recommendations.

Results

The workshop discussions gave the opportunity to measure the national differences in the implementation of the Directive provisions which have an impact on the integration of asylum seekers in the hosting society.

The lack of vocational training opportunities and the difficult access to the labour market were seen as the main barriers to integration and therefore to good community relations. According to the participants' experiences, this state of fact is specifically generated by administrative obstacles based on paragraph 4 of article 11⁵ (priority to the EU citizens), bad dissemination of legal information to the stakeholders, centralisation of the decision-making process and location of the reception centres in remote areas. Identification, mobilisation of, and collaboration between the various stakeholders who play a role in the Community relations were considered as the first steps to be undertaken.

Employers, NGOs, national, regional and local authorities, refugee organisations and community organisations have to be involved in the process.

The workshop participants mentioned a number of factors that have to be taken into consideration when implementing the Directive provisions related to community relations. These factors could be organised according to the following structure:

- Needs of the asylum seekers (e.g.: need for clear and relevant information on their rights, adequate space for living, adequate social support and access to health services, etc.)
- Factors which relate to the main features of the target group (e.g.: diverse group in terms of origin, gender, age, religion, background, etc., communication problems because of the language, specific health problems, difficult access to the labour market, etc.)
- Factors, which relate to the main features and attitude of the society (e.g.: load of work of the public services, law ignorance of some of the stakeholders, prejudices/discrimination against asylum seekers, translation unavailable within the agencies and social services institutions, etc.)

Recommendations

- Full implementation, not only transposition, of the Directive should be in place in all Member States.
- Preambles 5⁶ and 7⁷ should guide the implementation of the Directive and, in general, all decisions related to the reception of asylum seekers.
- In favour of a constructive dialogue and a multi-dimensional approach, mixed committees involving all stakeholders like authorities at all levels, refugee communities, local populations, employers, NGOs, trade-unions, and other civil society organisations should be promoted, while coordination between the stakeholders should exist.
- Basic training as regards the objectives of the Directive should be, based on assessments, provided for stakeholders who implement the Directive, as cultural awareness amongst them should be also promoted.
- Top-down and bottom-up information flow among the authorities should be established.
- Effective monitoring mechanism regarding the implementation of the Directive should be created and enable the analysis of the information flow between the stakeholders, the coordination of the actions, the refugee participation.
- Access to the labour market after a maximum waiting period of three months and remove of administrative obstacles should be enabled.
- Development of language courses opportunities for promoting access to the information and to the labour market and the development of vocational training opportunities should be a must.
- Freedom of movement in line with access to social benefit should be ensured.
- Ensuring access to the education system at the earliest opportunity for children, irrespective of their accommodation, should be basic asset.
- Reception centres in areas where the asylum seekers do not have fully access to services (education, vocational training, health and social services, employment opportunities, etc.) should be, if anyhow possible, minded.

5) Article 11, para. 4 : For reasons of labour market policies, Member States may give priority to EU citizens and nationals of States parties to the Agreement on the European Economic Area and also to legally resident third-country nationals.

6) This Directive respects the fundamental rights and observes the principles recognised in particular by the Charter of Fundamental Rights of the European Union. In particular, this Directive seeks to ensure full respect for human dignity and to promote the application of Articles 1 and 18 of the said Charter.

7) Minimum standards for the reception of asylum seekers that will normally suffice to ensure them a dignified standard of living and comparable living conditions in all Member States should be laid down.

MODELS OF GOOD PRACTICE

(in alphabetical order: country/project)

Diakonie Österreich/Evangelisches Hilfswerk (Austria/NGO) **AMBER**

| | | | |
|---|--|-----------------------------|--|
| Short description: | Ambulant medical treatment and social counselling for people without insurance coverage | | |
| Field of activity: | Emergency treatment, psychological treatment, counselling, prevention, health information | | |
| Target group: | Asylum seekers in general | | |
| Target of the project/ activity/programme: | Medical treatment, prevention, integration for free | | |
| Context: | Urban, "right of treatment and care as well for those who cannot afford it" | | |
| Long description: | <p>For persons who urgently need unbureaucratic access to medical treatment and who require</p> <ul style="list-style-type: none">• special attention and a differentiated perception regarding their origin, recent history, symptoms and ailments• posttraumatic and/or socially integrative therapeutic care and• auxiliary social counselling concerning resources and networks. <p>All these services are provided in a great number of languages. Our main principles are anonymity and confidence.</p> | | |
| Cooperation partners, networkers: | General and specialised medical staff, Austrian Medical Association, pharmaceutical and medical suppliers | | |
| Number of employed and voluntary people: | 2 employed, 28 voluntary people | | |
| Duration of the project/ activity/programme: | since 12th January 2004 | | |
| Results and conclusions (up to now): | <p>Even though it took us almost a year to reach socially isolated people who live underground and who until then had had no access to information about our services (because of their financial situation or because they did not speak the language), we treated approximately 700 persons without insurance until June 2005. The number of new patients and the need for such services has been strongly increasing ever since. Key features of our treatment/stabilisation/prevention services: protection of data privacy and anonymity on the one hand, much time, effort and interest for the current condition, cultural background and personal history as well as the implications of these factors concerning the patients' needs on the other hand.</p> | | |
| Financed by: | Private donations | | |
| Notes: | <p>On the political/governmental level the existence of our target group is being denied. We see it as our responsibility to provide basic medical care and holistic social counselling as a first step to gain self respect for each and every individual. This should enable the person concerned to look for further resources, to claim their basic rights, to live confidently and self-determined and be integrated in a foreign country.</p> | | |
| Contact: | Name: Erica Riener Phone: +43/1/587 06 56 E-mail: amber@diakonie.at | State: Fax: Homepage: | Austria +43/1/587 06 56-4 www.diakonie.at |



Diakonie Flüchtlingsdienst (Austria/NGO)

Ankyra – Center for Inter-Cultural Psychotherapy/ Psychotherapy and Psychological Counseling/EEF

| | |
|---|--|
| Short description: | Ankyra offers assistance to asylum seekers and people to whom political asylum has been granted. The assistance focuses on counselling in psychological, psychiatric and medical matters, as well as on psychotherapy with particular regard for the infliction of trauma and under consideration of specific cultural circumstances. Interpreters are employed where needed. Furthermore, Ankyra raises awareness about the psychological needs of refugees (in particular traumatised refugees) and is active in network-building. |
| Field of activity: | Psychological treatment, health information |
| Target group: | Asylum seekers in general, victims of torture and violence |
| Target of the project/ activity/programme: | <ul style="list-style-type: none">• Ensuring and further developing psychotherapeutic assistance to refugees, in particular traumatized refugees and victims of torture• Ensuring reliable interpreter services for psychotherapeutic work with refugees• Improving the situation of refugees who have experienced trauma and torture by providing psychotherapy and psychological counselling• Paying specific attention to the situation of women and their specific traumas, and supporting women accordingly (in particular single mothers and victims of violence)• Networking with projects and individuals who work with refugees, and raising awareness about the specific psychological needs of refugees and the effects of traumatic experiences• Easing the pressure on projects and individuals who work with refugees with psychological problems, easing the tensions in refugee centres, easing the challenges for family and friends• Ensuring just legal procedures in regard to applications for political asylum (Ankyra assists with writing testimonies and provides specific information for workers at the Innsbruck office of the Federal Bureau for Political Asylum)• Further developing concepts of psychotherapeutic and psychological concepts for the work with asylum seekers with traumas, both as individuals and in groups (in particular children, unaccompanied minors, and women) |
| Context: | The project is located in the Tyrol (a province in western Austria). Before this particular project was launched, no psychotherapeutic assistance was available to refugees in the Tyrol. |
| Cooperation partners, networkers: | <p>Legal projects/organisations/institutions:</p> <ul style="list-style-type: none">• Federal Bureau for Political Asylum, Innsbruck office• Department for Refugees of Caritas• Lawyer of the Caritas Legal Aid Project• Helping Hands Tirol <p>Social projects/organisations/institutions:</p> <ul style="list-style-type: none">• Department for Refugees of the Tyrolian government• Department for Refugees of Caritas• Youth Welfare• SOS Children's Villages• ARGE Schubhaft• Teestube• Dowas <p>Women's rights projects/organisations/institutions:</p> <ul style="list-style-type: none">• Women from All Countries – Initiative for Culture, Education and Information• Tyrolean Women's Shelter• Women against Rape• Women's Clinic <p>Health projects/organisations/institutions:</p> <ul style="list-style-type: none">• Society for Psychotherapeutic Support Tyrol• Provincial Association for Psychotherapy, Tyrol |

- Austrian Society for Emergency Psychology
- Psychiatric Hospital, Hall
- Psychiatric Clinic of the University Hospital, Innsbruck
- Women's Clinic of the University Hospital, Innsbruck
- Medical Psychology of the University Hospital, Innsbruck
- Children's Clinic

Ankyra is actively involved in building the following networks:

- Network for intercultural psychotherapy for extreme trauma
- Network PsychTransKultAG Tyrol: network of health institutions and projects that initiates intercultural psychiatric, psychotherapeutic and psychosocial work in Tyrol.
- Forum for Integration, Tyrol: In the Forum for Integration different projects work together to improve the integration of refugees and migrants in Tyrol. Ankyra is a part of the Forum and focuses on health issues in the context of developing a model of integration for the provincial government. The work in regard to health issues is primarily concerned with improving the medical assistance of asylum seekers, refugees and migrants in Tyrol.

Number of employed and voluntary people:

24

Duration of the project/ activity/programme:

applied for May 05 – April 06
granted for May 04 – April 05

Results and conclusions (up to now):

The necessity for psychotherapeutic and psychological assistance to asylum seekers and people to whom political asylum has been granted was confirmed. The demand for assistance – in particular in regard to assistance trauma assistance – is very high. A demand exists for assisting traumatised children.

Financed by:

EFF, Bundesministerium für Inneres, Land Tirol

Notes:

During the procedures of granting or rejecting political asylum, stronger emphasis has to be put on considerate interviews. The symptoms of traumatised persons include memory loss – as a consequence the ability to articulate the reasons for having become a refugee are often diminished. The interviews, also the lack of private space in refugee centres, can have re-traumatising effects. Alternative ways of housing for refugees should be considered.

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Integrationshaus (Austria/NGO) “Projekt Caravan”

Short description:

Reception house and living community for unaccompanied minor refugees with very high needs of caretaking (medical, social, psychological, psychiatric ...)

Field of activity:

Psychological treatment, counselling, prevention, health information

Target group:

Children

Target of the project/ activity/programme:

Social, psychological and pedagogical caretaking of unaccompanied minor refugees

Context:

“Projekt Caravan” is a department of the Viennese Integrationshaus (Integration House), where some 100 refugees live. There are also advisory and educational projects run by the Integrationshaus. The house is situated in the 2nd district of the city of Vienna, which is traditionally inhabited by immigrants.

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|--|--|---|--|
| Long description: | <p>The project started as a clearing centre for the target group but turned to a long term housing project due to a change in the policy of reception of refugees and asylum seekers in Austria. The project can house a number of up to 20 boys and girls under 18 years of age. It is run by a multi-professional and multi-cultural team of four men and four women and is led by an experienced social youth worker. As a specialized institution for young people with special needs it has often to do with infected (HIV, Hepatitis, Tuberculosis etc, ...) and/or sick persons as well as with underage people with psychological or psychiatric problems caused by traumas in the context of their flight from the home country. We work closely together with hospitals and doctors in the neighbourhood and in specialised institutions. With a daily time structure, useful and expedient leisure activities, qualification measures and German lessons with a person to person caretaking system and relevant group activities we try to stabilise their psychic status, to find out and improve their future perspectives as well as to give them chances for qualification and future integration into the labour market.</p> <p>As all our clients have to leave our institution at the age of 18, we do our best to make them able to manage the needs of every day life and to find adequate follow-up housing and caretaking.</p> | | |
| Cooperation partners, networkers: | Fonds Soziales Wien (Viennese Social Fund), Youth Welfare Authorities, other NGOs | | |
| Number of employed and voluntary people: | 15 | | |
| Duration of the project/ activity/programme: | Long-term (unlimited) | | |
| Results and conclusions (up to now): | <p>We still regret the decision not to continue our project as a clearing centre as there is no other institution to find out professionally the real and concrete needs of vulnerable young people. As far as we can see up to now, our project can be very useful for many young people to recover from their experiences in their home countries and during their flight.</p> | | |
| Financed by: | Fonds Soziales Wien (Viennese Social Fund) | | |
| Notes: | <p>As mentioned above an institution of clearing and examination of of caretaking needs in advance of long term accommodation would be very useful in order to cover these needs from the very beginning of their stay in Austria. The governmental youth welfare system is doing not enough to help NGOs with their task of helping and educating minor refugees without contact to their families.</p> | | |
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Austrian Red Cross (Austria/NGO)

Red Cross Primary Health Care Centre Vienna

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|--|---|
| Short description: | <p>The Austrian Red Cross operates a medical depot which provides donated drugs for free. Target of the currently running project is to evaluate the needs and efforts for the implementation of a health care centre into the medical depot to provide primary health care to migrants, asylum seekers, refugees and other persons who are not part of the social security system.</p> |
| Field of activity: | Prevention, health information |
| Target group: | Asylum seekers in general, elderly people, addicted people, children, women, victims of torture and violence, disabled people |
| Target of the project/ activity/programme: | <ol style="list-style-type: none"> 1. Provide primary health care, medical assistance and consultancy to people not covered by any insurance 2. Identify sources of further/advanced treatment for people not covered by any insurance |

| | | | |
|--|--|--------------------------------------|-----------------------|
| Context: | As the Austrian Red Cross operates a medical depot in Vienna and provides drugs for free (against prescription), a combination with a primary health care centre would be an ideal combination for synergy and economical purposes. | | |
| Long description: | When the Austrian Red Cross planned to move its medical depot (which offers donated drugs against prescription for free) the idea of a primary health care centre integration was born. The planned health care centre shall secure free of charge long-term primary medical treatment for persons which are not part of the Austrian social security system. High synergy effects in the field of staff, experience, infrastructure and material from the already implemented and known medical depot provide strong arguments for the implementation of the project "primary health care centre". Target groups are especially migrants, asylum seekers and refugees which are often not covered by the Austrian social security system. | | |
| Cooperation partners, networkers: | City of Vienna, CARITAS, Diakonie Österreich, etc. | | |
| Number of employed and voluntary people: | Evaluation period: 1 voluntary | Operational period: under evaluation | |
| Duration of the project/ activity/programme: | 2006 – unlimited | | |
| Financed by: | City of Vienna, Austrian Red Cross Medical Depot etc. (under evaluation) | | |
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Austrian Red Cross (Austria/NGO)

Refugee accommodation and care "Quartier Hartlieb", Red Cross Steyr

| | |
|--|---|
| Short description: | At the start of the project we established an accommodation for refugees following an emergency call of the Austrian government. About 60 refugees were given accommodation and care for a limited period of two months. After many discussions to convince the involved parties, like the mayor and the government of the city, the head of our branch, Dr. Urban Schneeweiß, and his team got the permission to install a permanent facility in Steyr to take care of refugees. |
| Field of activity: | Emergency treatment, psychological treatment, prevention, counselling, health information, participation, material conditions |
| Target group: | Asylum seekers in general, children, victims of torture and violence |
| Target of the project/ activity/programme: | We want to give a helping hand and support to asylum seeking people to handle their daily problems, specially in the field of health care, education (children in schools, adults in language trainings), and psychological support. |
| Context: | Located in an urban area, neighbouring population are mostly workers, in the beginning very negative press and upset in neighbourhood. |
| Long description: | The accommodation and care project "Quartier Hartlieb" in the Red Cross branch of Steyr was founded following an emergency call of the Austrian government. Due to the fact that the Red Cross in Steyr has many specialists in water and sanitation, telecom and assessments, mostly deployed in ERUs of the Federation, there is awareness for international help. "Quartier Hartlieb" was the first refugee accommodation run by the Red Cross outside of Vienna. With the support of our headquarters in Vienna, we could start the accommodation facility within |

only one week. After a couple of weeks we knew that it would be necessary to continue this accommodation after its deadline of 2 months. In the headquarters of the Red Cross in Upper Austria we felt a certain amount of resistance against a refugee project. After many discussions Dr. Urban Schneeweiß achieved a breakthrough and we received the authorisation to continue the project. The mayor of our city agreed to the plan and so we had to convince the neighbourhood. The big difference to the start-up phase was that the press coverage was not as negative as it was in the beginning. Positive discussions with representatives of the press changed the public opinion and we got good support from this side. Through our presence, clearly identified as representatives of the Red Cross, we had ongoing discussions with the population of Steyr, and so we reached a good level of acceptance. This gave us the opportunity to continue our project. The project was further developed to a regular structure. The attention of our work is: regular health care in cooperation with local doctors.

Special health care for babies and little children, vaccinations, dental precaution, gravity counselling, psychological support with specialists, working through of traumas. We also do: Language courses, counselling in legal questions with support of lawyers. Furthermore we try to integrate the people into the population of our city, support them in finding housing and income and give them knowledge about our culture and more.

Cooperation partners,
networkers:

Volkshilfe, Ministry for Internal Affairs, Caritas, Government for Upper Austria

Number of employed and
voluntary people:

4

Duration of the project/
activity/programme:

Unlimited

Results and conclusions
(up to now):

In the beginning the project was hostiled by many groups, like the neighbourhood, some political parties of the city, specially the FPÖ and ÖVP party, and some local papers and the Austrian Television (Section Upper Austria). Against all resistance we could install good accommodation for refugees. The fact that there are only 60 people, most of them structured in families, and the high presence of Red Cross people, who talked to the neighbourhood in a very personal way, could resolve prejudices very fast. Now the neighbourhood is used to the fact that there are refugees in their neighbourhood, and they are living together well.

Financed by:

Austrian Red Cross, specially "Bezirksstelle Steyr Stadt", partly refunded by the government of Upper Austria

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Verein Projekt Integrationshaus (Austria/NGO)

Residential Care and Multilingual Intensive Care at Integrationshaus

Short description:

Since summer 1995, when Integrationshaus started to operate, the refugees living at Integrationshaus have been provided with intensive psychosocial support. This means that refugees are offered intensive support and counselling on personal, legal, family-, work- and housing-related problems and issues. They are assisted in their integration into the Austrian society. Due to the specific care and counselling services offered, admission gives priority to refugees with particularly high support needs. These are persons suffering from traumatising or living in a difficult family situation, such as single refugee mothers or minor refugees. Since 2004, when basic welfare support was introduced, the Vienna Social Fund referred refugees to Integrationshaus and funded care and support for them through a daily-rate system. At present, a maximum of 110 persons can be accommodated in a total of 38 housing units at Integrationshaus.

Field of activity:

Psychological treatment, counselling, prevention, health information

| | |
|---|---|
| Target group: | Asylum seekers in general, women, victims of torture and violence |
| Target of the project/ activity/programme: | <p>This intensive support aims at the refugees' psychological stabilisation and their (re-)integration into the labour market in order to ensure the material and personal basis for an autonomous, independent life in the receiving society.</p> <p>The first major priority usually is psychological stabilisation as it is a prerequisite of language acquisition and employability. Moreover, stabilising measures and actions promoting personal resources and self-esteem play an important role for exiles and uprooted persons in almost all phases of support. In case of a sufficient command of the German language, an education and training programme is drawn up and any existing diplomas are submitted to the authorities for recognition. If the refugees' legal status permits access to the labour market, the next step is support in finding a job. Help is also provided in the organisation of child care (kindergarten, after-school care) because this is an essential requirement for attending courses or accepting employment. When professional integration runs smoothly, the last step is assistance in finding a flat. If access to municipal housing is possible, the refugees are supported in applying for a city-owned flat. After moving out, refugees/families are offered follow-up support. Experiences have shown that this support is generally used in case of acute crises (e.g. difficulties within the family or at work) or when legal issues arise.</p> |

Context: Located in Vienna (capital of Austria), in the second district.

