

IMMIGRATION AND INTEGRATION¹
Effects of a mentoring programme on integration of refugees
A randomized controlled trial

Table of contents

Proposed research	2
Background	2
Research methods	2
Pilot study	3
Interviews	3
Statistical analysis	3
Outcome parameters	4
Tasks of mentors	4
Financial aspects	4
Ethical considerations	5
Consultation and cooperation	5
Literature	9
Addresses	10
Appendix 1: Number of refugees. Locations of azc-s Groningen/Drenthe.	11
Appendix 2: ‘From reception to integration of asylum migrants’	12
Appendix 3: <i>Health Council of the Netherlands</i> ‘Mental health of refugees’	13
Appendix 4: Informed consent	14
Appendix 5: Ethical considerations	14

¹ We thank Professor Dominik Hangartner of the London School of Economics and Political Science for valuable suggestions and offering possibilities for cooperation; Professor Bettina van Hoven for giving advice with respect to ethical considerations (see *Appendix 5*) and for introducing refugees and scholars related to refugee projects; Dr. Ferdinand Lewis for giving information about institutes and persons involved in refugee projects; Dr. Evert Bloemen for giving useful links to reports by Pharos and the Health Council of the Netherlands; Drs. Rik Huizinga for inspiration from his Master thesis (‘Place attachment: Syrian male refugee experiences in the Northern Netherlands’; see ‘*Literature*’ and *Appendix 4*)

Proposed research

The study concerns an interdisciplinary randomized controlled trial (RCT).

The aim is to evaluate and quantify the results of individual guidance of refugees. We will investigate the effects of a mentoring programme on parameters of mental well-being and integration in the Dutch society – such as participation, knowledge of the Dutch language, employment and being educated. These outcomes will be compared with those applying to a randomized control group of refugees who do not receive guidance by a personal mentor.

Background

The integration and participation of refugees in the Dutch society is not optimal. Refugees, also those with a refugee status, often live isolated from the native population in assigned reception centres (asc-s). They lack sufficient opportunity to become productive participants in the host country economy.

Besides, many refugees suffer from Post Traumatic Stress Disorder (PTSD) or depression.² It is probable that many of them do not get adequate medical aid (Health Council of the Netherlands ‘*Mental health of refugees*’; see *Appendix 3* below).

There are reasons to expect that longer unemployment and inadequate medical aid for stress disorders prevent optimal integration.

There is little evidence of the effects of personal guidance of refugees on their integration and mental well-being. The length of time that refugees are unemployed and lack adequate treatment for stress disorder affects their subsequent integration and participation.

Improving the access to work and medical care, and reducing the period of unemployment, is important for the well-being of refugees and can help reduce public expenditures.

So both the refugees and the host country may benefit from increasing the rate of integration.

It is plausible that personal guidance of refugees will facilitate, accelerate and improve their integration and well-being (see the *Appendix 2: No time to lose: from reception to integration of asylum migrants*).

The aim of the proposed research is to evaluate and quantify the putative beneficial effects of a mentoring programme both for refugees and for society.

Research methods

- Interdisciplinary *randomized controlled trial* (RCT): the refugees will be randomly assigned to either the intervention group or the control group.
- *Intervention group*
Each refugee in the intervention group receives guidance by a personal mentor.
- *Control group*

² Health Council of the Netherlands, Geestelijke gezondheid van vluchtelingen (Mental health of refugees). Publicatienr. 2016/01

Refugees in the control group receive the current guidance that is offered to all asylum seekers in the Netherlands.

○ *Pilot study*

We start with a pilot study at the University College Groningen (UCG) to investigate the feasibility of the planned research. In the pilot study the sample of the intervention group will be limited to 15 refugees. The same applies to the control group. This number is determined by the 15 UCG-students who participate in the Refugee Project (which is part of their undergraduate education). Each of the participating students will be mentor of one refugee.

○ *Target group*

The target group of the pilot study:

Higher educated refugees (refugee-students, refugees with an academic background or other higher educated refugees) with a refugee status, who live in azc-s (asylum seekers centres) in the province of Groningen or Drenthe (see the *Appendix 1* for the locations of azc-s in these provinces).

If the pilot study is successful, we intend to extend the research to other University Colleges in the Netherlands and possibly to an already existing mentoring programme organized by the Foundation for Refugee-Students UAF in which 500 student-refugees and mentors participate. In this way we are capable of enlarging the intervention group and the control group in order to increase the representativeness and statistical power (see below: '*Statistical analysis*').

○ *Interviews*

Making use of Harvard Trauma Questionnaire (HTQ) and Hopkins Symptom Checklist; 25 questions (HSCL-25)

The HTQ inquires about a variety of trauma events, as well as the emotional symptoms associated with trauma.

The HSCL is a widely used screening instrument.

Warning by the designers of questionnaires:

Screening instruments should be administered by health care workers under the supervision and support of a psychiatrist, medical doctor, and/or psychiatric nurse. They were not designed to be used as a self-report; no checklist can replace the role of a mental health professional.

○ *Statistical analysis*

If the pilot study is successful, we intend to extend the research to other University Colleges in the Netherlands. In this way we are capable of enlarging the intervention group and the control group in order to increase the *representativeness* and *statistical power* of the research.

Consultation of a *statistician* for

- the random assignment of the refugees to either the intervention group or the control group in such a way that the comparability of the intervention group and the control group is optimized.

- Calculation of the size of the intervention and control groups that makes the statistical power large enough to make the risk of a type 1 or 2 error sufficiently small.
(Type I error: detecting an effect of intervention that is not present.
Type II error: failing to detect an effect of intervention that is present.)