Long description: **Residential Care**
Care and counselling at the Integrationshaus

Since its establishment in 1995, Integrationshaus has already provided more than 500 refugees and asylum seekers with accommodation, food, medical care and psychosocial support. Due to the specific care and counselling services offered, admission gives priority to refugees with particularly high support needs. These are persons suffering from traumatising or living in a difficult family situation, such as single refugee mothers or minor refugees. Since 2004, when basic welfare support was introduced, the Vienna Social Fund referred refugees to Integrationshaus and funded care and support for them through a daily-rate system.

At present, a maximum of 110 persons can be accommodated in a total of 38 housing units at Integrationshaus. Accommodation ranges from double bedrooms shared by single persons to big units furnished for families of up to six persons. All the rooms are provided with furniture, a kitchenette and a washbasin. Showers and toilets are shared by the residents of one floor. The Integrationshaus does not have a collective kitchen nor does it provide catering services. The residents themselves are responsible for buying food and preparing their meals. For this purpose, they are provided with money and basic food.

In the context of residential care, multilingual employees of Integrationshaus are available to the residents during the day and, in case of crises and emergencies, also by night. They are the first contact persons of the residents and help them to cope with everyday life in every respect.

Their support relates to all aspects of basic welfare support, such as moving in and out, disbursing financial allowances and getting health care vouchers. The care workers are the primary addressees for all problems and questions and, if necessary, refer the residents to other internal or external services. Through conflict management and crisis intervention, they support the residents in living together and help in case of personal or family problems. Furthermore, they act not only as translators, but rather are essential confidential advisors for the residents, especially when it comes to sensitive issues, such as contacts to authorities or medical doctors.

Multilingual Intensive Care

Since the establishment of Integrationshaus, refugees have not only received decent accommodation and food here, but also multilingual intensive psychosocial and psychological care. This means that refugees are offered counselling and support to help them with personal, legal, work- and housing-related problems and questions in order to assist and support them in their integration into Austrian society. The objective of intensive care and support is the refugees' psychological stabilisation and (re-)integration into the labour market. The refugees are to lay the material and personal basis for leading an autonomous, independent life in the receiving society.

A team of qualified psychologists and social workers is responsible for providing multilingual intensive psychological care. Funding comes from several sources: for residential care and support from the Vienna Social Fund within the framework of basic welfare support and for labour-market counselling from the Vienna Employee's Promotion Fund (WAFF). The women-

specific and health psychology counselling and support is financed by the Federal Ministry for Health and Women. Additionally, funds provided by private donors are used in all the fields mentioned above.

The Care Process

At the start of the care process, a comprehensive admission meeting takes place, a socio-cultural case history is drawn up and the legal situation is documented with regard to asylum and alien legislation. This serves to build trust and to assess the support needs.

Admission, which also involves an explanation of the services offered, the house rules and the internal situation, is followed by a settling-in phase. The care worker draws up a care plan that defines the next tasks and objectives. The first major priority usually is psychological stabilisation as it is a prerequisite of language acquisition and employability. However, stabilisation and other measures promoting self-esteem play an important role in almost all phases of support.

In case of a sufficient command of the German language, an education and training programme is drawn up and any existing diplomas are submitted to the authorities for recognition. Clients having access to the labour market are then supported in looking for a job. If necessary, child care has to be arranged in order to make it possible for the parents to participate in training courses or to take up employment. Support is continued even after residents have found a job. After frequently several years of forced passivity, many clients need help in adjusting to a regular daily rhythm or to often heavy physical work.

When professional integration runs smoothly, the last step is assistance in finding a flat. Information evenings on how to find a flat, on the legal framework and financing options are organised and the residents are accompanied to appointments for visiting flats and signing contracts.

After moving out, refugees/families are offered follow-up support. Experiences have shown that this support is generally used in case of acute crises, for example, difficulties within the family or at work, or when legal issues arise.

The above description corresponds to an ideal, typical care process. As a rule, the individual phases cannot be clearly delimited, but rather have blurred borders or take place in parallel. For example, due to the duration of asylum procedures, the phase of language acquisition or further training is particularly long for asylum seekers – some of the clients applied for asylum more than five years ago. For this group, courses also take on the nature of occupational therapy so that they do not lose their sense of time and their self-esteem altogether. As refugees are not able to plan their own future, they are helpless in this situation of having to wait and are afraid of being deported back to the country where they have been persecuted. Therefore, psychological support and stabilisation are particularly important throughout the asylum procedure.

Counselling Fields

Every year, far more than a hundred persons living at Integrationshaus use the various counselling and support services offered. The services cover four key fields that, in a nutshell, relate to the most important spheres of the life of refugees and asylum seekers. Depending on the specific needs of the residents, the effective focus of counselling work varies from year to year.

Mental Health and Clinico-Psychological Care

For several years, priority has been given to mental health and clinico-psychological care. This central place is due to Integrationshaus's specialisation in accommodating and supporting persons suffering from traumatisation and severe mental stress. This field of work that primarily aims at the psychological stabilisation of the clients is of major significance, also with a view to labour market integration. Mental stability is one of the most essential prerequisites of employability.

Labour-market counselling

Since the establishment of Integrationshaus, activities in the field of labour market policy and supporting the integration of our clients into the labour market have always been major priorities in our work. Getting a job and the resulting "normalisation" of life for adults is key to their further psychological stabilisation and a prerequisite for them to be able to stand on their own feet. During the asylum procedure, preparatory measures contribute to structuring the day and help refugees to find a suitable job soon after being granted asylum.

Counselling on Asylum, Legal and Housing Issues

Assistance in asylum procedures is a great help for the residents who usually are unfamiliar with the Austrian legal system. Administrative decisions need to be translated and explained, and the necessary legal steps have to be taken and followed up on. In addition to asylum and alien legislation, there are also other legal issues that arise again and again, for example in the context

of divorce and the care and custody of children. When residents move out of Integrationshaus to their own flat, this marks the end of in-house care. This step again requires much support and information. Because recognised refugees who have had their registered place of residence in Vienna for more than two years have access to city-owned flats, we intensively cooperate with Wiener Wohnen – Housing in Vienna – in this field.

Women-Specific Counselling

Right at the start of the care and support project, the specific situation of women, in particular single mothers, was already identified as an area of special concern and, as a result, customised services have been offered to them. Psycho-pedagogical support and family counselling is to help single mothers suffering from severe mental stress to tackle problems faced in bringing up their children and (pubertal) adolescents. Another major issue is violence within families. Counselling and support in these fields and, additionally, the arrangement of child-care services and the organisation of schooling and after-school care are to create the basis that is indispensable for successful labour market integration.

In addition to one-to-one sessions, women may also participate in the regular meetings of the women's group (Link Gruppen).

Principles of women-specific support and promotion

- Gender mainstreaming
- Preventing violence
- Disseminating information on gender issues and women's rights to the Austrian public
- Raising awareness of women's issues
- Building and strengthening self-esteem and empowerment
- Fostering autonomy
- Providing support in child-rearing problems and advising on family planning

Group Activities

The group activities offered by Integrationshaus develop in connection with counselling. When a need for specific activities is identified, a group is set up after examining the availability of the required personnel. The groups are organised by members of the teams in charge of residential care as well as intensive psychosocial counselling and care.

Apart from content-related aspects, a regular occupation experienced as meaningful and pleasurable is very important for the residents and helps them to develop self-confidence and stability. Moreover, in cases where the groups get public visibility – e. g. at sports or cultural events –, they contribute to raising awareness of the concerns of Integrationshaus.

Women's Group

The women's group has existed for many years. It is to support psychological stabilisation, raise the female residents' self-confidence and promote empowerment. The regular meetings of this group provide an opportunity for discussing issues, such as health, nutrition, child rearing, differences/similarities of various cultures and exchanging experiences. Lectures and excursions are organised regularly. In 2004, the focus was on creativity. In addition to silk painting and jewellery design, the group contributed, for example, to an intercultural cookbook project. The result – “Der Geschmack der Fremde” (The taste of distant lands) – was published in autumn 2004 (for further information, including ordering, please go to the Online-Shop). In 2005, the group started to think about jointly writing a book of fairy tales.

Sports Groups

Sports is not only fun, but also promotes psychological stabilisation. Sports activities contribute to stress reduction and activation and have a positive effect on body and soul. In the past years, several sports groups were launched: for gymnastics, running and, in 2004, also football. Since its very start, the football group has been very popular and quickly became a fixture of the leisure activities at Integrationshaus. In addition to its weekly training sessions, FC Integrationshaus again and again takes part in tournaments and charity events, e.g. in the Street Soccer Cup in Vienna. Training takes place outdoors in summer and, thanks to ASKÖ (Austrian umbrella organisation in the field of sports), in a hall in winter.

Job-Seeker Group

Complementing one-to-one sessions in labour market counselling, the job-seeker group meets every week for two hours. This group serves to prepare residents for the labour market and supports them in actively looking for a job. Unfortunately, most residents of Integrationshaus do

not even have access to the labour market due to the legal framework. At the same time, they long for work and earning an income because many of them experience it as a great strain to have no regular occupation during the long waiting period of the asylum procedure.

Cultural Groups

The theatre group has existed for many years. At present, they work on the third play. This activity, too, helps to structure everyday life for the asylum seekers and, given the positive feedback from the cultural scene, naturally strengthens the self-assurance of the actors. In January 2005, a new group was launched under the name "Soho Group". The residents originally met to present stories, dances or songs that were important in their own lives to their fellow residents. Therefrom, drawings have been developed that were printed on T-shirts which were sold within the framework of "Soho in Ottakring" (an arts festival organised in the Ottakring district in Vienna) in May 2005. These T-shirts are to create a public for the personal history of refugees.

For pupils aged 10 or more years and adults who are learning German, a study group was established to offer meaningful support to the residents also in this field.

Another group is currently in planning: A parent group is to give mothers and fathers an opportunity to discuss education problems and provide them with information on recreational activities in Vienna.

In addition to these specialised groups, regular general meetings are held for all residents of Integrationshaus. At these meetings, they are informed about new developments and offerings and can discuss problems arising in living together.

Projects for Children and Young People

Many children and young people living at Integrationshaus suffer from the impact of experiences made in their home country or during their flight. They had to experience various losses, such as the death or disappearance of family members or friends and have to come to terms with an unfamiliar culture and a new language. Moreover, the long duration of the asylum procedure means that the children stay at Integrationshaus in some cases for several years of their childhood. Due to their own burden, the mothers or fathers of the children are frequently not in a position to support the children in coping with the experiences or orientating in the new culture.

The Four Pillars of the Care and Support Concept

Psychological one-to-one sessions for children and parent counselling are two out of four elements of the care and support concept. For children with a particularly heavy burden, psychological one-to-one sessions are arranged, which are adapted to the individual needs of the child concerned. In parent counselling, the parents are kept up to date about care activities and encouraged in their primary role as child carers. This work is carried out in individual meetings or information evenings focusing on specific topics.

In addition to this support, group and leisure activities are the two other pillars of the care and support concept for children and young people. These activities have been significantly expanded in recent years and offer a varied programme depending on the seasons.

Recreation and Group Activities

Like other recreation activities organised by Integrationshaus, they pursue several objectives. On the one hand, the activities help structure everyday refugee life and are a welcome change for children and young people. On the other hand, they make it possible to deal with experiences or problems in a creative or playful way and to develop an understanding for limits and rules. At the same time, contacts within the group are a good possibility for experiencing what it means to form part of a social structure and thereby for developing a new, stronger self-perception. Therefore, all group activities are also accompanied by psychologists.

For pre-school kids, a painting group was set up with the aim of dealing with the children's experiences in a creative way and ensuring their psychological stabilisation. The sports and exercise group for children helps promote physical exercise and provides for the children's need for activity. During the 2-week youth meeting, young people can discuss issues of everyday life and problems and may actively participate in joint recreation activities. Especially during school holidays, additional leisure activities are offered for children on a regular basis, e.g. excursions, swimming, cinema, etc. Furthermore, a play group for children is supported by psychologists. Here, they can play various games and have fun together, while they also are able to experience various roles and learn rules.

In the future, the parents are to take over the management of the play room on weekends. The

related preparations and a start-up workshop for the parents are also organised by the psychologists.

Cooperation partners,
networkers:

We are working with different Authorities, GO and NGOs: Fonds Soziales Wien, Bundesministerium für Gesundheit und Frauen, Wiener ArbeitnehmerInnen Förderungsfonds, MA 11 – Amt für Jugend und Familie, MA 15 – Gesundheitswesen und Soziales, Asylkoordination Österreich, Caritas, Volkshilfe, Diakonie, Deserteursberatung.
Other Projects at Integrationshaus: Caravan, Equal-Projects, Kindergarten, German Language Courses, Buddycourses (for volunteer refugee workers)

Number of employed and
voluntary people:

Employed: 9 Voluntary: 10–15

Duration of the project/
activity/programme:

Till 31st of December 2005, residential care will go on the next year.
Multilingual intensive care: We intend to go on, but we are waiting for an answer, if we will get the money to continue this project the next year.

Results and con-
clusions (up to now):

Since its establishment in 1995, Integrationshaus has already provided more than 500 refugees and asylum seekers with accommodation, food, medical care and psychosocial support.

Financed by:

Fonds Soziales Wien, Bundesministerium für Gesundheit und Frauen,
Wiener ArbeitnehmerInnen Förderungsfonds

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Rode Kruis-Vlaanderen (Belgium/NGO)

Psychosocial Care for Asylum Seekers (Rode Kruis-Vlaanderen)

Short description:

In the framework of this project we try to reduce the barriers for psychosocial and psychiatric care for asylum seekers. There are two main goals we want to accomplish:
1. enhancing the psychosocial competences of social workers in working with asylum seekers
2. strengthening the network with mental health services around reception centres for asylum seekers

Field of activity:

Prevention, staff training, counselling

Target group:

Asylum seekers in general

Target of the project/
activity/programme:

See long description

Context:

The project is managed by the headquarters “Opvang Asielzoekers” of the Flemish Red Cross. In Flanders there are 13 Red Cross reception centres for asylum seekers with a capacity between 55 and 210 residents.

Long description:

In this project we work to reduce the barriers for psychosocial help for asylum seekers. Our first target group is the staff of these reception centres. By enhancing the competences of the staff and expanding the network around the reception centre, we hope to influence the psychosocial well-being of the residents.

First, we want to enhance the psychosocial competences of social workers in working with asylum seekers. We try to accomplish this by education and training of the social workers of reception centres. We organise a conference about psychosocial care for asylum seekers for +/- 250 participants every year. We also develop training programmes concerning the following issues:

- psychosocial skills in working with asylum seekers for starters
- psychiatric diseases and asylum seekers
- dealing with barriers for psychological treatment

Secondly, we work on strengthening the network with mental health services around reception centres for asylum seekers. We make a social map of health services in the direct environment of the reception centres. Afterwards, we contact these health services together with the staff of the reception centres. We get to know each other's work and try to reach an agreement on working together. We can also offer a training programme on the asylum procedure and the reception of asylum seekers in Belgium.

Cooperation partners,
networkers:

Fedasil

Number of employed and
voluntary people:

1 coordinator, 3 employees

Duration of the project/
activity/programme:

Till December 2005

Results and conclusions
(up to now):

The training programmes "psychosocial skills in working with asylum seekers" and "psychiatric diseases and asylum seekers" are developed and provided to social workers of reception centres for asylum seekers. This year we organise a conference "Begeleiding op 'vreemde' maat: psychosociale hulpverlening aan asielzoekers" on 9th of November. We made a map of the health services around the reception centres. We also started contacting health services.

Financed by:

European Refugee Fund

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Apanemi, Women's Information and Support Centre (Cyprus/NGO)

Apanemi Umbrella for Refugees and Asylum Seekers (A.U.R.A.S.)

Short description:

Psychosocial support to women and families. Access to primary health care, housing, job finding, information about their legal and human rights. Accommodation. Access to the services from the Apanemi Domestic Violence Department and Shelter. Free counselling and therapy (mental health). Support to victims of torture. Food and clothing donation by private sector to individuals. Free of charge help-line.

Field of activity:

Emergency treatment, psychological treatment, prevention, staff training, interpretation services, counselling, health information, participation, material conditions

Target group:

Asylum seekers in general, women, disabled people, elderly people, children, victims of torture and violence

Target of the project/
activity/programme:

Psychosocial support for vulnerable groups, support on gender-related matters and to victims of torture. Enhancing capacity and training. Wide dissemination of information material and orientation guide for asylum seekers and refugees.

Context:

Panyprian help-line. The centre and most services (shelter, counselling, etc.) located in Limassol, which hosts the biggest population of asylum seekers and refugees in Cyprus and is situated between Larnaca and Paphos district, allowing access to a wider population.

Long description:

Asylum seekers and refugees to be informed and facilitated in accessing their legal and human rights. The approach is holistic and participatory with special emphasis to gender-related violence and support for vulnerable groups. The main challenge for the specific project was facilitating accommodation/housing, the welfare benefit and health procedure and job finding. Material conditions were also taken into account

which became essential for the daytoday survival and well-being of beneficiaries. The project also allowed the enhancement of the existing capacity of the organisation and training of staff. Information material was published and disseminated in a country-wide campaign (immigration police desks, telecommunication authority desks, asylum service, etc.) and a user-friendly guide was prepared for asylum seekers with information and description of their rights and access to procedures. A report was put together regarding the Living Condition in Kofinou Reception Centre for Asylum Seekers. Monitoring the implementation of EU directives and national legalisation, intervening when necessary and tracing the gaps in the implementation of the law.

Cooperation partners, networkers:

Asylum Service, Migration Department, Immigration Police, UNHCR, Welfare, Municipalities, Telecommunication Authority, Youth Board of Cyprus, MDM Cyprus, Symfiliosi (NGO), local private companies (food and clothing), public

Number of employed and voluntary people:

The project used the strenghts of paid staff and volunteers: specifically 2 full-time workers. 4 counsellors, administrator, accountant, interpreters, doctors, lawyers, maintenance (housing) public (cloths and food) etc.

Duration of the project/ activity/programme:

5th of July 2004 – 4th of July 2006

Results and conclusions (up to now):

- Direct contact via free telephone line – 660 incoming calls for general information
 - Personal appointments – 207 refugees, 198 asylum seekers, 3 women at risk
 - Social and psychological support – 236
 - Shelter for domestic violence – 27 (women and children)
 - Housing – 70 (women and families)
 - Job and house finding – 170 (women and families)
 - Clothing and food – 706 (women and families)
 - Visits by a MD – 300 (women and families)
 - Referrals for legal aid – 36
 - Referrals to ombudsman – 20
 - Dialogue with local grouping asylum seekers and refugees – 6 sessions
 - Dissemination of information – leaflet, information telephone cards, “A friendly to use Guide for Refugee and Asylum Seekers”
 - Kofinou Reception Centre Visits – once a week for the 2nd half of the programme (psychosocial support for women and families)
 - Report on the living conditions at the Kofinou Centre
- Training of professional staff – by in-house trainer, lawyer and by UNHCR

Financed by:

ERF and Ministry of Interior (20 % contribution by Apanemi, which was raised by 12 % UNHCR and 8 % fundraising activities)

Notes:

Difficulties

- The EU environment is new for both NGOs and the Governmental Institution; resulting to delays in the implementation and installments as well as a 60 % replacement of staff.
- Also Cyprus Society is unfamiliar with the gender-sensitive approach of welfare and labour departments: poorly meeting the basic needs and human rights.
- There was a Human Right Violation towards asylum seekers especially during 2005: the dramatic increase of the number of asylum seekers created an apoplexy to governmental agencies (splintering off responsibilities, lack of sufficient training and coordination)
- Sustainability
- Apanemi became an UNHCR implementing partner during 2005 and 2006
- The programme allowed the preparation research for Apanemi’s Reception Center with the cooperation of the Ministry of Interior.
- And the preparation for the new ERF programme.
- Durable cooperation with local and international NGOs, networks and institutions.
- Building of cooperation with state agencies.
- Training of permanent staff and associates.
- New programmes:
 - Monitoring the detention Center in Cyprus
 - Vocational Training for asylum seekers and refugees (EQUAL)
 - Intercultural Women’s Cooperative

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| | Phone: +357/227 517 61 | Homepage: www.apanemi.com.cy |
| | E-Mail: apanemi@cytanet.com.cy | (under construction) |

SYMFILIOSI (Reconciliation) (Cyprus/NGO)

Strengthening Asylum for Refugees and Asylum Seekers in Cyprus

Short description: Through this programme SYMFILIOSI endeavours to monitor the access to rights and services by asylum-seekers and refugees, provide individual advice, support and counselling, and, where called for and/or required, intervene with the relevant authorities to address shortcomings in policy and practice.

Field of activity: Legal assistance on asylum procedure, access to rights. Reception centre initiatives, awareness. NG government services.

Target group: Asylum seekers in general

Target of the project/ activity/programme: To ensure that asylum seekers and refugees have access to a fair and efficient asylum procedure and are treated in accordance with international and European human rights norms and standards. Assisting the refugees to become aware of their rights and gain a better access to these rights.

Context: Throughout Cyprus. Major gaps still need to be addressed in the Cyprus institutional framework, in particular in terms of access by asylum seekers to the asylum procedure, the functioning of the appeal process, access to the labour market and to housing and integration in general.

Long description: Symfiliosi aims at promoting equal treatment against all forms of discrimination, and peaceful coexistence of all nationalities and all other social groups in Cyprus. Among others, we provide general support and advice to migrants in Cyprus in order to help them claim their rights and to progressively gain better working and living conditions. We try to sensitise and educate Cypriot society on matters such as racism, xenophobia and chauvinism. At our premises, situated on Athena Avenue No. 9, Nicosia (within the walls), between 9 to 5 from Monday to Friday, we offer free advice and assistance to asylum seekers and refugees, which include

- Advising on the procedure of applying for asylum
- Advising asylum seekers and political refugees of their rights and obligations regarding status, work, health, welfare benefits, housing and education
- Contacting government services on behalf of asylum seekers and political refugees, in pursuance of enquiries, complaints etc.
- Advising on or assisting with the preparation of an appeal to the Reviewing Authority in the case where the application for asylum is rejected
- Providing information regarding the procedure before the Supreme Court in case the appeal to the Reviewing Authority is rejected

In order to further its aims Symfiliosi organises seminars, conferences and workshops and undertakes research and publications.

Cooperation partners, networkers: A wide network of associates, made up of other NGOs in the field, trade union, researchers and activists. Board members and other associates are involved in other (mostly EU-funded) programmes regarding refugee integration, racism and intolerance, discrimination, etc.

Number of employed and voluntary people: 3 full-time employees (2 lawyers, 1 administrator), 7 part-time volunteers

Duration of the project/ activity/programme: From May 2005 till December 2005. We anticipate that it will be renewed for consecutive years though.

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| Results and conclusions (up to now): | A significant amount of asylum seekers and refugees have received assistance throughout the asylum procedure as well as access to services, but there is still a lot to be done in this and in other areas. Most NGOs in the field are under-staffed, under-funded and overloaded with work. The gap between the successive ERF projects in Cyprus must be addressed. | |
| Financed by: | UNHCR | |
| Notes: | Agencies dealing with asylum in various countries should, through a centrally coordinated system have automatic access to web-posted reports recording experiences, news, background information regarding countries of origin and other matters, as well as learning tools, methodology of the other organisations in the field, including assessment of successes and failures. Also, specialisation in specific asylum areas (e.g. housing, access to health care, access to asylum procedure, racism and discrimination, access to labour market, law revisions) is necessary to achieve maximum impact. Systems should be developed to protect asylum seekers and refugees from excessive profit-making at their expense by service providers and professionals, by creating “pools” of specific firms/professionals who will offer their services at cost or just-above-cost price. Reception centres are creating ghettos and the issue must be looked into very carefully (in Cyprus very little research was made into this area). Focus groups with asylum seekers and refugees must be regularly organised on an inter-organisational basis for needs-assessment purposes. International agencies should monitor the practices of asylum countries and publicise their results, highlighting successes and weaknesses. | |
| Contact: | Name: Corina Demetriou Street: 23 Kythiron Street Phone: +357/99 56 16 60 E-mail: oflamcy@logosnet.cy.net | City, ZIP, State: Nicosia, 2548, Cyprus Fax: +357/22 878 84 56 |

Organization for Aid to Refugees (Czech Republic/NGO)

Asylum Seekers' Health Care in the Czech Republic

inc. health care in reception and residential centres and also health care to those who live in privacy. I can present an equal programme we were involved in too: Health care Improvements for Asylum Seekers in Czech Republic, Sweden and Germany (finished in April 2005)

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| Short description: | CR pays attention to the general public – quarantine and medical examination in the reception centre, provide the basic health care to asylum seekers in residential centres and in privacy. |
| Field of activity: | Prevention, staff training, counselling, health information, material conditions, employment counselling, legal aid |
| Target group: | Asylum seekers in general, addicted people, women, disabled people, elderly people, children |
| Target of the project/ activity/programme: | Reception centre – the aim is to examine and learn more about client's health state and to discover potential illness that can be dangerous for the general public. Residential centre and privacy – the aim is to protect the client's health. |
| Context: | Reception centre, residential centre, integration centre, prison, privacy, office, detention centre – asylum seekers and asylum status holders (from birth to death) |
| Long description: | Czech republic as one of the EU member states has to protect the general public by quarantine and medical examination of asylum seekers in the reception centre. Medical examination for adults include: A lung x-ray, blood test for BWR, inspection of stool for parasites, bacteriological inspection of stool; for pregnant women: blood test for BWR, HIV, HBSAG, and blood type, inspection of stool for parasites, bacteriological inspection of stool; children up to 15: inspection of stool for parasites, bacteriological inspection of stool, MANTOUX test; and has to provide asylum seekers with health care (to those who live in residential centres and privacy). Our org. helps the clients to find the facility that is responsible to provide help to them. We also help pregnant women to ask for asylum for their born child, to solve problems with outstanding payment ... Our state pays only for essential health care, the above-standard care has to be supported by the statement to the health care commission ... |

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| Cooperation partners, networkers: | Refugee Facilities Administration of the Ministry of Interior, Counselling Center for Refugees, Society of Citizens Assisting Emigrants, European Council for Refugees and Emigrants, Counselling Center for Integration, The International Organization for Migration, The Czech Catholic Charity, Ministry of Interior, Ministry of Labour and Social Affairs ... |
| Number of employed and voluntary people: | 17 workers and 50 volunteers |
| Duration of the project/ activity/programme: | Organization for Aid to Refugees was established in 1991 to provide social and legal assistance to asylum seekers. All these duties have been maintained all the time. |
| Results and conclusions (up to now): | <ul style="list-style-type: none"> • Organization for Aid to Refugees provided a social counselling to 1612 asylum seekers in 2004 – employment, health care, financial and material help, recognition of education ... • Organization for Aid to Refugees provided a legal counselling to 1546 asylum seekers and 174 foreigners in 2004 |
| Financed by: | UNHCR, European Social Fund, Ministry of Interior, Ministry of Labour and Social Affairs, Linklaters, Embassy of Holland ... |
| Notes: | These days the system of health care for asylum seekers is changing in the CR, there are a lot of unanswered questions by the Ministry of Interior. They accepted an amendment without negotiations with health insurance companies that should cover asylum seekers with public health insurance. Many problems occur these days. Our system in reception areas connected to health care is one of the strictest systems in the EU. |
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Organization for Aid to Refugees (Czech Republic/NGO)

Legal and social counselling

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| Short description: | Social counselling – especially health care, individual assistance, employment counselling etc. |
| Field of activity: | Prevention, staff training, counselling, health information, material conditions, employment counselling, legal aid |
| Target group: | Asylum seekers in general, women, disabled people, elderly people, children, victims of torture and violence |
| Target of the project/ activity/programme: | Legal and social counselling, financial and material aid |
| Context: | Reception centre, residential centre, integration centre, prison, privacy, office, detention centre |
| Long description: | Organization for Aid to Refugees provides a social and legal aid to asylum seekers – in reception centre, residential centre, integration centre, detention centres, prisons, office. It is focused on asylum seekers in general – their problems in living in a different country of origin ... as well as on foreigners. Our lawyers and social workers help the asylum seekers in various branches – health care, individual assistance, employment counselling, financial and material help, representation at courts ... |
| Cooperation partners, networkers: | Refugee Facilities Administration of the Ministry of Interior, PPU, PPI, SOZE, Linklaters, Ministry of Interior, Ministry of Labour and Social Affairs ... |
| Number of employed and voluntary people: | 17 workers and 50 volunteers |
| Duration of the project/ activity/programme: | Organization for Aid to Refugees was established in 1991 to provide social and legal assistance to asylum seekers. All these duties have been maintained all the time. |

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|--|---|--------------------|--|----------------------|-----------------------|-------------------------|---|--|--|
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| Financed by: | UNHCR, European Social Fund, Ministry of Interior, Ministry of Labour and Social Affairs, Linklaters, Embassy of Holland ... | | | | | | | | |
| Notes: | These days the system of health care for asylum seekers is changing in the CR; Organization for Aid to Refugees appeals to the health commission of Refugee Facilities Administration of the Ministry of Interior in providing an above-standard care to asylum seekers in serious cases; workers use personal assistance to asylum seekers who are looking for a health care facility. | | | | | | | | |
| Contact: | <table> <tr> <td>Name: Petr Krejčíř</td> <td>City, ZIP, State: Prague, 170 00, Czech Republic</td> </tr> <tr> <td>Street: Veletržní 24</td> <td>Fax: +420/233 371 258</td> </tr> <tr> <td>Phone: +420/220 397 220</td> <td>Homepage: www.opu.cz www.azyl.cz</td> </tr> <tr> <td>E-Mail: Petr.krejcir@opu.cz</td> <td></td> </tr> </table> | Name: Petr Krejčíř | City, ZIP, State: Prague, 170 00, Czech Republic | Street: Veletržní 24 | Fax: +420/233 371 258 | Phone: +420/220 397 220 | Homepage: www.opu.cz www.azyl.cz | E-Mail: Petr.krejcir@opu.cz | |
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The Danish Red Cross (Asylum Department) (Denmark/NGO)

Ongoing Operation of Asylum Centres throughout Denmark

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| | Denmark is not a contracting party to the EC directive, therefore Denmark is not committed to implement this directive. |
| Short description: | Operating an asylum centre in Denmark includes providing asylum seekers with housing, allowances, schools, kindergartens, job training, adult education, health care and social assistance. |
| Field of activity: | Prevention, staff training, interpretation services, counselling, health information, material conditions, child and adult education, job training, housing, health care services to mention some |
| Target group: | Asylum seekers in general, women, disabled people, elderly people, children, victims of torture and violence |
| Target of the project/ activity/programme: | To provide asylum seekers in Denmark with adequate housing, health care, education and social services in accordance with the principles and mandates of the Red Cross movement. |
| Context: | Since 1984, the Danish Red Cross has been housing asylum seekers in Denmark on the basis of an agreement with the Danish immigration authorities. This agreement has been extensively developed and extended throughout the years, and is today a contract with the Danish Red Cross (DRC) as operator whereas in the early days the regulation was based on "handshake" and good faith. |
| Long description: | <p>The Danish Red Cross has at a point run almost 300 asylum centres in Denmark. Today we run 9 centres. Two reception/repatriation centres, a centre for unaccompanied children, a centre for children accompanied by other adults than their parents, a centre for vulnerable women, a centre for persons with need of extra health care and three regular accommodation centres. Most of the services for asylum seekers in Denmark are paid by the authorities based on a detailed contract between them and us. Beside that, the DRC seeks funds to develop new projects and welcome volunteers to work at the centres. The work with asylum seekers is not carried out within the common budget of the Danish Red Cross and no general public funds nor any collection money are used in this field as the providing for asylum seekers is, by law, the responsibility of the Immigration Service.</p> <p>Single adults can be accommodated in a room with up to 5 other single adults of the same sex. Families, also single-parent families, have one or two rooms, depending of the size of the room and the number of family members.</p> <p>All children between the age of 7 and 16 are provided with schooling according to the Danish school act, but run in the asylum centres by the DRC. Only children with good Danish skills are on agreement between the local school and the Red Cross School allowed into the local school.</p> |

All youngsters and adults are offered activation in form of internships inside and outside the centres and courses in Danish, English and computer skills and workshops that seek to prepare them for the skilled and unskilled labour market both in their home country and in Denmark. Asylum seekers are not allowed to work. The extent of their right to participate in this activities is depending on the state of their asylum case and determined by the Immigration Service. The size of the allowance they get is determined both by the state of their asylum case and their participation in activities.

At each centre we run a health care clinic with nurses, doctors and health visitors. In the clinic all newcomers are offered a medical screening and throughout their stay in the centre all asylum seekers have the right to consult the clinic. If the personnel finds it necessary for the asylum seeker to undergo treatment or tests by specialists including psychologist and psychiatrists the Immigration Service must approve their payment of the treatment or testing in advance. All children have free access to dentists and adults have access to dental treatment, if necessary. The social workers at the centres provide the asylum seekers with personal and family counselling. The centre worker dealing with the activation of adults give counselling on job planning etc. Legal advice is provided partly by the Danish Refugee Council and partly by lawyers paid by the state, which assists asylum seekers when their asylum case is looked into by the Refugee (appeals) Board.

The insight the DRC gets from this work is the core of our advocacy in this field and our experience is used to push forward our points of view, by responding to official hearings, by giving recommendations and suggestions to the authorities and by a close dialogue with the authorities.

Cooperation partners,
networkers:

- Ministry of Integration: regulates the overall conditions for this work
- Immigration Service with whom we negotiate the contract that determines our financial setting and our responsibilities in the work with asylum seekers in Denmark and decides what specialised health care asylum seekers are entitled to get
- Municipalities with whom we must plan and carry out assistance to children and families that are in need of extra social assistance
- The Refugee Council, which provides the asylum seekers with legal advice and has been our partner in projects on repatriation preparation and reception in home countries
- Care 4 You is our partner in projects on repatriation preparation and reception in home countries

Number of employed and
voluntary people:

Employed: 575, Volunteers: 20

Duration of the project/
activity/programme:

As long as there are asylum seekers in Denmark and we can agree with the Immigration Service of the terms of our work (contract is negotiated every year)

Results and conclusions
(up to now):

22 years of rather successful operating of between 8 and 265 asylum centres in Denmark. With a lot of influence on asylum seekers' living conditions, while they are waiting for the decision on their case. But there were also some disagreements with the authorities on what these conditions should be. However, working in the field gives the best ground for advocacy.

Financed by:

Main Immigration service, Development Project by the Ministry of Integration, EU and others

Notes:

Avoid getting involved with the decisions taken by authorities in asylum cases

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Helsinki Deaconess Institute Centre for Torture Survivors in Finland/CTSF (Finland/NGO) Centre for Torture Survivors in Finland

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| Short description: | Since 1993 rehabilitation and treatment of torture survivors in Finland. First transcultural clinic in Finland which has only refugees and asylum seekers as patients. Individual and group activities for the victims and their family members. |
| Field of activity: | Psychological treatment, prevention, staff training, counselling, medical and psychosocial evaluation of torture victims who are asylum seekers |
| Target group: | Victims of torture and violence |
| Target of the project/ activity/programme: | Multiprofessional assessment, evaluation and treatment of torture victims |
| Context: | National, located in the capital of Finland, Helsinki, refugees and asylum seekers, torture victims and their family members. Finland adopted the UN Convention against torture. |

Long description: **THE CENTRE FOR TORTURE SURVIVORS IN FINLAND**
The Centre for Torture Survivors has operated since the year 1993 in connection with the Deaconess Institute in Helsinki. Founded on the initiative of the Finnish Ministry of Social Affairs and Health, the Centre has become an established part of the social sector and mental health work of the Deaconess Institute in Helsinki. It operates as an independent psychiatric unit within the national system of special nursing, and is the only one of its kind in Finland. The Centre's activity is based on the international conventions ratified by Finland on the care of refugees and asylum seekers. The activity is mainly financed by the Finnish Slot Machine Association, while part of the cost is borne by the Deaconess Institute in Helsinki.

The contents and purposes of the Centre's activity are as follows:

- To offer nation-wide research, psychotherapeutic and consultation services for refugees and asylum seekers who have been tortured in their home countries, as well as for their families.
- To increase knowledge and skills on issues related to helping the survivors of torture by means of research and methodology development.
- To ensure that the knowledge and skills developed are adopted by the general health care of refugees and asylum seekers.
- To contribute to the availability of reliable individual and general expert knowledge on torture and the consequent traumatisation to the authorities responsible for services and decisions related to refugees.
- To act in close collaboration with similar centres in other countries in order to develop the rehabilitation and care of tortured refugees.
- The activity is not governed by any religious or political convictions.
- The maintenance of the Centre constitutes a human rights statement on the part of the Deaconess Institute in Helsinki.

The Centre for Torture Survivors employs two psychiatrists, a full-time neurologist (also psychotherapist), two part-time psychologists and a full-time physiotherapist. The auxiliary staff consists of a full-time administrator, assisted by a civilian serviceman. The personnel organisation and the treatment models are based on the experience of long-established international treatment units with a similar purpose.

The unit provides outpatient treatment on the basis of referrals and appointments; no beds or emergency services are available. The patients are referred by nurses, physicians and social workers in the reception centres, or by municipal refugee or health care authorities. The persons accepted for treatment must have a history of torture or analogous traumatisation. The treatment is individual and holistic; the content and duration of the treatment varies according to individual requirements. The treatment is always initiated by a consultative assessment visit to the psychiatrist, to determine what further treatment is needed and whether the patient is best treated at the Centre. The treatment methods include psychotherapy (supportive or long-term) and physiotherapy, which is generally scheduled for the same days as the psychotherapy sessions. This

combined treatment has proved an extremely positive and effective method for treating survivors of torture. The patients visit the doctor either individually or, if needed, with their family. The length of treatment varies from single consultations to psychotherapy lasting several years. Models with internationally proven efficacy are applied, and the treatment is based on a detailed knowledge of methods of torture and their physical and psychological consequences. Communication is ensured by the exclusive use of professional interpreters with sufficient experience of and commitment to this type of work. To the extent possible, each patient always has the same interpreter during the assessment visit and the long-term treatment.

2005 statistics: In treatment on 31st of December 2005: 146 patients. Total number 180, male 146, female 34, 40 different nations, 52 new patients, 34 finished treatment, 93 remiss (among them 47 asylum seekers). All together 2502 visits. Music and exercise groups, swimming group most popular.

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| Cooperation partners, networkers: | Numerous domestic partners, internationally registered in IRCT (International rehabilitation council for torture survivors, also European network for clinics for torture survivors, some Nordic networking, direct contacts with HRFT (Human Rights Foundation of Turkey) | | |
| Number of employed and voluntary people: | 8 + some extra, no voluntary workers | | |
| Duration of the project/ activity/programme: | Since 1993 the programme is continuing, the funding is granted | | |
| Results and conclusions (up to now): | Managed to have regular funding, and a good reputation and status in Finland | | |
| Financed by: | Finnish Slot Machine Association | | |
| Notes: | Asylum seekers who are torture victims are very vulnerable; wide-ranged group of disabled people who are at a big risk to without mental, social and medical services | | |
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Arc 75, Aux Captifs La Libération, Enfants du Monde – Droits de l'Homme, France Terre d'Asile (FTDA), Hors la Rue (France/IGO) Platform of Reception for Unaccompanied Minors

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| Short description: | This action, implemented by 5 NGOs, includes accommodation, legal advice, administrative support to access to health care, scholarship or French language courses, occupational activities, legal representation before Administration and Justice, financial aid, prevention on human beings trafficking |
| Field of activity: | Prevention, interpretation services, counselling, participation, material conditions, occupational activities |
| Target group: | children |
| Target of the project/ activity/programme: | To provide special attention, protection and support to unaccompanied minors and facilitate their integration in France |
| Context: | The 5 NGOs mentioned above have their action located in Paris and are dealing with minors coming from Paris and its region. The target public: unaccompanied foreign minors come mostly from Africa, Sri-Lanka, Afghanistan, and Eastern Europe. Some of these minors cannot prove their minority and are considered as majors according to medical expertise. The programme was initiated at the request of the French Ministry of social welfare to face the |

increased arrival of unaccompanied minors (some of them living in the streets) and to offer a specific response to their needs.

The NGOs existed previously but there was no real cooperation. Reception of these minors in terms of quantity and quality was not common. In 2002, these NGOs were gathered in a network called "Versini network", named after the French Minister that created it. This network operates under the control of the Institution for social actions at the level of the department of Paris (Direction Départementale des Actions sanitaires et sociales).

The 5 NGOs that implement this action work closely together and have common meetings for exchange of information and best practices. Some of them are specialized in a specific area. For instance, FTDA has a long experience in working with asylum seekers, their accommodation and follow-up while Arc 75 and Hors la Rue are aware of the specificity of minors coming mostly from Eastern Europe with social difficulties, living on their own in the streets. All together these NGOs have complementary actions.

Minors come directly to these NGOs by themselves or can be referred by social workers. But not only. An NGO such as Arc 75 goes to meet minors in the streets and tries to convince them to accept help.

All together (and not each one of them for all these activities) these NGOs:

- try first to set up a relation of trust with the minor,
- make an evaluation of her/his situation,
- provide accommodation for her/him according to the places still available. Some places are in hotels, others are in accommodation centres for unaccompanied minors in Paris. Accommodation by these NGOs can be very short when the minor is legally recognised as such. In this case, she/he will quickly be taken in charge by the French public institution for the protection of minors (Aide Sociale à l'Enfance).

If she/he is not legally recognised as a minor, accommodation by these NGOs will last longer, the final aim being to refer her/him afterwards to an appropriate and more durable accommodation centre for example one for adult asylum seekers, if she/he is an asylum seeker, and to

- supply food,
- strive to re-establish family links,
- organise different daytime activities for the interest of the children (French courses, computer courses, cultural activities, cooking lessons ...)
- cooperate with other NGOs for activities such as first aid courses, civics, nutrition, disease prevention, immediate medical care, psychological support ...
- provide administrative assistance when necessary, for instance if the minor lodges an asylum claim or if she/he is in a regularisation process. Administrative help from a general point of view is provided to the child for an access to her/his rights as a minor, as a foreigner and eventually as an asylum seeker; if she/he is one,
- launch legal means to rehabilitate the child as a minor with all the guarantees this status includes whenever the minority of a youngster is not confirmed by an official document or by a medical expertise and if the NGO is convinced of her/his minority,
- be a guardian and represent unaccompanied minors who are asylum seekers during all their procedures before the Administration and the Justice in case of an appeal before the Court of Appeal for Refugees,
- publish a guide for French NGOs interested in unaccompanied foreign minors ...

Cooperation partners,
networkers:

Public authorities: Ministry of Social Welfare, Institution for social actions at the level of the department of Paris, Public institution for the protection of minors (Aide Sociale à l'Enfance), Judges and Prosecutors for Juveniles. NGOs: French Red Cross, Médecins du Monde, AIDES, other: educators

Number of employed and
voluntary people:

About 40 (employed)

Duration of the project/
activity/programme:

Continuously since 2002

Financed by:

Institution for social actions at the level of the department of Paris (DDASS)

Contact:

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Homepage: www.france-terre-asile.org

Public Health Office, Free Hanseatic City of Bremen (Germany/GO)

Health Programme for Asylum Seekers, Refugees and Immigrants from Eastern Europe

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|---|---|
| Short description: | The programme entails an inception health check, basic medical care, guided referral to further specialist diagnosis and treatment if necessary, and regular weekly consulting hours in the hostels by a team of physicians including elements of case management. The programme is accompanied by a scientific evaluation programme yielding an overview on the development of migrant health status. More recently, special activities have been integrated in the field of prevention, primary health care, and health information, also for special target groups (e.g. women, children, HIV/AIDS risk groups, drug risk groups). |
| Field of activity: | Emergency treatment, prevention, counselling, health information, material conditions, fulfilling the legal requirement of inception health checks plus basic medical care |
| Target group: | Asylum seekers in general, women, children, victims of torture and violence |
| Target of the project/activity/programme: | Providing efficient basic health care for asylum seekers, refugees, and special immigrant groups in hostel accommodation. |
| Context: | Urban public health services located in the German city (Federal State) of Bremen. About 20 per cent of the total population of the Federal State have migrant background. Financial constraints require creative and flexible approaches to problem solution. The programme was started to supply health care to asylum seekers over and above the legal requirement of inception checks. |
| Long description: | <p>Based on its own research on the health situation of asylum seekers/refugees in 1992, the Bremen Public Health Office has run a health programme for migrants in refugee hostels in the city since 1993. Initially the programme concentrated on asylum seekers, later it was extended to other refugee groups and to immigrants from Eastern Europe under special German legislation. Primarily, the physicians on the team fulfil the legal requirement of detecting any signs of a possible transmitted disease. Over and above that, a physical health check is carried out to discern any other symptoms of health problems, and basic medical care is administered. Beyond this inception check, regular weekly consulting hours give the hostel inmates the opportunity to resort to medical advice and basic treatment in case of health or related problems cropping up during their stay. Access to any required further diagnostic and/or therapeutic measures is facilitated by referral to specialist surgeries or stationary facilities. Follow-up procedures have been established with the specialists and hospitals concerned. The doctors running the consultation in the hostels also have an eye on problems of hygiene, nutrition, building or equipment status, and other issues relevant to health, and cooperate with the organisational hostel staff to find solutions. The programme includes documentation and scientific analysis of examination results so that empirically founded observations can be made on migrant health status. So far, approx. 13 000 cases have been recorded and evaluated throughout the programme's operating period. Evaluation of the programme also serves to raise cost-effectiveness. Examinations and consultations in the hostels take place in fundamentally equipped simple rooms. A stock of about 25 to 30 medicines for immediate supply to patients is constantly replenished. A list of general practitioners and specialists in the hostel neighbourhood is kept to ensure reduced transport costs in case of referral.</p> <p>For special target groups (victims of torture and violence, children, women, drugs and HIV/AIDS risk groups) the programme cooperates with other institutions, both within public health services and on intergovernmental/non-governmental levels. Smaller projects aiming at primary health care, disease prevention, general and specific health information etc. have been planned and run together with such partners for these target groups.</p> <p>Originally designed as a pilot project, the Bremen Health Programme has been firmly integrated into the PHO structure, being run by an own sub-department for migrant health care. In this context, the programme has been able to give vital inputs to the development of migrant health care in Bremen in general as well as contributing to the relevant public and professional debate in the Federal Republic of Germany.</p> |
| Cooperation partners, networkers: | Bremen Federal State Department of Social and Health Services, Bremen Consultation Centre for Traumatized Refugees (Refugio), Bremen and Oldenburg universities, professional associations |

in the field of health care, Bremen hospitals, national initiatives and working-groups both on government and non-government levels.

Number of employed and voluntary people:

5

Duration of the project/activity/programme:

Continuously since 1993

Results and conclusions (up to now):

See description above.

Financed by:

Free Hanseatic City of Bremen Government (Senator of Labour, Women, Health, Youth, and Social Affairs)

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EQUAL network SPuK – Coordination: Caritasverband für die Diözese Osnabrück e.V. (Germany/NGO)

Language and Culture: Fundamentals of an Effective Health Care

Short description:

SPuK is a project for the

- improvement of the medical care of asylum seekers and refugees,
- qualification of unemployed asylum seekers and refugees with a temporary right of residence to become mediators of language and culture.

Field of activity:

Psychological treatment, prevention, staff training, interpretation services, health information, participation

Target group:

Asylum seekers in general, staff in health care and refugee aid

Target of the project/activity/programme:

Target Groups of the Project:

- unemployed asylum seekers and refugees with a temporary right of residence who are interested in vocational qualification
- staff of doctor's practices, hospitals, clinics, public health departments, nursing services, advice centres, and psychotherapeutic practices
- staff of social welfare and aliens' registration offices, labour offices, and health insurances
- staff of health centres and self-help groups

Contents of the Project/Qualifying items:

- specialized language course with thematic focusses on the medical and social areas
- training of interpreters, with special regard to technical, linguistic, and cultural aspects as well as to those aspects that concern the ethics of the profession
- practical experience in the application fields of health care
- mediation of communicative aids in everyday life
- mediation of IT knowledge

Training areas of social multipliers:

- relation of therapy, language and culture
- issues of intercultural communication and reflection of personal systems of values
- culture-specific forms of expressing disease and health
- aspects of law concerning asylum, aliens and social matters in the living situations of asylum seekers,
- structures and framework conditions in the health care of asylum seekers.

Structural Changes by way of Analysis and Evaluation

- of the living situations of asylum seekers concerning health,
- of deficits in the health care of asylum seekers,
- of health-impairing factors in living situations of asylum seekers,
- the rank of language and culture in the field of health care

Context:

Location: Federal State Lower Saxony; implementation of Language and Culture Mediation based in the region of Osnabrück. Lower Saxony is a territorial state; the region of Osnabrück is a good reflection of Lower Saxony. **Reasons for starting the project:** Refugees have a particular need for medical and therapeutic care; they face, however, special problems when it comes to use these services. Problems of language, cultural differences and lack of information and of sensitisation on the part of users and providers have the effects of barriers. Apart from that, there is a lack of generally applicable concepts which could grasp the health situation of refugees and asylum seekers and offer reliable bases and methods for treatment. It is to be expected and to be demanded that in the future transcultural competence will be a quality characteristic of medical, educational, and social institutions.

Long description:

The SPuK project is a sectional development partnership (DP) in the field of asylum seekers on the subject "health". The aim is to achieve stable health by developing and applying new concepts for the health care of asylum seekers, and thereby to support their ability to work at the same time.

In detail this means,

- to achieve better medical care by structural changes in the field of health, and thus to eliminate insufficient or non-existing ability to work
- to broaden the ability to work and to ensure a personal contribution for an improved care for asylum seekers by qualification measures in linguistic and cultural mediating
- to gain a model-like and countrywide applicable improvement of supporting structures for asylum seekers by the activities of the protagonists and co-operation partners

These aims shall be reached by

- concept-making, development and model-like realisation of qualification measures
- development and realisation of training offers for multipliers of the people active in this field
- establishing task forces for the improvement of health care and supporting structures for asylum seekers

The project is based on interaction within the fields of structural changes, multipliers' training and qualification. Organisers of all three fields are therefore members of the DP.

The approaches developed in the project within the field of health care shall be implemented in the region of Osnabrueck/Lower Saxony.

The DP SPuK is part of the transnational cooperation ASPIRE (Asylum Seekers Participation Is the Result) with 7 DPs from European countries and an expert group of the Czech Republic.

Example for the subproject QUALIFICATION

QUALIFICATION and TRAINING as MEDIATORS of LANGUAGE and CULTURE

This action will impart qualifications that enable the participants to act as mediators of language and culture within the field of health care. It is meant to serve as an appropriate preparation for the integration in the labour market of Germany. And in case of a return to the participants' countries of origin or in case they move on to a third country it aims at facilitating the participants' access to an application procedure abroad or to a job in health care.

Cross-topical contents:

- elaboration of future prospects,
- assistance as co-teachers in basic language courses, collaboration in work groups on culture and asylum-specific offers to disseminators

Cooperation partners,
networkers:

DP managing organisation:

Caritasverband f. d. Diözese Osnabrück e.V.

Other national partners:

Refugee Council of Lower Saxony e.V.

University of Osnabrück

Verein Niedersächsischer Bildungsinitiativen e.V.

Medical Chamber of Lower Saxony

as well as regional and supra-regional cooperation partners.

Transnational partners (organised in the transnational cooperation partnership ASPIRE!): DP Re-Komp/Sweden, DP Arrival Gotenburg/Sweden, DP SONAS/Ireland, DP Vocational training/Germany, DP AIRA/Portugal, DP Perspectief/The Netherlands, Organization for Refugee Aid/Czech Republic

Number of employed and voluntary people:

At least: 22 employed + 6 voluntary people (period from April 04 to May 05)

Duration of the project/activity/programme:

01/2002 until 07/2005

Results and conclusions (up to now):

Results:

- prosperous implementation of a qualifying measure for Language and Culture Mediators (SPuK) in the health care for migrants (available: curricula)
- prosperous dissemination of the SPuK model and transfer to other projects
- installation of a trauma network in Lower Saxony with stakeholders and people active in refugee aid and health care (Lower Saxony)
- prosperous implementation of training measures for people active in the fields of health, administration and Social Services (raising awareness)
- consolidation of a network between project partners and decision makers

Conclusions:

- the results of our transnational activities were published in a document "Policy Recommendations of ASPIRE! TCP"
- the results of our national activities were published in a document "SPuK – Language and Culture – Health and Employment for Refugees – Recommendations from practise"

Financed by:

EU (EQUAL programme), Government (German Ministry of Economy + Labour and Ministries of Interior and Social Affairs in Lower Saxony), Local governments in the region of Osnabrück, own resources

Notes:

The embedding of SPuK in the transnational activities should be highlighted in the presentation because the transnational work had a high impact on DP's work and therefore provides a high factor of dissemination and mainstreaming.

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University of Konstanz (Germany/NGO)

Psychological Research- and Model Outpatient Clinic for Refugees

Research, Integration and Dissemination of Knowledge concerning Epidemiology, Diagnostics, Therapy, and Human Rights in the Work with Survivors of Torture, Rape, War, and Terror.

Short description:

The project focuses on the psychological and psychosocial side of the refugee experience, based on research activities in European host countries of asylum seekers, namely Germany, Italy, UK and Norway, and on field research with IDP/refugee populations in their different countries/regions of origin, e.g. in Sri Lanka, Uganda, Somalia, Rwanda. The scope of the project ranges from the research on epidemiology to randomized controlled therapy studies of trauma-related psychological disorders, and from capacity building to public awareness raising.

Field of activity:

Psychological treatment, staff training, health information, research

Target group:

Victims of torture and violence

Target of the project/activity/programme:

Aims of the projects are: (a) Provide detailed information on the prevalence of psychological disorders among asylum seekers, refugees and IDPs, and on their relationship to psychological

trauma, like e.g. torture or the experience of organised violence. Develop and improve standard diagnostic tools for the use within these groups. (b) Show evidence-based ways to help individuals to overcome psychological suffering. This is done by conducting psycho-therapy studies within a scientific methodological framework, e.g. randomised controlled trials. (c) Build capacity among persons, governmental and non-governmental organisations who deal with asylum seekers/refugees/IDPs on different levels, e.g. medical staff, members of government administration. (d) Improve the structures of reception and reintegration for asylum seekers in host countries.

Context:

In Germany the project is placed in a national context as it focuses on the improvement of reception and reintegration of asylum seekers, especially in Germany. It is also placed in a European context, as it is the starting point of a collaboration between institutions in Germany, Italy, UK, Norway, Belgium and the Netherlands, all doing psychological work with asylum seekers and refugees. It is at the same time placed in an international context, as the project is involved in a series of activities in the countries/regions of origin of refugees/IDPs. The project belongs to the University of Konstanz, Department of Psychology. The project is physically based within a psychiatric hospital, the Center for Psychiatry Reichenau. This provides at the same time the direct access to psychiatric services, to excellent training facilities, to researchers and lecturers and to an international network of research institutions.

Long description:

Since the end of the 1990s the Clinical Psychology of the University of Konstanz did research on traumatised asylum seekers. At the same time, members of the Konstanz University and other Universities founded the NGO Vivo with the aim of bringing scientific knowledge on trauma to the field of international disaster relief and refugee work and realising some international pilot projects, e.g. in a refugee camp in Northern Uganda or within the Balkan Crisis. In 2002, the European Refugee Funds encouraged the team to apply for EC funding in order to continue this work within a broader framework. Since then, we have offered diagnostic and treatment of psychiatric disorders for survivors of torture and other forms of violence in Konstanz, have conducted a series of studies on important questions, especially treatment studies, in Germany and other countries, and have offered training on a regular basis for different professions, e.g. on the diagnostics of Posttraumatic Stress Disorder or on the Narrative Exposure Therapy (NET).

Cooperation partners,
networkers:

Victim's Voice, Vivo e.V., Zur Setze 7, 78476 Allensbach, Germany
Center for Psychiatry Reichenau, Feursteinstr. 55, 78479 Reichenau, Germany

Number of employed and
voluntary people:

20 (full-time in the project: 6)

Duration of the project/
activity/programme:

6 years

Results and conclusions
(up to now):

Psychological trauma, its clinical consequences and other psychiatric disorders are frequently prevalent among asylum seekers in host countries as well as among refugees/IDPs in their regions of origin. This is frequently not recognised in the process of application for asylum, on the other hand, government administrative staff cannot be easily trained to reliably assess trauma-related information, because of different problems, e.g. with translation. Children of asylum seekers in Germany suffer frequently from emotional problems, which originate from the psychological disorders of their parents or from traumatic events before or after seeking refuge. The brain activity of traumatised torture survivors is dramatically altered as compared to culturally matched controls: many stimuli, not directly related to own traumatic experiences, elicit a high level of arousal, which is probably associated with the development of chronic dissociation, cognitive problems and neural degeneration. This complex trauma-related syndrome can be described best within the framework of memory theory and related neuro-physiological models. Within this framework, the project developed a short-term psycho-therapeutic approach for the treatment of Posttraumatic Stress Disorder (PTSD) in survivors of torture, rape and organised violence: Narrative Exposure Therapy (NET). Within a comprehensive psychotherapeutic treatment of trauma survivors, NET is seen as one component which might be sufficient for some and not sufficient for others. After showing the effectiveness of this approach in reducing trauma-related symptoms in several studies with adults and children, we published a manual and offer trainings to persons and institutions who work with asylum seekers/refugees. Our approach contrasts with most of the common treatments offered to traumatized asylum seekers in Germany, as it is trauma-focussed and requires a more flexible time allocation (e.g.

longer session) as traditional forms of psychotherapy; conversely, traditional forms of therapy with traumatised asylum seekers in Germany have only shown limited effect in relation to symptom alleviation. Currently we evaluate the neuro-physiological changes of NET. Psychiatric disorders, especially the trauma-related disorders, are still under-recognised and under-estimated in the reception and reintegration of asylum seekers and refugees. Effective ways of helping these individuals are often not applied, although they are available.

Financed by: European Refugee Funds, University of Konstanz, different research funding organizations, donations

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Red Cross Regional Branch “Baden” (Germany/NGO) “Refugees and Health” – a project to improve health care for asylum seekers and refugees in Baden-Wuerttemberg

Short description: Refugees and asylum seekers are to a great extent excluded from the health care system. On the other hand they are very often in need of (specific) health care provisions, for example because of psychological diseases or mental problems as a result of the migration conditions. The project will develop local networks between welfare and public organisations to organise local concepts for better health care of the target group. There will be organised events, individual aid in case of illness, coaching in case of conflicts, etc. for refugees and asylum seekers. With view to the large proportion of HIV/AIDS cases within the target group, concepts for prevention of HIV/AIDS will be one important field of activity.

Field of activity: Psychological treatment, interpretation services, counselling, health information

Target group: Asylum seekers in general, addicted people, women, children, victims of torture and violence

Target of the project/
activity/programme: The central focus is to improve access to the health system for asylum seekers, to organise special activities to inform, educate, train and coach refugees to develop their behaviours, especially with regard to prevention of HIV/AIDS.

Context: The project is based on an understanding of health care, which includes all dimensions of the WHO definition of health (physical, mental and social well-being). The project will be located in the Southwest of Germany, which is characterised by rural as well as urban structure. The average rate of the population with migrant background is 15 %. The project is based on the Red Cross Action Plan “Migration“ (Regional Conference, Berlin 2002), which calls upon European National RC Societies to take action in this field on various levels. Another important factor is a new statistic from the health office of the state “Baden-Wuerttemberg”, which shows that there is a large proportion of HIV/AIDS infections within the group of asylum seekers and migrants, especially from African countries and the Russian Federation. The specific focus on HIV/AIDS prevention will be embedded in a larger context of health care in the framework of the project.

Long description:

1. Developing new structures:
 - network “Migration and Health” in Baden-Wuerttemberg
 - local networks “Migration and Health” among welfare and public organisations
 - local cooperations for the target group refugees
 - developing voluntary services
 - advocacy
2. Activities for the target group:
 - events to disseminate profound knowledge on health of asylum seekers/refugees with focus on HIV/AIDS targeting asylum seekers/refugees, social workers
 - individual aid for refugees / asylum seekers in case of illness

- coaching in case of conflicts targeting refugees and their families, staff of accommodation centres and translators
- seminars and training to inform, train and educate refugees/asylum seekers, social workers of the RC and state institutions and translators
- special activities to prevent HIV, organised by the local branches of the “Aidshilfe” (an NGO active in the field of prevention of HIV/AIDS)

3. Gender Mainstreaming

- special activities for (young) men and women to inform, train and educate
- special activities for pregnant women

4. Psychological treatment

- special coaching for victims of torture and violence (e.g. art therapy or eurhythmy)

5. Interpretation services

Four local Red Cross branches (Emmendingen, Freiburg, Offenburg, Villingen-Schwenningen), public health office in Karlsruhe, Aidshilfe Freiburg

Cooperation partners, networkers:

Number of employed and voluntary people:

Not decided

Duration of the project/ activity/programme:

2–3 years

Results and conclusions (up to now):

As the project shall start in November 2005, there is up to know only a concept for project application under the National ERF funds.

Financed by:

Not decided yet; application under ERF fund 2005 envisaged

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Medical Rehabilitation Center for Torture Victims (Greece/Athens/NGO) “Comprehensive Care for Torture Victims in Greece”

Short description:

The main aim of the project is to provide multifunctional direct support to the refugees – torture victims, living in Athens. In addition, the proposal includes activities in the area of prevention, public awareness of the consequences of torture, advocacy and training. These activities include the training seminars, the maintenance of the website and the newsletter.

Field of activity:

Psychological treatment, prevention, counselling, health information

Target group:

Victims of torture and violence

Target of the project/ activity/programme:

Direct support to the victims of torture and their families

Context:

The project is located in Athens. The reason for starting the project is the increasing number of refugees/asylum seekers, among them an important number of torture victims.

Long description:

- I. Direct support to the victims of torture and their families. This support will include:
 - a. Diagnosis and treatment of medical symptoms of torture
 - b. Diagnosis and treatment of psychological sequels of torture
 - c. Management of any concomitant medical or psychological problem
 - d. Medical and psychological management of any disorder in the family members of the primary victim. This may include the management of disorders related to the experience

- of torture in the primary victim (secondary traumatised) or the management of disorders unrelated to the incidence of torture
- e. Social support to both the primary and secondary victims. This support focuses mainly in the experience of being a refugee. Thus the support includes employment, adaptation to Greece, covering of basic needs (food and shelter) as well as other activities related to the "survival" in an unfamiliar environment.
- f. Legal advice related to the asylum procedures

2. Training

- a. For health professionals and students
- b. Seminars to the police and civilian personnel assigned to handle political asylum cases

3. Public awareness activities related to torture and other human rights violations

- a. Public events
- b. Maintenance of MRCT web site
- c. Publication of MRCT's journal

4. Networking (Balkan Network for the prevention of torture and the rehabilitation of the victims – BAN).

- a. Training activities among the member-centres of BAN
- b. Maintenance of the web site of BAN (www.bannet.org)
- c. Publication of the journal of BAN (Confronting Torture)

Cooperation partners,
networkers:

The member-centres of the Balkan Network for the prevention of torture and the rehabilitation of the victims – BAN.

Number of employed and
voluntary people:

There are 8 persons working on a daily basis in the centre and there is a network of volunteers, about 50 doctors, different specialties.

Duration of the project/
activity/programme:

3 years

Financed by:

The European Union, partially.

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Greek Council for Refugees (Greece/NGO) "Iolaos" Psychosocial Rehabilitation Unit for Refugees and Asylum Seekers

Short description:

Programme that provides multiform assistance to a specific refugee population, i.e. political refugees and asylum seekers facing mental and emotional disturbances and serious psychosocial problems. "Iolaos" consists of three complementary units: a Day Center, a Hostel and a Protected Apartment.

Field of activity:

Psychological treatment, staff training, interpretation services, counselling, health information, material conditions, psychiatric and medical treatment, accommodation

Target group:

Asylum seekers in general, women, victims of torture and violence

Target of the project/
activity/programme:

Refugees and asylum seekers

Context:

All three units are located in the centre of Athens, close to Acropolis. It is a pilot programme aiming to help refugees and A/S who suffer various psychosocial problems. Refugees often arrive in

Greece having developed mild to severe mental health problems, which in turn deteriorates their condition, resulting in a long and difficult transitional period of adjustment to their new life. Post-traumatic stress disorder, depression and anxiety are some of the most common problems faced by a great number of refugees.

Long description:

IOLAOS is an innovative pilot project developed and materialised by the Greek Council for Refugees (GCR), financed by the Greek Ministry of Health. It is a Psychosocial Rehabilitation Programme that provides multiform assistance to a specific refugee population, i.e. political refugees and asylum seekers facing mental and emotional disturbances and serious psychosocial problems. Patients are receiving medical and psychiatric treatment, psychotherapy, counselling and psychosocial assistance from a well-trained and competently supervised team of professionals.

Services provided:

- Psychiatric/psychological assessments and referrals when necessary
- Psychiatric treatment
- One-to-one counselling/psychotherapy and psychological support
- Family counselling
- Occupational therapy sessions
- Social skills workshops/ support groups (e.g. encouragement of refugees for an active participation in community activities, and learning to pursue their own social and legal rights efficiently)
- Greek language lessons
- Collaboration with other mental health and social services, hospitals, organisations working with refugees for referrals and specialised assistance

The Hostel has the capacity to accommodate 10 patients suffering from psychotic disorder in remission for a period of up to 20 months. The hostel is a 24-hour coverage and has a semi-autonomous residence.

The Protected Apartment has the capacity to accommodate up to four persons who are able to live on their own with the assistance of a part-time social worker and a part-time housekeeper. These persons live in the apartment after their successful rehabilitation programme at the Hostel.

Cooperation partners, networkers:

Greek Ministry of Health, Ministry of Public Order, Greek Council for Refugees and other NGO's who deal with refugees

Number of employed and voluntary people:

17 full-time and part-time employees and 10 voluntary people

Results and conclusions (up to now):

It is a unique programme in Greece, successful up till now. It proved to be very helpful for refugees and A/S who had no access and help to their specific problems (mental difficulties).

Financed by:

Greek Ministry of Health

Notes:

Problems faced are: The network with psychiatric hospitals (by means of medical supplies, language) and the occupational rehabilitation because few are without any psychiatric programme plus being a refugee and asylum seeker.

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CENTER OF TEMPORARY ACCOMODATION OF ASYLUM

SEEKERS OF FOREIGNERS IN LAVRION (Greece/GO – supervised by the Hellenic Red Cross)

The Reception Center Offers Accommodation till the Issue of the Decision of the Political Asylum Status

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| Short description: | <p>Departments of the centre:</p> <ul style="list-style-type: none">• Management of the centre• Nursing department• Social service – Hellenic Red Cross• Legal department – Greek Council for Refugees• Kindergarten• Centre for learning the Greek language• Department of Internal Operation and Management<ul style="list-style-type: none">1. Technical service, 2. Maintenance service, 3. Kitchen, 4. Store of supplies <p>Provision of the centre:</p> <ul style="list-style-type: none">• Accommodation• Food provision• Medical care• Hygiene supplies• Clothing |
| Field of activity: | Prevention, interpretation services, counselling, health information |
| Target group: | Asylum seekers in general, victims of torture and violence |
| Target of the project/ activity/programme: | The implementation of multi-levelled activities with the active enrollement of the particular target-group and their social preparation in order to be integrated smoothly into the wider society. |
| Context: | The project is located in the city of Lavrion, and concerns asylum seekers. The needs (health, social needs) of refugees made it necessary to create this centre. |
| Long description: | <ul style="list-style-type: none">• Main problems of the target-group are health problems (mental, physical, psychological). The Nursing department accepts the asylum seekers of the centre for a clinical check, diagnoses and referral to a hospital, if necessary.• In cooperation with the Social Service the target-group gets free hospitalisation, including free medication.• Cooperation between the nursing department, the social service and the “Institute for sanity for adults and for minors” for the diagnoses.• Cooperation with the schools and the teachers that are responsible for the foreign students.• Athletic Programmes: We have organised two football teams and one volleyball team, which are being trained by the coach of the Municipality of Lavrio. Moreover, they are taking part in local championships.• Every year programmes for the prevention of the public health (Health Education Programmes) are organised. Distribution of multilingual booklets on education of health: sexually transmitted diseases, rules for individual and common hygiene, dental hygiene, AIDS and protection.• Special emphasis on children’s needs (e. g.: vaccination) |
| Cooperation partners, networkers: | Police departments, police departments for foreigners, hospitals, NGOs (e. g.: Centre of rehabilitation for torture victims), the relevant department of hygiene of the Prefecture of Eastern Attica. |
| Number of employed and voluntary people: | <ul style="list-style-type: none">• Management of the centre – 6 employed (director, assistant director and 4 white-collar employees)• Nursing department – 2 employed (nurse and a doctor)• Social service – 2 social workers, 2 interpreters, 15 voluntary people of Red Cross for escorting to hospital when necessary• Legal department – Greek Council for Refugees – 1 lawyer• Kindergarten – 1 teacher from the ministry of education |

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| Context: | The Next Door Projects are located in the major towns of Greece, Athens and Thessaloniki. They are towns with the greatest number of immigrants, asylum seekers, refugees and other socially excluded populations. The decision of establishing such programmes was taken due to the great influx of migration, whether immigrants or asylum seekers/refugees, in the early 90s. In that time the state's infrastructure and legislation system was unable to respond to the new phenomenon and there still are insufficient procedures, which are covered mainly by programmes operated by NGOs. |
| Long description: | <p>The projects have been operating for 8 years in Athens and Thessaloniki (since 1997) targeting illegal immigrants, asylum seekers/refugees and in general socially excluded populations as drug addicts, trafficking victims, homeless in the fields of medical care, of medical supplies, of psychosocial and legal support.</p> <p>In specific, our experience and action sum up to the following:</p> <ul style="list-style-type: none"> • Operation of an organised general health care department, a gynaecologist department, and a dentist department with all the necessary medical equipment (electrocardiograph, ultrasonic) providing primary health care. A supporting drugstore provides basic medicine for remedial support of the incidents whenever considered necessary. • Maintenance of individualised medical history of cases, special card file for recording chronic patients, women about to give birth and standardised referral notes for full registration and monitoring of incidents. • Operation of an organised social service providing individualised registration and estimation of needs through structured interviews and inter-connecting the incidents to competent agencies or public services according to their needs. Emphasis is laid upon familiarising refugees and immigrants with agencies and public services to reinforce their integration in the new country of residence and living. • Operation of legal department (Legal Information Center) which legally supports economic immigrants, asylum seekers/refugees, providing legal advice about the Greek legislation with regard to the procedures of granting asylum, obtaining a residence permit as well as their deriving rights. A structured interview is used to detect their administrative situation. A record of incidents is kept as well. • Implementation of the project of Public Health through the intrascientific cooperation between medical doctors, health staff and social workers aiming at health education and health promotion through group counselling, specialised educational seminars, printed material and audiovisual media, organising and conducting special events. • Global support with technical infrastructure (building facilities, personal computers, switchboard, medical equipment, organised library with contemporary bibliography on population management in exigencies) • Constant instruction and training of the staff in issues related with their activities (psychosocial, medical, legal) through seminars, special meetings and conferences. • Monitoring and evaluation of projects through constructive project analysis, monthly reports, yearly reports of action, weekly staff and project coordinators' meetings. • Coordination of the cooperation with other agencies and organizations through workshops, e-mail and telephone contacts. |
| Cooperation partners, networkers: | The projects, whether in Athens or Thessaloniki have developed a network of relevant competent services, agencies and governmental or non-governmental organisations so as to ensure the coverage of beneficiaries' needs. This network is upgraded in a constant procedure and is able to cover all aspects of projects' claimants, whether medical, psychosocial, legal, work- or housing-related. |
| Number of employed and voluntary people: | Next Door Programmes in total: 15 employed, 39 volunteers, Athens Programs: 8 employed, 22 volunteers, Thessaloniki Programs: 7 employed, 17 volunteers |
| Duration of the project/ activity/programme: | Ongoing |
| Results and conclusions (up to now): | Up to date the programmes in general have provided services to more than 40.000 socially excluded people, irrespective of target group, specific need or claim and service. The projects are mainly focused in populations who still are excluded by the state's medical, social and legal services due to the current legislation and bureaucratic procedures regardless if immigrants or asylum seekers. |

Financed by: The projects are financed by three main sources of funding:
a. Private donors
b. Institutional Funds (e.g. Equal Initiatives)
c. Corporate donors

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Cordelia Foundation for the Rehabilitation of Torture Victims (Hungary/NGO) **Rehabilitation of Victims of Torture in Hungarian** **Refugee Reception Centres 2006**

Short description: This project is a new project which is meant to provide the rehabilitation component within Hungary of the joint project entitled "Joining strategies of assistance to torture victims in accession countries" – an international project submitted by Cordelia Foundation, together with medical centres of Croatia and Poland, to the EIDHR programme of the European Commission (2004–2007).

Field of activity: Psychological treatment, prevention, staff training, health information

Target group: Victims of torture and violence, staff of reception centres

Target of the project/
activity/programme: Aims of the project:

- improving the psychiatric and somatic conditions of torture victims
- offering special care to risk groups: children, non-accompanied minors and women
- fostering social integration in the host society
- improving the chances of positive evaluation of the asylum application of torture survivors
- research and publications
- education and supervision for public staff working with refugees

Target groups:

- Refugees and asylum seekers suffering from Post Traumatic Stress Disorder (PTSD) and other serious trauma residing in Hungarian reception centres
- Border guards, eligibility officers, nurses and social workers working with refugees as a secondary target group

Context: The project's basic aim is to improve the condition of refugee torture survivors residing in Hungarian reception facilities, thus directly offering services to the residents of the following cities: Békéscsaba, Bicske, Debrecen, Győr and in the trauma centre of the Cordelia Foundation in Budapest. In Hungary there are no special services to torture survivors guaranteed by the state. Currently the Cordelia Foundation is the only organisation in Hungary to offer psychiatric and psychological care to refugees subjected for torture in their home country. The target-group of this project consists of asylum seekers and other refugees residing in the Hungarian reception facilities. According to the estimations of the Foundation, there are about 400 people out of 10 000 asylum seekers previously subjected to torture in Hungary each year. Although the reception centres are fairly prepared for the reception of refugees, and well trained groups of social workers, nurses, doctors try to attenuate the difficulties the condition of refugee poses, they lack the sufficient experience and professional education to meet the special needs of people who have been subjected to torture. Since its creation, the Cordelia Foundation has initiated several programmes aimed to improve the chances of torture survivors and meet their needs.

Long description: **Psychological/psychiatric activity of the Foundation**

Contacting clients
The mobile team of therapists visits the reception centres on a weekly basis. They are well-known by the camp personnel, management, as well as by older residents who often recommend the

Foundation's services to newcomer refugees. Possible clients can be informed directly by the therapeutic team or in specially prepared information leaflets.

1.1 The therapeutic plan:

- The first meeting with the client aims to draw the diagnosis and estimate the level of damage. The choice for therapeutic methods is made after this first encounter with the client, often in the form of a group session. This first encounter also helps the client to get in closer contact with the therapist. The clients for the individual therapies are selected there and the method of therapy is decided after the first individual session by the psychiatrists.
- Designing the therapeutic space and setting
- Formation of the groups, size of the groups, assigning clients to specific groups
- Providing and training the interpreters when necessary

1.2 The appropriate therapies:

When designing the appropriate methods for treatment, the therapist makes a choice between/ considers a combination of verbal and non-verbal therapeutic methods at individual or/and group level. Our basic approach is to combine elements of psychiatry and psychology with art. Our methods are the following:

- a) Verbal therapies are mostly "insight therapies", focal or short therapies, support or ventilation or individual dynamically oriented therapies.
- b) Non-verbal therapies: The "animation therapy" is a purely non-verbal method developed by the Cordelia Foundation's non-verbal therapist, which aims at the reconstruction of the damaged body-scheme, the strengthening of ego-boundaries and the regain of basic trust and self-esteem. Non-verbal methods also serve to socialise clients for the verbal therapy.

The duration of the non-verbal sessions is 120 minutes, 70-90 minutes of verbal sessions. Clients usually receive five to ten treatments. Although it is very difficult to estimate the result of psycho-therapeutic activity itself, the past experiences show that most of the clients could adapt and cope with camp circumstances much better; also they were prepared to leave the supportive environment of the camps. The symptoms of PTSD or Acute Stress Disorder could usually be cured through a combination of verbal and non-verbal therapy whether on individual or group level.

- c) Rational Emotive Behavior Therapy (REBT) is an active-directive eclectic, therapy. It is focusing on the present: on currently held attitudes, painful emotions and maladaptive behaviours. The first goal of REBT consists in showing to the emotionally disturbed person how irrational beliefs create dysfunctional consequences. The second goal is to teach the individual how to dispute these irrational beliefs and apply this in her/his practice.
- d) Gestalt therapy functions through art and creation, liberates hidden forces by evoking and accessing suppressed desires relating the participant to others. In the refugee context, artistic work in the Gestalt therapy should depart with an object brought from home or with materials that recall home. The primary requirement is that there should be a palpable object in the focus. Felting and ceramics are particularly well adaptable materials.
- e) Adult women therapies can meet women's special needs.
- f) Non-accompanied minors can enter individual/group level verbal therapies or Gestalt therapy similarly to adults. However, our therapists encourage independent and single young people to participate in children's group, where they come to acquire a role of assistant to the therapist, i.e. a role of leader as well as a sense of belonging to a community.
- g) Therapies for children – besides the above described REBT methodology, some simple forms of cognitive therapy are used, which make it possible to work with more than one child at the same time. The puzzles, color and form matching, cube plays, domino, number theory and logical group plays matching their age are very practical and favoured.
- h) "Single-space" therapies for mothers and children – two therapists will regularly visit families of traumatised asylum seekers, to offer simultaneous assistance to the mother and her children. These therapies will be held in the family's room, without separating mother and child. While the mother enters verbal therapy with the help of the psychologist/ psychiatrist, the child is not left alone, but taken care of by the other therapist. Therapies will be based on classical cognitive psychotherapeutic methods, complemented with special play therapies elaborated for children. There is a huge need for such family therapy, as the parents and relatives are the most important persons for the children.
- i) Somatic assistance – the Foundation is in regular contact with several specialised medical centres where clients get appointments for treatment of physical problems (e.g. at dentistry,

orthopaedics, gynaecology, internal medicine, etc.). According to the Hungarian refugee system, asylum seekers can only get emergency assistance. Thus the Foundation has to cover the expenses of treatments that are necessary for the successful treatment of the clients (in both physical and psychological sense) which are not classified as “emergency” by the official rules.

Social rehabilitation

This social activity aims at fostering the integration and adaptation possibilities of refugee clients through offering counselling on a rational level. This implies:

- managing a variety of aspects of improving the refugee’s condition: getting employment, education, participation in different aid and assistance programmes and access to health-care services.
- fostering the integration: cooperating with judicial organisations, help in finding attorneys willing to offer judicial counselling, acquiring the necessary authorisations.
- offer language course adapted to the injured cognitive functions of the target group
Special language courses. Our language teacher has elaborated a programme adapted to the changed cognitive functions of our target group. This course is a long-term course building on regular special sessions running parallel to the therapy and psychosocial rehabilitation of the client. The whole therapeutic team is collaborating for the better progress of the torture survivor as to his/her somatic, mental, social and legal state. It is also the aim of the course to equip the participant with the vocabulary needed for the social/economic integration in the new society.

Assistance in the legal procedure

Cordelia assists asylum-seekers and torture victims in the legal procedure of the application for asylum through issuing a medical legal report stating psychological/somatic evidence of the torture experience. The reports are remitted to the decision-makers of the Office of Citizenship and Migration of the Ministry of Interior. The relevance of these reports lies in the fact that they sustain asylum seeker’s claims for eligibility as Convention-refugee.

Cooperation partners,
networkers:

The project is implemented by the Cordelia Foundation alone. In addition, in the implementation we collaborate with several entities, primarily the reception facilities visited by the therapists (in Bicske, Békéscsaba, Debrecen, Győr). Our direct assistance activities are carried out in several cases in cooperation with the local bureau of UNHCR, the Ministry of Home Affairs, the Hungarian Helsinki Committee, Menedék Association and the Asylum seekers’ Association.

Number of employed and
voluntary people:

Total number of staff: 15 (part-time staff: 13/full-time staff: 2), 2 volunteers

Duration of the project/
activity/programme:

1st of January – 31st of December 2006

Results and conclusions
(up to now):

Results of rehabilitation activities

In 2004, 232 clients have participated in and benefited from a wide range of rehabilitation and therapeutic activities in Hungary. It is perhaps useful to note that each client responds differently and progresses at their own pace depending on the age, gender, country and family situation, and the severity of torture involved. In general, the majority of clients have reported a reduction in their following PTSD symptoms:

- sleep disturbances (frequency of nightmares)
- panic/anxiety symptoms
- aggressive manifestations

as well as improvement in the following areas:

- development of cognitive and memory functions
- development of sexual functions
- better attitude in human relationships
- better adaptation to the new society

Results of awareness-raising of professional audience

- Closer and more effective co-operation and communication with state officials and the Cordelia Foundation
- Reduction of the fluctuation of human resources, at the reception centres

- Positive attitude change of border guards in relation to working with asylum seekers claiming to have been tortured

Financed by: EIDHR Programme of the European Commission, UNVFVT, National Civil Fund
National Crime Prevention Council, Hungary, Soros Foundation

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Ministry of Interior (Latvia/GO)

Implementation of Standards for the Reception and Accommodation of Asylum Seekers

Strengthening of administrative capacity for the institutions involved in the process of the accommodation of asylum seekers.

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| Short description: | 1) Renovation of 4 toilet facilities, kitchen, entry point, ground floor of the Asylum Seekers Reception Centre "Mucenieki", reconstructing and adjusting those premises for asylum seekers with special needs. 2) Two equipped classrooms 3) Accomplished staff training |
| Field of activity: | Staff training, material conditions |
| Target group: | Asylum seekers in general, disabled people |
| Target of the project/ activity/programme: | 1) To adapt the premises of the Asylum Seekers Reception Centre "Mucenieki" to the needs of asylum seekers with disabilities of movement and mobility 2) To create a material and technical basis for qualitative teaching and training of asylum seekers 3) Training of staff involved in the procedure of the reception and accommodation of asylum seekers |
| Context: | The Centre is the only place in Latvia for the accommodation of asylum seekers and it is located in Riga district (16 km from Riga). Establishing the Centre there were not the right preconditions in order to accommodate asylum seekers with special needs (the disabled, minors, unaccompanied minors, pregnant women, victims of violence, etc.). The premises are not equipped for those purposes; there is not the necessary inventory and the staff are not adequately trained as well. The staff have no experience and knowledge of dealing with persons who are so easily vulnerable and they have insufficient knowledge of languages as well. |
| Cooperation partners, networkers: | None |
| Number of employed and voluntary people: | Four employees |
| Duration of the project/ activity/programme: | Seven months (June 2005 – December 2005) |
| Results and conclusions (up to now): | Established rooms and purchased materials for qualitative teaching and training of asylum seekers. |
| Financed by: | Total budget: 88 150,00; ERF budget: 66 112,50 |
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Applause for Yourself (Applaus voor jezelf)

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| Short description: | A school-based prevention programme for asylum seeking children aged between 4 and 7 years. The programme is aimed to strengthen the emotional competence of these children in order to improve a normal and healthy social-emotional development. Asylum seeking children are at risk due to a number of risk factors like traumatic experiences of the parents in the past, a long period of insecurity due to the asylum policy, a long stay in reception centres, removals to others centres etc. |
| Field of activity: | Prevention |
| Target group: | Children |
| Target of the project/ activity/programme: | Strengthen the emotional competence of asylum seeking children between the age of 4 and 7 years. |
| Context: | Teachers at special schools for asylum seeking children notice a range of social-emotional problems with asylum seeking children like behaviour problems, withdrawal, fears, etc., due to hard life circumstances of these children like psychic problems of the parents, crowded reception centres with poor privacy, fear for rejection of the asylum request or being expelled from the country. These problems arise many feelings in these children but in most situations they cannot show their emotions. On the one hand they will not stress their parents with their emotions, on the other hand they often do not have the courage to show their emotions at school. For a normal social-emotional development it is necessary that children can express their emotions. For that case the programme has been developed, to teach the children in a playful way that emotions are very normal and accepted. |
| Long description: | <p>The programme consists of nine weekly sessions of about one hour. In the programme the children make a discovery tour through a lot of different countries like The Land of my Body, Me and You, Glad, Angry, Sad and Afraid. They do so together with a handdoll named Kiko and a handdoll named Coco. Coco is like the children, he shows all kind of feelings and emotions in the sessions, while Kiko is the wise person who accepts that kind of emotions and lets children participate in it. He strengthens the self-esteem of the children by complimenting them on how they do and behave. Children pack their own suitcase for the discovery tour and put in it all kinds of things they have made during the sessions. The suitcase symbolises their improving baggage of overcoming their emotions. Working methods are playing, playing with clay, creative activities, singing, relaxation exercises and so on. They sing songs about being glad, angry, sad and afraid. At the start and the end the sessions are marked by singing together the Applause for Yourself Song. At the end children give applause for themselves. In the last session children get a price medal by Kiko. He mentions all the good features of each child.</p> <p>The materials are a big suitcase with Kiko, Coco, illustrations of emotions by Coco, a thermograph of feelings on which children can indicate their actual emotion, a CD with songs, a dvd how the programme is running for instruction purposes and a manual for the teacher.</p> <p>The programme is carried out by the regular teacher. Teachers are instructed and trained in advance.</p> |
| Cooperation partners, networkers: | Schools for primary education and teachers. |
| Number of employed and voluntary people: | Tens of teachers on schools all over the country. |
| Duration of the project/ activity/programme: | Nine weeks |
| Results and conclusions (up to now): | <p>In a pilot of nine schools the programme was evaluated and adapted. It turned out that teachers and children like the programme. Teachers notice that children are behaving more freely and are less reserved to express emotions. Teachers show more understanding to the children and are glad to have a professional toolkit.</p> <p>In a professional evaluation research, however, immediately after the end of the programme no significant effects on children could be showed.</p> |

In a comparative evaluation study, however, on two comparative school programmes the effects on children emerged only in a follow-up assessment after a year.

Financed by: National European Refugee Fund and Children's Stamp Foundation, The Netherlands

Notes: There is an evaluation report available about the programme in Dutch.

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PHAROS (Netherlands/NGO)

Bodily Work with Traumatized Refugees (mental health)

Short description: The programme Bodily Work is a handbook for mental health professionals working with (adult) refugees who are having complaints and pains due to stress and traumatising. The handbook includes a theoretical framework on the relation between stress, depression, anxiety and physical pains, a total number of 26 exercises and guidelines on how, when and why to use the exercises. The programme has been tested and is in use by a large number of mental health-professionals.

Field of activity: Psychological treatment

Target group: Victims of torture and violence

Target of the project/ activity/programme: To bring about stabilisation of physical pains; strengthening coping mechanisms; building a better understanding of the problems and reinforcing the alliance between client – professional.

Context: The programme has been developed with great care and after a thorough inventory amongst mental healthcare professionals. It is now being used throughout the country. No specific qualifications are needed to use the handbook.

Long description: By making use of the workbook, mental health professionals are equipped to work on a bodily basis (next to the use of medication and therapeutic conversations). Because of cultural idioms of distress, traumatising and ongoing stress (e.g. not receiving a permit in short time) a lot of refugees present several physical complaints and pains. Usually these problems are not dealt with by the mental health professional. Now the therapist has the possibility of including these pains within his regular treatment (a more holistic approach). The use of the exercises within the therapy room has proven to be of a positive influence on the alliance between the client (refugees, asylum seekers) and the therapist (MD, social nurse, psychologist, psychotherapist, sociotherapist ...). Most of the exercises in the handbook can be used in a one-to-one setting and within a small room, five exercises (of the 26) are only to be done in groups.

Cooperation partners, networkers: Mental health professionals, researchers, 4 mental health institutions within The Netherlands

Number of employed and voluntary people: 35

Duration of the project/ activity/programme: 18 months

Results and conclusions (up to now): The exercises are in use among mental health professionals in The Netherlands and Belgium.

Financed by: ERF-funding (national tender), Netherlands Fund for Public Mental Health (NFGV)

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PHAROS (Netherlands/NGO)

Brochures on Mental Health in The Netherlands (3 types/8 languages)

Short description: Pharos, together with asylum seekers and caretakers, developed a series of brochures on mental healthcare (and -system) within The Netherlands. The 3 types of brochures are a) where to find help, b) what can you do yourself (on resilience) and c) what if you are in a treatment and have nightmares, you feel depressed ... (on ptss). The 7 languages are: Arabic, Dari, English, Pashtu, French, Dutch, Serbo-Croatian, somali. The material is to be found on the Pharos website and can be bought in printed form.

Field of activity: Psychological treatment, prevention, interpretation services, health information

Target group: Asylum seekers in general, victims of torture and violence

Target of the project/ activity/programme: To give sufficient, current and understandable information about mental illnesses, the mental health-system and its caregivers within The Netherlands.

Context: The information (brochures) can be downloaded by (mental) health professionals as well as asylum seekers. For example, when a client wants to know what mental health care can do for him, what psychological problems are, why and how ptss is treated or what an asylum seeker can do to preserve his or her resilience.

Long description: A lot of asylum seekers wonder why they should be treated by a mental health professional when they complain of having headache, nightmares, recurrent thoughts etc. To be crazy is the last thing they want to be called (taboo)! Often asylum seekers need to know more about what mental health is, how it is regarded in the West and how it works, what kind of people work within the mental health system, why going to a psychologist or talking about your problems can be very helpful and what you can do yourself to promote your own healing process or keep yourself from falling apart by using the right coping styles etc. As a result of the lack of knowledge about mental healthcare systems in the West, asylum seekers do not trust being sent to a psychologist. The therapy allegiance is often much lower than when dealing with settled civilians. There are 3 kinds of brochures – in total in 8 languages. To be downloaded for free from <http://www.pharos.nl/ggz-brochures/index.html>. The brochures are used by mental health professionals working with asylum seekers but also by others who need them or want to talk with asylum seekers about the usefulness and the workings of the mental health system in The Netherlands.

Cooperation partners, networkers: Mental health professionals, asylum seekers and refugees

Number of employed and voluntary people: 35

Duration of the project/ activity/programme: 2 years

Results and conclusions (up to now): The brochures are being downloaded very much. The comments are positive.

Financed by: ERF-funding, VGZ health insurance service, Pharos, Ministry of Health & Well-being

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GGD Nederland. Medische opvang asielzoekers (MOA) (Netherlands/NGO) Community Health Services for Asylum Seekers in the Netherlands

Short description:

The Community Health Services (GGDs) play an important part in the provision of health care for asylum seekers. One of the main responsibilities of the GGDs is the provision of public health services such as health education, child health care, infectious disease control, and hygiene and safety inspections. Separate foundations called Community Health Services for Asylum Seekers (Medische Opvang Asielzoekers, MOA) have been set up to provide these services for asylum seekers. The MOA and the GGDs have the same responsibilities for preventive care and the same public health care objectives. The GGDs' work is for the entire Dutch population, including specific target groups. MOA foundations focus only on asylum seekers in reception centres. This is reflected in the care provided by the MOA and the way the organisation works.

Field of activity:

Prevention

Target group:

Asylum seekers in general

Target of the project/
activity/programme:

To monitor, protect and promote public health of asylum seekers in the reception centres.

Context:

In addition to the regular tasks of GGDs, the MOA has an additional task: referring asylum seekers to mainstream health care professionals and institutions. If necessary, the MOA coordinates the care given by different health care providers to asylum seekers.

Long description:

MOA works in or close to all reception centres

- The MOA is the first point of contact for asylum seekers who have any questions about their health.
- A nurse interviews the asylum seeker to gain a complete picture of his or her state of health and current health problems. If indicated, a medical examination is advised.
- The MOA coordinates referral to primary curative care and mental health care (GGZ).
- The MOA is responsible for infectious disease control and regular hygiene and safety inspections of all communal areas at the reception centres.
- The MOA provides health care for 4-19 year olds, including preventive health checks and the national immunisation programme.
- Groups of asylum seekers are given health education on topics such as health care in the Netherlands, sexually transmitted infections, hygiene and nutrition. If necessary, individual sessions are arranged.
- The MOA coordinates all the services provided for asylum seekers who make use of the Dutch health care system. If an asylum seeker is transferred to a different reception centre or leaves the centre on receiving a residence permit, all data transfer is arranged by the MOA. The MOA also coordinates any health care needed in particular situations such as hunger strikes.
- On request, the MOA gives socio-medical advice. It advises the COA on how to coordinate community care when an asylum seeker is transferred or leaves the centre. In certain cases - and if the asylum seeker concerned has given consent - the MOA provides third parties with information from a medical record.
- In emergency situations, the MOA provides crisis intervention and help until mainstream services are available.
- The MOA collects data for epidemiological studies.

The MOA health services are available on weekdays between 8.30 and 17.00. The health care insurer organises the provision of emergency services outside these hours.

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| Cooperation partners, networkers: | General Practitioners, midwives, dentists, health insurance company, COA, mental health services and all other health services. | | |
| Number of employed and voluntary people: | In October 2005 the MOA employed approximately 350 FTE (full-time equivalent) staff. Administrative staff: 100, Nurses: 200, Doctors: 50 | | |
| Duration of the project/ activity/programme: | Ongoing since 2000 | | |
| Results and conclusions (up to now): | A close and well working network of health care services. Positive evaluations of the system by the Health Care Inspectorate For further information: Leaflet Community Health Services for Asylum Seekers and document Principles in preventive health care for asylum seekers: www.ggdkennisnet.nl/34286 | | |
| Financed by: | Ministry of Justice and COA | | |
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GGD Nederland. Medische opvang asielzoekers (MOA) (Netherlands/NGO) Describing Principles in Preventive Health Care for Asylum Seekers in The Netherlands

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| Short description: | Preventive health care for asylum seekers is based on a number of essential points pertaining to specific features of the target group, the context they live in and their caregivers operate in. Future developments as to how preventive health care for asylum seekers is organised and what its contents are should be addressed within this framework. | | |
| Field of activity: | Prevention | | |
| Target group: | Asylum seekers in general | | |
| Target of the project/ activity/programme: | To have a framework for developments in the community health care for asylum seekers in the (near) future. | | |
| Context: | Developments in the context the MOA works in (in the reception system, in the numbers of asylum seekers in the centres, in developments in community health in general) were reasons to review and renew existing principles. | | |
| Long description: | <p>The principles are</p> <ul style="list-style-type: none"> • The target group is a high-risk group. • The focus is on the demand and need for care. • The legal context determines in part the caregiving • The target group's features and the context call for close cooperation in providing care. • An integral approach via differentiated implementation. • The intermediary role of the MOA practice nurse is an essential link in the chain of care for asylum seekers and should be provided at or very near a centre. • Uniform contents, price and quality of the health care services in all centres. | | |
| Cooperation partners, networkers: | The professionals in the MOA organisation formulated the principles. | | |
| Number of employed and voluntary people: | Not applicable | | |
| Duration of the project/ activity/programme: | Two months to formulate the principles | | |

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| Results and conclusions (up to now): | The principles are used to test present-day developments in the provision and the organisation of community health care for the asylum seekers. | |
| Financed by: | GGD Nederland | |
| Contact: | Name: GGD Nederland, Hennie Nijsingh Street: PO Box 85300 Phone: +31/30/252 50 88 E-mail: hnijsingh@ggd.nl | City, ZIP, State: Utrecht, 3508 AH, The Netherlands Fax: +31/30/251 18 69 Homepage: www.ggdkennisnet.nl/34286 |

PHAROS (Netherlands/NGO)

Just Show Who You Are! (Laat maar zien wie je bent!)

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| Short description: | <p>Just show who you are is a school-based prevention programme for asylum seeking children between the age of 8 and 10 years. The programme works with mainly non-verbal working methods intended to let children participate who just arrived in the Netherlands and do not yet have sufficient Dutch language skills.</p> <p>Aim of the programme is the strengthening of the affective and social competence of these children in order to improve a normal and healthy social-emotional development.</p> <p>Asylum seeking children are at risk due to a number of risk factors like traumatic experiences by themselves or their parents in the past, a new and insecure environment, a new culture and language etc.</p> | |
| Field of activity: | Prevention | |
| Target group: | Children | |
| Target of the project/activity/programme: | Strengthen protective factors like affective and social competence, in order to prevent psychosocial problems in later lifetime. | |
| Context: | <p>From national and international research on asylum seeking children, results show a high rate of psychosocial problems within those children, due to many stress factors children are facing like traumatic experiences by themselves or their parents, losses, grief, psychological problems of the parents, poor development conditions, long period of uncertainty about permission to stay, threat of rejection, crowded reception centres with little privacy, continuing removals from one centre to another etc. This magnitude of stress factors is threatening a normal and healthy social-emotional development.</p> <p>Schools are willing to help these children in coping with their problems, but they need special toolkits, especially for newly arrived children who are not yet fluent in the Dutch language. This programme has turned out to be such a toolkit for the teachers. It has been developed in 2001 and is now running in many curriculum's of special schools and classes for asylum seeking children.</p> | |
| Long description: | <p>The programme consists of eight weekly sessions of about 70 minutes. The programme is structured around several topics, from learning to feel safe, wondering what is my identity to making contact with others, trusting each other, working together in a group and cooperation. The topic of each session is in line with this structure. During the sessions a broad range of activities is offered, mainly non-verbal like drawing, moving, dancing, playing games, clay working, singing etc. Central in the programme is the story of the turtle Sang Baga, who was driven away from his country by a tornado and finally found himself in a different country, knowing nobody and trying to make new contacts and friends. The story is very similar to the experiences of the children, so it is very recognisable for them. Each session starts with telling a part of the story in simple words, illustrated by drawings.</p> <p>Children learn how to feel safe in making an imaginary home by putting a coloured rope around them in a circle.</p> <p>The teaching box of the programme contains all materials that are necessary for the performance, like a handdoll turtle, coloured ropes, all kinds of drawings to make explanations of the activities visible, a video tape of how the programme is running in practice, also for instruction purposes, and a manual on how to perform the programme.</p> <p>The programme is performed by the regular teacher in cooperation with a creative professional.</p> | |

Teachers and children found the programme very satisfying and effects on children became clear by an evaluation research.

Cooperation partners, networkers:

Cooperating partners are schools and teachers in primary education. The national board for education of asylum seeking children is facilitating and stimulating the programme. Professionals from other organisations like creative therapist etc. are involved in running the programme.

Number of employed and voluntary people:

Tens of schools are running the programme all over the country. Many teachers are involved in performing the programme. Most of the teachers have received training in advance.

Duration of the project/ activity/programme:

The programme runs eight weeks

Results and conclusions (up to now):

In a recent large-scale research it is shown that the programme has significant effects on the participating children. In a follow-up assessment a year after ending the programme, children scored significantly higher than the control group on a well-being scale, specifically on social functioning, whereas psychosomatic problems (containing items such as "I often feel sick") and psychological problems (items such as "I often feel afraid") were reduced. Moreover, their cognitive competence turned out to be higher. These results were already observed immediately after ending the programme.

Financed by:

Development was partly financed by Children's Stamps Foundation. Research was financed by Zonmw, NFGV and VSB Foundation.

Notes:

The programme is widely used in schools for asylum seeking children and is at many schools part of the curriculum. There is also interest for the programme in other countries like the UK and Canada.

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GGD Nederland. Medische opvang asielzoekers (MOA) (Netherlands/NGO) Epidemiology

Short description:

Registration of mortality and causes of death among asylum seekers in the Netherlands

Field of activity:

Prevention, health information

Target group:

Asylum seekers in general

Target of the project/ activity/programme:

To describe mortality and causes of death among asylum seekers. To identify health risks and specific preventive measures with the objective to lower these risks.

Context:

MOA-staff in all reception centres submit a cause of death form to their regional management. The data from the six MOA-regions are collected and analysed at a national level. (MOA = the organisation that provides community health services for asylum seekers)

In 2002 MOA decided to start registering mortality and causes of death among asylum seekers since these data cannot be derived from the national statutory registration conducted by Statistics Netherlands (CBS).

Cooperation partners, networkers:

All levels of MOA-organisation: notification, analysis and reporting.

Central Organisation for the reception of asylum seekers (COA): provides number of death per reception centre. Statistics Netherlands (CBS): classification of causes of death.

Number of employed and voluntary people:

Not applicable

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| Duration of the project/ activity/programme: | Ongoing |
| Results and conclusions (up to now): | <p>The main results for 2002 – 2003 are as follows: The standardised mortality ratio (SMR) for the total population of asylum seekers does not differ from the mortality in the Dutch population in 2002 – 2003. In certain age and sex groups, however, differences do exist between asylum seekers and the Dutch population. Differences have also been found for specific causes of death.</p> <p>The infant mortality rate is twice as high as the mortality among Dutch infants. In the age groups 5–19 years and 20–29 years, the mortality rate among asylum seekers was two and three times higher as for the Dutch population respectively. The mortality rate among male asylum seekers aged 40–64 years, was 50% lower than the mortality rate for Dutch males in the same age group. For males and females aged 65+, the mortality rate was 50% lower for asylum seekers in comparison with the Dutch.</p> <p>The mortality rate for external causes of death (including suicide) was twice as high among male asylum seekers as among Dutch males. For females no difference was found. Accidents were the most frequently occurring specific cause of death in the external causes of death group (30 cases of which 5 cases of drowning), followed by suicide (19 cases). The mortality rate for accidents was two times higher among male asylum seekers than among Dutch males. Testing showed that this difference was significant, while for suicide the difference between male asylum seekers and Dutch was not significant.</p> <p>On the basis of the results, recommendations have been made for influencing the health risks found and for improving the registration.</p> |

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| Financed by: | MOA and COA | | | | | | | | |
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GGD Nederland. Medische opvang asielzoekers (MOA) (Netherlands/NGO)

MOA – Guidelines and Protocols

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| Short description: | In guidelines and protocols a broad description of the working methods is available for all the MOA professionals (doctors, nurses and administrative staff). |
| Field of activity: | Prevention, staff instructions |
| Target group: | Asylum seekers in general, children |
| Target of the project/ activity/programme: | To have quality standards and instruments in order to provide community health care of uniform contents, price and quality to all asylum seekers |
| Context: | To fulfil quality standards. |
| Long description: | <p>Broad descriptions of the working methods of all employees (doctors, nurses and administrative staff) are made and kept up-to-date. These descriptions concern:</p> <ul style="list-style-type: none"> • Coordination of medical supervision during hunger and thirst strikes • Coordination of care • TB screening • Hygiene and safety inspection of housing facilities • Hygiene and safety education • Provision of information from medical records for third parties • Interviewing adults and children • Young people and adults with psychosocial or psychiatric problems |

- Child abuse
- Medical records: creation, transfer and storage
- Medical certificates
- Management reporting
- Nursing consultation and referral
- Instructions with regard to referral to a general practitioner, obstetrician, dentist or GGZ psychiatric care
- Socio-medical advice regarding housing
- Pregnant women
- Immunisation programme for children
- Health education

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| Cooperation partners, networkers: | All professionals working for the MOA, partners in the chain of care, the Health Care Inspectorate |
| Duration of the project/ activity/programme: | Ongoing since 2000 |
| Results and conclusions (up to now): | <ul style="list-style-type: none"> • The documents provide the professionals instructions • The instructions contain no more details than necessary • The instructions are based on the Service level Agreements in the contract of the MOA with COA |
| Financed by: | Ministry of Justice and COA |
| Contact: | <p>Name: GGD Nederland, Cathalijne Huson Street: PO Box 85300 Phone: +31/30/252 50 88 E-mail: chuson@ggd.nl</p> <p>City, ZIP, State: 3508 AH Utrecht The Netherlands, Fax: +31/30/251 18 69 Homepage: www.ggdkennisnet.nl/3033</p> <p>Quality tools used to optimise health care services for asylum seekers in the Netherlands: www.ggdkennisnet.nl/34286</p> |

GGD Nederland. Medische opvang asielzoekers (MOA) (Netherlands/NGO) Multi-agency Guidelines

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| Short description: | Drawing up a methodology for developing local collaboration agreements between the different health providers and other organisations that are involved in a health topic. |
| Field of activity: | Prevention, quality of the health care system |
| Target group: | Asylum seekers in general |
| Target of the project/ activity/programme: | Quality improvement of the health care for asylum seekers by developing a methodology for drawing up multi-agency guidelines. |
| Context: | Good cooperation between organisations in cure and prevention is important for a proper functioning of the entire chain of care for asylum seekers. The project started to stimulate inter-sectoral cooperation at the regional and national level. |
| Long description: | <p>In 7 locations professionals made process descriptions for collaboration between health care providers in case of selected health topics, including flow charts describing roles and relations between agencies.</p> <p>The selected health topics were:</p> <ol style="list-style-type: none"> 1. Maternity care 2. Pregnancy termination 3. Domestic violence 4. Child abuse 5. Hunger strikes |

6. Psychological crises

7. Suicide attempts

Based on the local descriptions and the lessons learned in these activities, a national methodology for developing local collaboration agreements is being developed.

Cooperation partners,
networkers:

Different local health care providers. The project team exists of the MOA, the COA, patient and consumer organisations, the Health Care inspectorate, the organisation for quality improvement in health care and the health care insurance company.

Duration of the project/
activity/programme:

2004–2005

Results and conclusions
(up to now):

Lessons learned:

- Asylum seekers are eager to participate in focus groups, they express clear needs.
- The process has led to improved understanding and collaboration at the local level.
- Local documents are process descriptions. They include flow charts describing roles and relations between agencies providing care for asylum seekers.
- Transformation of the local descriptions into multi-agency guidelines requires more commitment and responsibility for inter-agency quality than can be achieved in this project.

Challenges

- Draw up a methodology for developing local collaboration agreements based on the lessons learned
- Establish ownership and have national bodies incorporate the methodology
- Methodology should address incorporation into local guidelines on:
 - Local ownership and commitment
 - Needs of asylum seekers
 - Prevention issues
 - Risk analysis and problem-solving
 - Quality and time requirements

Financed by:

European Refugee Fund and COA

Notes:

More information: poster multi-agency guidelines for asylum seekers: www.ggd Kennisnet.nl/34286

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PHAROS (Netherlands/NGO)

Psychiatric Intensive Homecare for Asylum Seekers with Schizophrenia

Short description:

An asylum seekers' centre is a small, closed village in a bigger village. Besides asylum seekers, who live there, you can find workers from the COA (organisation which runs the asylum seekers' centre), security, MOA (nurses and doctors who work in the centre), and refugee work (VVN). All together they stay at a small area and they have to deal with each other. Some asylum seekers have serious psychiatric problems such as schizophrenia or chronic psychosis. Because of their illness (hallucinations or delusions) they (can) cause trouble in the centre. When it's not necessary (or possible) to hospitalise these people, it's very difficult for other asylum seekers to deal with them.

To help these asylum seekers (and the others who live or stay for their work) in the asylum seekers' centre we have the project Psychiatric Intensive Homecare for asylum seekers. A psychiatric nurse comes to the centre and supports the patient to live his life. He helps with shoppings, to clean the room (and patient), encourages to take medication and tries to find some activities for the client.

Besides these things the psychiatric nurse explains to the security, the MOA, the COA, VVN and

volunteers how to deal with people with schizophrenia. He trains the workers of the COA and MOA that they can, if necessary, assist these people as well.
This project was so successful (for the psychiatric asylum seekers **and** the others of the asylum seekers' centre) that in 2003 we won a price out of 95 other projects.

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| Field of activity: | Psychological treatment, prevention, staff training, counselling, health information |
| Target group: | Asylum seekers in general, addicted people |
| Target of the project/ activity/programme: | To stop the inconvenience caused by asylum seekers with psychiatric illnesses, to stop the taboo on psychiatric illnesses, to improve the social situation of those asylum seekers, to encourage taking medication which make them feel better, to start understanding these people. |
| Context: | In the asylum seekers' centre |
| Long description: | <p>An asylum seekers' centre is a small, closed village in a bigger village. Asylum seekers have to live on small amounts per week, they are not allowed to work and they live together with other persons in a room. They have to share the bathroom, kitchen and washing machines. The centres usually far from the shops. Most asylum seekers have had bad experiences in their country of origin and are traumatised. During the day there's not much they can do (they are not allowed to work) so many of them think about their problems.</p> <p>Some asylum seekers have serious psychiatric problems such as schizophrenia or chronic psychosis. Because of their illness they sometimes cause such big problems that the staff of the centre punish them by not allowing the asylumseeker to stay at the centre for a couple of weeks.</p> <p>In 2000 we started a project for these people in the asylum seekers' centre. A psychiatric nurse went to the asylum seekers who were diagnosed with schizophrenia or chronic psychosis and who didn't want to stay in a psychiatric hospital (and who were not suicidal). He payed a house visit and encouraged them to take their medication, to clean their room, to find something to do during the day and stop the troubles at the centre. At the same time the workers from the COA (organisation which runs the asylum seekers' centre), the security, the MOA (nurses and doctors who work in the centre), and refugee work (VVN) were trained on how they could assist these people if necessary. He explained the meaning of psychiatric illness and what they could expect from people with this kind of illness.</p> <p>The project was successful because there was less trouble in the centre caused by asylum seekers with psychiatric illnesses. The clients had something to do during the day. They took their medication so there was less regression for them, the crisis intervention team of the mental health care didn't have to come so much. The psychiatric nurse was assisted by workers of the COA so the asylum seeker was not only helped with mental health and social but also with juridical matters for his permit to stay in the Netherlands. A side effect is that the workers of the COA know more about the problems of these people if they cause problems, they won't be punished by excluding them from the centre (psychiatric patients don't belong out on the street).</p> <p>This project was so successful (for the psychiatric asylum seekers and the people of the asylum seekers' centre) that in 2003 we won a price out of 95 other projects.</p> |
| Cooperation partners, networkers: | Mental health centre, staff of the asylum seekers' centre, all the people who live or work at the centre |
| Number of employed and voluntary people: | Psychiatric nurse and the people of the COA |
| Duration of the project/ activity/programme: | As long as there are asylum seekers with psychiatric illnesses. |
| Results and conclusions (up to now): | Less inconvenience in the centre, less punishment for those asylum seekers, more understanding for their illness and the problems it gives, less people who needed to be hospitalized, more activities for them, they took their medication, they bought food and they felt better. |
| Financed by: | Insurance for asylum seekers (ZRA) |

Notes: You need enthusiastic professionals who like to work with these people and who are prepared to work in a future-orientated way. The staff of the centre and the mental health care must be enthusiasts as well and encourage these professionals.

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PHAROS (Netherlands/NGO)

The World United (FC de Wereld)

Short description: The World United is a school-based prevention programme for refugee and asylum seeking children between the age of 10 and 12 years. The programme is aimed to strengthen the affective, social and cognitive competence of these children in order to improve a normal and healthy social-emotional development. Refugee and asylum seeking children are at risk due to a number of risk factors like traumatic experiences by themselves or their parents in the past, a long period of insecurity due to the asylum policy, a long stay in reception centres, with poor privacy, continuing removals etc.

Field of activity: **Prevention**

Target group: **Children**

Target of the project/activity/programme: **Strengthen protective factors like social, affective and cognitive competence, in order to prevent psychosocial problems in later lifetime.**

Context: From national and international research on asylum seeking and refugee children, results show a high rate of psychosocial problems within those children, due to many stress factors children are facing like traumatic experiences by themselves or their parents, losses, grief, psychological problems of the parents, poor development conditions, long period of uncertainty about permission to stay, threat of rejection, crowded reception centres with little privacy, continuing removals from one centre to another etc. This magnitude of stress factors is threatening a normal and healthy social-emotional development. Schools are willing to help these children in coping with their problems but they need special toolkits. This programme has turned out to be such a toolkit for the teachers. It has been developed in 1998 and is now running in many curriculums of primary schools, either in special schools and classes for asylum seeking children or in mainstream schools.

Long description: The programme consists of eight weekly sessions of about one and a half hour. Each session has a topic like: Me, My school, My home, My family, Celebrations, Friendships, Games and Me, You and We. The topics are intended to let children talk with each other about the subject, share experiences and listen to each other. Next the children do creative activities concerning the topic, alone or together, like drawing, playing a game, puppet playing, dance, theatre etc. All sessions start and end with the World United Song. It marks the sessions from other lessons. During the programme children make their own Me-Book. They gather in it all the things they have made in the sessions. In the last sessions they make an imaginary future tour in which they can express how they see themselves in future. The programme is closed together with the invited parents. Children perform some activities from the past sessions for their parents. Parents are requested to take some homemade snacks for the closing celebration. Children then may take their Me-Book home as a memory of the programme. Research shows that children like it very much to have these opportunities to talk and share experiences from past and present with each other, because normally they have few opportunities to express how they feel, and how they look at their lives, neither at home, nor at school. Teachers are very satisfied with the programme, because they feel they can help the children more adequately with this toolkit. Moreover, they feel a growing understanding for the children and become more sensitive to the children's needs.

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| Cooperation partners, networkers: | Cooperating partners are schools and teachers in primary education. The national board for education of asylum seeking children is facilitating and stimulating the programme. |
| Number of employed and voluntary people: | Tens of schools and teachers all over the country. |
| Duration of the project/ activity/programme: | The programme runs eight weeks. |
| Results and conclusions (up to now): | In a recent large-scale research it is shown that the programme has significant effects on the participating children. In a follow-up assessment a year after ending the programme, children scored significantly higher than the control group on a well-being scale, specifically on social functioning, whereas psychosomatic problems (containing items such as "I often feel sick") and psychological problems (items such as "I often feel afraid") were reduced. Moreover, their cognitive competence turned out to be higher. These results were already observed immediately after ending the programme. |
| Financed by: | Development financed by Pharos. Research was financed by Zonmw, NFGV and VSB Foundation. |
| Notes: | The World United now is part of an international implementation project, financed by the European Refugee Fund. The project aims to adapt and implement the programme at schools in six European countries: UK, Ireland, Italy, Austria, Germany and Sweden. The project is running now and ends at the end of 2006. The World United is translated into English, Swedish, German and Italian. In a pilot in Norway the programme is also translated into Norwegian. |
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Slovak Humanitarian Council (Slovakia/GO)

Providing Services of Rights Protection of Unaccompanied Minors in Asylum Procedure in the Slovak Republic

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| Short description: | The main project objective is rights protection of unaccompanied minors (UM) within asylum procedure (AP) in the Slovak Republic and to enable them to improve their own personal developing, their own capacity and possibilities, to act in the best interest of each UM within asylum procedure in Slovak Republic. |
| Field of activity: | Emergency treatment, material conditions |
| Target group: | Children |
| Target of the project/ activity/programme: | The main objective of the project is to improve the asylum system in Slovakia, especially with regard to unaccompanied minors. Programme and activities financed by the project are: <ol style="list-style-type: none"> 1. providing 24-hours service of social work, 2. building and implementation of SGBV and trafficking monitoring and prevention system, 3. ensuring of general basic education and complementary medical service taking into account cultur, religion and language issues of the project target group, 4. providing of social and psychological support for UM to prevent possible trauma due to family separation, 5. following cultural and religious traditions and providing of Slovak lessons to facilitate an integration of UM into Slovak society, 6. ensuring interpreting service during the interview with UM and during other relevant occasions, 7. providing of procedural guardianship. |

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| Context: | The target group is located in the Reception camp ROHOVCE and Accomodation camp Brezová pod Bradlom, where all the unaccompanied minors not older than 18 years that apply for asylum in the Slovak Republic are placed. Most of them are aged around 16. The reason for starting this project was to strengthen the capacity of the social workers so that they can stay at the camp 24 hours and take care of the unaccompanied minors. And in this way to improve the asylum system in Slovakia. | | |
| Cooperation partners, networkers: | The bearer of this project is the Slovak Humanitarian Council without any partners. | | |
| Number of employed and voluntary people: | For the purpose of this project 20 people were hired. | | |
| Duration of the project/ activity/programme: | The duration of the project was from the signing of the agreement, which was on the 27th of September 2004, until 31st of July 2005. | | |
| Results and conclusions (up to now): | At present an independent organisation is making an evaluation of the project, so the results and conclusions will be known by the end of the evaluation process. | | |
| Financed by: | 75 % of the project costs were financed from the European Refugee Fund, and 25 % from the Migration Office of the Ministry of Interior of the Slovak Republic. | | |
| Notes: | There were no serious problems in implementing the project, so there's nothing special that we should avoid in the future. | | |
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Spanish Red Cross (Spain/NGO) Refugee Programme

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| Short description: | SRC has been involved in the reception of asylum seekers since 1961, providing an emergency lodging, running quite a few reception centres, psychosocial support, etc. Thanks to the ERF and the EQUAL Initiative, SRC has been implementing new projects in this field to cover some gaps like the reception at Madrid airport, reception centres for young asylum seekers, vocational training and labour market integration etc. | | |
| Field of activity: | Emergency treatment, psychological treatment, interpretation services, counselling, health information, material conditions | | |
| Target group: | Asylum seekers in general, children | | |
| Target of the project/ activity/programme: | See „Long description” | | |
| Context: | <ul style="list-style-type: none"> • Since 1961 the SRC has been involved in the field of reception and integration of asylum seekers, refugees, displaced persons with a subsidiary form of protection. Just a few NGOs in the country are working with asylum seekers in Spain, so this is one of our main priorities along with migrants. • Number of asylum applications in 2005: 5.553 • About the top-10 nationalities of asylum applicants in Spain (2004): Nigeria 1.030, Algeria 988, Colombia 632, Mali 252, Guinea 228, DR Congo 186, Guinea-Bissau 114, Côte d'Ivoire 110, Ghana 108 and Liberia 102. During 2005 we could observe an increase in the number of family groups and women arriving in Spain when previously the profile was a single man. • The hot spots, where most asylum applications are submitted, are Madrid airport followed by Ceuta and Melilla together. • Special conditions: when asylum seekers overcome the admissibility phase in Ceuta and Melilla (max. 2 months) they are relocated to a reception centre in the mainland | | |

- Reception centres in Spain – the ones run by the SRC included – are distributed around the Spanish territory. Some of them are located in rural areas but the biggest ones are mainly located in urban areas.

Long description:

Airports and emergency reception:

- Social assistance at Madrid airport to all asylum seekers who apply for asylum at this border, during the admissibility phase (max. 72 h). Madrid airport is the point in the country where most asylum claims are submitted.

Asylum seekers are informed about the asylum procedure, social workers canalise the demands to the police (change of lawyer, medical demands, ...), they are informed about their rights and obligations during their stay at the transit zone – room 3 for asylum seekers.

The asylum seekers allowed to enter the country are referred to an emergency reception point at Madrid local branch where they are counselled. They stay in a hostel for a short period and when clinical analysis results are ready they are referred to a reception centre – like those who apply for asylum within the territory.

During this period they are informed about the Spanish health care and welfare system, the asylum procedure, their rights and duties, the necessity to be registered with the local population register in order to be entitled to benefit from social benefits and the public health care system; if necessary, they can receive psychological support etc.

- When applicants apply for asylum within the territory, the SRC local branches are responsible for all the clinical analyses and the referral to a reception centre is made by the headquarters. During the admissibility period (max. 2 months), they are also housed, oriented and supported and they can receive some pocket money.

In general, SRC provides free medical help and in some cases psychological support to all asylum seekers who are still waiting to benefit from the medical insurance they are granted like any other national or foreign national who has been registered with the local population register (Padrón). In Spain, even if you are irregularly within the territory you are entitled to free access to the Public Health Care System in case of an emergency, women during pregnancy and childbirth, and all minors. And all minors – up to 18 years – have free access to mandatory schooling.

Stowaways:

- SRC signed agreements with regional governments in order to assist asylum seekers on boats (emergency health care, information about the asylum procedure, etc). SRC can do so when a notification is received.
- If applicants are allowed to enter the country they are counselled like any other asylum seeker (clinical analysis and referral to a reception centre).

Reception centres:

Staying: max. period 6 month and 1 year for vulnerable cases

SRC is running 7 reception centres (212 places) – preferably for asylum seekers but to be also used for immigrants in case there vacancies.

Services:

- Tuition: Spanish language, Spanish society, duties and rights, social skills, etc.
- Counselling and socio-educational support on housing, welfare system, cultural and social integration, education and vocational training, access to local resources, social skills, etc.
- Vocational training and employment through an EQUAL project: counselling and workshops related to Spanish labour market, rights and duties, requirements for work permits, etc; vocational guidance and training; social skills training; labour mediation service; monitoring labour integration process, enterprise sector and trade union awareness-raising, etc.
- Minors are attending public schools but they can receive educational support at the reception centre. Monitoring and support for minors with special educational needs.
- Psychosocial support and coordination with other public or private mental health system
- Legal advice
- Participation: promoting interaction between the local population and the asylum seekers, introducing asylum seekers into the reception centre neighbourhood and local services, ...
- Leisure activities
- Free document translation service

- Health care. They are entitled to benefit from the health care public system. Workshops on hygiene and health are carried out: sexual and emotional education, healthy habits, proper nutrition, dental care, ...
- Sensitisation to the local communities (public and private agents, educational institutes, enterprise sector, etc). Campaigns.
- Practitioners' and volunteers' training

Some of these centres are not real centres but apartments. This is a new modality that SRC consider can facilitate their social integration process within the local community. Asylum seekers living in these apartments use SRC's specific services for asylum seekers located at the local branches instead of being located at the centres themselves.

When asylum seekers have family members living in Spain they can choose not to stay at the reception centre but to be hosted by their family members. They can use the reception centre services or the ones placed at the local branches. They can receive financial support for 6 months, max. 1 year – the same period as if they were at a reception centre.

In Spain asylum seekers are allowed to work 6 month after they submitted their application.

Reception centres for young asylum seekers:

Staying: during all the asylum procedure's length.

Age: between 18 to 23 year old asylum seekers

SRC is running 1 reception centre with 8 places.

Regional governments are responsible for all unaccompanied minors, nationals or third country nationals, so unaccompanied minors who apply for asylum are housed at these facilities. But because of the strict Regional Authorities' interpretation of the osteometric analysis to establish the age of a minor and because SRC considered a specific resource to be a better option for young people (18–23 years old), SRC has been running it for the last 3 years. Services: Many services are quite similar to the ones at reception centres but emphasizing the socio-educational programme (vocational training, sexual and emotional education, fostering healthy habits, proper nutrition, dental care, participation in YSRC activities, ...), the preparation for the transition to adulthood supporting autonomy and fostering labour market integration.

Cooperation partners,
networkers:

Ministry of Labour and Social Affairs, Ministry of Interior, police stations, local associations, public services, all NGOs working with refugees, and other NGOs working with migrants ...

Number of employed and
voluntary people:

Employed: 83, Volunteers: 106

Duration of the project/
activity/programme:

Annual, for the last 20 years

Financed by:

Ministry of Labour and Social Affairs, European Refugee Fund, EQUAL Initiative

Notes:

We consider the reception conditions, facilities and recourses should be as regular as possible in order to facilitate integration, avoid situations of possible dependency in the future, even more when asylum procedure is long, and promote independency and self-esteem.

We consider small facilities preferable to big centres – even more in case of family groups where sometimes decisions about children can be taken by the practitioners instead of by their parents when hosted in big centres – and the possibility of using the public health care system, public schools, public educational institutes, public employment service, and other community resources better than creating a parallel world.

Our role would be to support them to access all these recourses, just providing them with specific skills to be more independent and also for the community and public services to facilitate interpreters, social mediators, staff training, intercultural skills, sensitisation, etc in order to be more active in the integration process of these applicants. Just special needs, vulnerable cases, should be dealt with specific agents and networks where the community recourses are not prepared for: psychosocial support, unaccompanied minors, gender and multicultural perspective etc.

In Spain it was difficult to provide such services because of the low number of asylum seekers and immigrants but because of the increased number of migrants arriving to our country, new initiatives have been generated.

It is also very important to avoid long stays in big centres and to provide access to the labour market as soon as possible. In Spain, as we said above, asylum seekers are allowed to work six months after they submitted their application.

It is also very relevant to facilitate access to local associations: parents' associations at schools, neighbourhood associations, third country national's association, etc to promote participation and visibility.

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Stockholm County Council (Sweden/Regional authority)

Health Care for Asylum Seekers and Refugees

- Short description: Our responsibilities are to coordinate health care for asylum seekers and refugees. We are a part of the purchaser organisation within Stockholm County Council. As such we develop models to anticipate the need for health care and negotiate contracts with different providers of health care. Our annual budget is approx € 20 p. m.
- Field of activity: Emergency treatment, psychological treatment, prevention, staff training, interpretation services, counselling, health information
- Target group: Asylum seekers in general, children, victims of torture and violence
- Long description: **Stockholm County Council** (comprises the whole of Stockholm County)
- has 1.9 million inhabitants
 - 12 000 asylum seekers annually
 - includes 26 municipalities
 - 6 500 km²
 - is organised with two different roles
- Purchaser: Assesses the needs of the population and purchases health care from both public and private providers.
- Producer: Provides health care in competition with external care providers.
- Health care for asylum seekers and refugees** (Stockholm County Council provides health care according to agreement with the government)
- Hospital Care:
- 7 emergency hospitals (one private) provide approx 1 000 treatments of inpatients and 14 000 treatments of outpatients annually
- Primary care:
- Certain health centres for refugees provide approx 21 000 treatments of outpatients annually
 - Maternity welfare clinic
 - Child welfare clinic
- Medical reception:
- Voluntary offer to all asylum seekers and quota refugees including close relatives at arrival
 - Prevent transmission of infection (tuberculosis, hepatitis, etc.)
 - Identifying needs of health care and/or habilitation
 - Document proof of torture

- Psychiatric care:
- Outpatient care and mobile teams are restricted due to minimum standard criterions. Approx 5000 treatments annually. Two clinics are specialised in traumatised patients.
 - Inpatient care is often lengthy. Approx 500 treatments/7000 hospital days annually.
 - The child and adolescent psychiatric care services offer treatment to children and young people under 18 years of age. Approx 400 patients annually.

Number of employed and voluntary people: 5 (purchaser organisation, coordinating health care for asylum seekers and refugees) + 40 000 in total

Duration of the project/ activity/programme: infinite

Results and conclusions (up to now): N/A

Financed by: Swedish Migration Board finances through two channels
1: General financing (template)/capita

Notes: 2: Application process for costly care (county councils)

Stockholm County Council has its own parliament – the County Council Assembly
Has taxation and decision-making powers

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Swedish Red Cross (Sweden/NGO)

Swedish Red Cross Rehabilitation Centres for Victims of Torture

Short description: Main objectives are:

- 1) Provide rehabilitation services for refugees and asylum seekers suffering from torture and war trauma
- 2) Improve situation for torture victims through awareness-raising, education and advocacy
- 3) Strengthen SRC capacity and ability to better support victims of torture

Field of activity: Psychological treatment, staff training, health & social welfare

Target group: Asylum seekers in general, victims of torture and violence, refugees

Target of the project/ activity/programme: The Swedish Red Cross work to assist refugees & asylum seekers suffering from torture and war trauma.

Context: A large number of refugees and asylum seekers arrived in Sweden suffering from severe traumas due to war and torture. The normal health system has limited means to meet their special needs. SRC decided to support refugees in great need of professional treatment. The SRC has been running the rehabilitation centres since 1985 and the first one opened in Stockholm. As we identified the need for treatment also in other parts of the country, RC opened similar centres in Malmö (1988) Skövde (1991) Uppsala (1996) Falun (1998). At this moment we are looking for possibilities of opening a centre in the North of Sweden. All centres are in urban settings.

Long description: A large number of refugees and asylum seekers in Sweden are suffering from severe traumas due to torture and violence. Unfortunately, only a few of those get the rehabilitation support so highly needed to be able to live a “normal” life again, well-integrated into the society.

SRC provides long-term rehabilitation services, conducted by multi-professional teams at five centres in Sweden (soon six), supported by volunteers providing psychosocial support and offering different services, such as assistance to asylum seekers, restoration of family links, social welfare and integration activities. Our work is based on a holistic approach, where the physical, psychological and social situation is taken into account and empowerment is crucial to restore dignity. We also work with the whole family when needed.

Sweden is one of many countries who have ratified the UN Convention against torture, and thereby undertaken to support and help tortured refugees and provide adequate rehabilitation. Still, assistance is far from sufficient.

Cooperation partners, networkers:

The centres network today with the decision-makers, public health services, social welfare, migration board, schools, international organisations like IRCT. In addition there is also a close cooperation within the SRC family.

Number of employed and voluntary people:

Staff part-time or full-time employed are 42, this includes also staff at the HQ. Number of volunteers involved in supporting the victims is approx. 80.

Duration of the project/ activity/programme:

Long-term commitment

Results and conclusions (up to now):

Since the start (1985), the SRC have had more than 8,000 patients. We have experienced the strength in people to overcome incredible difficulties. We have also gained invaluable experiences and knowledge to share and spread to a wider community. Advocacy work and information sharing is one important part of our programme. The majority of the patients express their gratitude and satisfaction to the staff who have been an important lifeline during the whole of their rehabilitation phase.

Lessons learned:

- Commitment has to be long-term
- RC volunteers are an important complement to the professional health services
- Holistic approach
- Red Cross gives an added value
- Limited financial resources

Financed by:

SRC, County Councils, EU (EIDHR) UN Torture fund, Swedish Inheritance Fund, Migration board, Municipalities (main donors)

Notes:

Recommendations: The Red Cross/Red Crescent movement acknowledges

- the special health needs for this particularly vulnerable group
- the need for advocacy and respect for human rights in this area and takes action accordingly

What should be avoided? Short-term commitment

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AGENDA

Thursday, 26th of January 2006

| | Programme | Venue |
|---------------|---|---------------|
| | Art Exhibition, Information desk, Meeting point, Tracing game desk | Entrance Hall |
| 13.00 – 14.00 | Registration and Welcome – Moderation: Martin Stübinger | Entrance Hall |
| 14.00 – 14.20 | Welcome note: Werner Kerschbaum, Deputy Secretary General, Austrian Red Cross | Plenary Room |
| 14.20 – 14.40 | Welcome note: Representative requested, Federal Ministry of Health of Austria | Plenary Room |
| 14.40 – 14.50 | Introduction into and explanations of the conference | Plenary Room |
| 14.50 – 15.30 | Key note: Michael Lindenbauer, Deputy Regional Representative, UNHCR Budapest “The state of reception standards of asylum seekers in Europe” | Plenary Room |
| 15.30 – 16.00 | Coffee break | Entrance Hall |
| 16.00 – 16.40 | Key note: Menno Verheij, independent expert and former EC desk officer “Harmonising reception conditions for asylum seekers – the challenge of the second phase of the Common Asylum System” | Plenary Room |
| 16.40 – 17.20 | Key note: Berend Jonker, Secretary General, ECRE London “Views on the Reception Conditions in the EU and the Development within the EC” | Plenary Room |
| 17.20 – 17.30 | Closing of the day | Plenary Room |
| 17.30 – 20.00 | Reception (Buffet) | Entrance Hall |

Friday, 27th of January 2006

| | Plenary Room | Room 1 | Room 2 | Room 3 |
|---------------|--|--|--|--|
| 09.00 | Opening of the Day | | | |
| 09.15 – 10.00 | Presenting country: Greece Organisation: PRAKSIS (NGO) Presenter: Zoe-Maria Bavavea Project: “Next Door Projects” (focuses on provision of medical, psychosocial and legal services to people without social security) | Presenting country: Sweden Organisation: Swedish Red Cross (NGO) Presenter: Ingrid Andersson Project: Swedish Red Cross rehabilitation centres for victims of torture | Presenting country: Belgium Organisation: Belgian Red Cross (NGO) Presenters: Barbara Janssens and Hilde Smits Project: Psychosocial care for asylum seekers | Presenting country: Sweden Organisation: Stockholm County Council (GO) Presenter: Christian Foster Project: Health care for asylum seekers and refugees |
| 10.15 – 11.00 | Presenting country: Austria Organisations: Diakonie Austria and Austrian Red Cross (NGO) – Part I Presenters: Erica Riener and Andrea Wissinger Project 1: AMBER – Medical care and advisory service for people without social security | Presenting country: Finland Organisation: Helsinki Deaconess Institute Centre for Torture Survivors in Finland/CTSIF (NGO) Presenter: Asko Rauta Project: Centre of Torture Survivors in Finland | Presenting country: Greece Organisation: Greek Council for refugees (NGO) Presenters: Katerina Gazgazi and Maria Voulgaraki Project: IOLAOS – Psychosocial Rehabilitation Unit for Refugee and Asylum Seekers | Presenting country: Netherlands Organisation: GGD Nederlands (GO) Presenter: Hennie Nusingh Project: Health care for asylum seekers |
| 11.15 – 12.00 | Presenting country: Austria Organisations: Austrian Red Cross and Diakonie Austria (NGO) – Part II Presenters: Andrea Wissinger and Erica Riener Project 2: Red Cross Primary Health Care Centre Vienna | Presenting country: Greece Organisation: Medical Rehabilitation Center for Torture Victims (NGO) Presenters: Theodora Papazalfiri and Ioanna Babassika Project: Comprehensive Care of Torture Victims in Greece | Presenting country: Netherlands Organisation: PHAROS (NGO) Presenter: Eric Vloeberghs Project: Bodily work with traumatised refugees | Presenting country: Sweden Organisation: Swedish Red Cross (NGO) Presenter: Barbro O’Connor Project: “Returning to life” programme within the Swedish Red Cross Center for Victims of Torture and War |
| 12.15 – 13.00 | Presenting country: Netherlands Organisation: PHAROS (NGO) Presenters: Jan Baan and Bram Tuk Project: School programmes for asylum seeking children | Presenting country: Germany Organisation: University of Konstanz and VIVO Foundation (NGO) Presenter: Michael Odenwald Project: Psychotrauma Research and Outpatient Clinic for Refugees | Presenting country: Germany Organisation: Caritas Osnabrück (NGO) Presenter: Norbert Grehl-Schmitt Project: SpuK – Language and Culture: Fundamentals of an effective health care for refugees | Presenting country: Germany Organisation: Health Office Bremen (GO) Presenter: Zahra Mohammadzadeh Project: Health programme for asylum seekers, refugees and immigrants from Eastern Europe |
| 13.00 | LUNCH BREAK | | | |

| | | | | |
|-----------------------------------|---|--|--|---|
| 14.15 – 15.00 | Key note: Charles Watters , University of Kent “Health and Asylum” (Plenary Room) | | | |
| 15.15 – 16.00 | Presenting country: Cyprus Organisation: APANEMI (NGO) Presenter: Julia Kalimeri Project: Women’s Information and support center | Presenting country: Netherlands Organisation: PHAROS (NGO) Presenter: Marjan Mensinga Project: Psychiatric intensive homecare for asylum seekers | Presenting country: Austria Organisation: Integrationshaus (NGO) Presenter: Lydia Krob Project: Residential Care and Multilingual Intensive Care | Presenting country: Denmark Organisation: Danish Red Cross (NGO) Presenters: Kirsten Schaumburg and Vivian Park-Lauridsen Project: Reception of asylum seekers in Denmark |
| 16.15 – 17.00 | | Presenting country: Austria Organisation: Austrian Red Cross (NGO) Presenters: Christian Hrubec and Mario Wolf Project: Accommodation and care centre “Quartier Hartlieb” | Presenting country: Czech Republic Organisation: Organization for Aid to Refugees (NGO) Presenter: Ludmila Bobysudova Project: Legal and social counselling | Presenting country: Latvia Organisation: Ministry of Interior (GO) Presenter: Liga Vijupe Project: Implementation of standards for the reception and accommodation of asylum seekers |
| 17.15 – 17.30 | Closing of the tracing game Closing of the day | | | |
| 18.30 | Welcome dinner at Restaurant Weinzirl, Konzerthaus Vienna (End 21.00) | | | |

Saturday, 28th of January 2006

| | Plenary Room | Room 1 | Room 2 | Room 3 |
|-----------------------------------|---|--|---|--|
| 09.00 – 10.30 | WORKSHOP 1 Modalities for material conditions Initial speaker: Bernhard Schneider (RC Austria) on “Material reception conditions – from Jesolo to Vienna” Chair: Barbara Janssens (RC Belgium) Discussion | WORKSHOP 2 Persons with special needs Initial speaker: Danielle Grondin (IOM Geneva) on “Improving the Reception and Health of Asylum Seekers with Special Needs – an imperative duty for the future” Chair: Isztvan Szilard (IOM Brussels) Discussion | WORKSHOP 3 Health Care Initial speaker: Peter Abspoel (Vluchtelingenorganisaties NL) on “The most expensive Paracetamol in the world” Chair: Norbert Schmitt-Grehl (Caritas Germany) Discussion | WORKSHOP 4 Community Relations Initial speaker: Karl Kopp (PRO ASYL Germany) on “Cross-border asylum network” Chair: Liliane Danso (PRO ASYL Germany) Discussion |
| 10.30 | COFFEE BREAK | | | |
| 11.00 – 12.00 | WORKSHOP 1 continues Discussion and framing of recommendations | WORKSHOP 2 continues Discussion and framing of recommendations | WORKSHOP 3 continues Discussion and framing of recommendations | WORKSHOP 4 continues Discussion and framing of recommendations |
| 12.00 | LUNCH | | | |
| 13.00 – 15.00 | Plenary Room: Summary of the workshops, results and recommendations Closing of the day | | | |

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*“The loss of one’s home makes people vulnerable –
how you are welcomed can alleviate or increase this vulnerability.
The care for the health of these people should be a main concern
for all countries receiving asylum seekers.”*

Claudia Gröschel (project management, Austrian Red Cross)



AUSTRIAN RED CROSS



Red Cross / EU Office
Bureau Croix-Rouge / UE

This project is co-financed by



European Refugee Fund (ERF)
European Commission