Outcome parameters

The following parameters will be measured in the intervention group and compared with those of the control group:

- Lapse of time between arrival in host country and moment of employment or voluntary work
- Completion of civic integration course
- Family reunification
- Access to medical aid
- Knowledge and rate of learning of the Dutch language
- Mental well-being
- Contacts with members of the Dutch society
- Percentage of refugees in social security
- Percentage of refugees with paid work
- Percentage of refugees with voluntary work

Other outcome parameters:

- The amount of social security expenditure saved by faster participation, medical assistance, employment and integration.
- Improvement of refugees' mental well-being by better integration and access to health care and more adequate treatment of mental disorders, including PTSD and depression.

Tasks of mentors

Mentors of refugees have the following tasks. They assist in

- finding the way, and improving access, to (continued) education
- creating possibilities for voluntary work
- improving access to the labour market
- improving access to appropriate medical care, including psychological and psychiatric aid
- improving access to legal support (for instance, for achieving reunification of the family).

Financial aspects

Estimated costs for the pilot study

- | | |
|------------------------|--------------------|
| - coordinator 0.2 fte | nihil ³ |
| - tasks by 15 students | nihil ⁴ |

³ The present coordinator (Martijn Boot) has 0.2fte for research as part of his function at the UCG.

⁴ The students have several hours a week for working on the project as part of their education. Mentoring a refugee takes about two hours a week for each student (see below, p. 5).

- UAF mentoring programme (see below, p. 5)	nihil
- traveling costs researchers, assistants and refugees	500 €
- accommodation costs refugees	700 €
- training students for interviews	500 €
- Harvard Trauma Questionnaire (HTQ), Hopkins Symptom Checklist; 25 questions (HSCL-25): Manual on CD-ROM	300 €
<i>Total estimated costs for pilot study</i>	2000 €

Expected costs of the main study: still to be calculated

Subsidies

Possible sources of subsidy, especially for the main study:

- The *Ministry of SZW* (Social affairs and employment), the ‘Oranjefonds’ and the ‘Kansfonds’ have made available 1.3 million euros for ‘Aan de Slag’ an initiative of Pharos, the Dutch Council for Refugees and COA (central organ reception asylum seekers).
- *Dutch Council for Refugees* (Vluchtelingen Werk Nederland), an independent, non-governmental organization that defends the refugees’ rights to a fair asylum procedure, and subsequently access to adequate housing, education, health care and work.
- *European Refugee Fund*
- *Asiel, Migratie en Integratie Fonds* (AMIF)
- Rabobank, Triodos Bank

Ethical considerations

Informed consent (see *Appendix 4*)

Other ethical considerations (see *Appendix 5*)

Consultation and cooperation

1. We will consult institutes who have experience with assisting refugees, such as
 - the Dutch Council for Refugees (Vluchtelingen Werk Nederland); see, for instance, Project VIP (Vluchtelingen Investeren in Participeren [Refugees Invest in Participating]).
 - the Foundation for Refugee-Students (UAF).

2. The mentoring project of the Foundation for Refugee-Students UAF

Wat voor mentoren zoekt het UAF?

Iedereen die interesse heeft in andere culturen en zijn netwerk wil delen, kan mentor worden van een vluchteling. Professionals die ervaring hebben op het gebied van taalverwerving, studieondersteuning en/of arbeidsmarkt(toeleiding) zijn extra hard

nodig. Daarnaast is het belangrijk dat mentoren openstaan voor een gelijkwaardig contact en interesse hebben in interculturele uitwisseling.

Hoe ziet het mentortraject eruit?

Een mentortraject begint met een algemene voorlichting van het UAF. Mentoren krijgen dan informatie over de inhoud van het programma. Vervolgens worden mentor en mentee gematcht en maken zij afspraken over de doelen van het traject. Gedurende het mentortraject organiseert het UAF trainings- en intervisiebijeenkomsten om mentoren te ondersteunen. Na een half jaar wordt het mentortraject afgesloten.

Wat wordt er van mentoren en mentees verwacht?

Een mentorrelatie is gebaseerd op gelijkwaardigheid. Wij gaan er dan ook vanuit dat mentor en mentee van elkaar kunnen leren. Belangrijk is dat de zowel mentoren als mentees een open en lerende houding hebben en ook hun grenzen aan durven geven als dat nodig is.

Frequentie, locatie en inhoud van de mentoring wordt gezamenlijk bepaald door de mentor en de mentee. Gemiddeld kost het mentortraject ca 2 uur per week.

Kunnen mentoren en mentees elkaar zelf uitkiezen?

Mentoren en mentees geven zichzelf op en worden daarna gematcht door het UAF. Hierbij staat de informatiebehoefte van de vluchteling centraal. Dit betekent voor mentoren dat het soms een tijd kan duren voordat u ingezet wordt en soms zelfs dat u niet ingezet wordt.

Wat kan de mentor van het UAF verwachten?

Het UAF organiseert meerdere keren per jaar voorlichtingsbijeenkomsten over wat mentoren en mentees kunnen verwachten. Daarnaast werkt het UAF aan deskundigheidsbevordering van vrijwilligers, door geregeld trainingen en intervisiebijeenkomsten te organiseren. Wanneer reiskosten een belemmering vormen, stelt het UAF een reiskostenvergoeding beschikbaar.

Project coordinator mentoring, Rachel:

Het mentoring-programma biedt UAF-studenten de gelegenheid om in contact te komen met Nederlanders die interesse hebben in vluchtelingen. Hierbij worden vluchtelingstudenten gekoppeld aan bedrijven of vrijwilligers, die hen wegwijs maken binnen hun onderwijsinstelling, hun netwerk delen of met hen de Nederlandse taal oefenen.

Rachel: 'Het is mooi om te zien dat studenten niet alleen leren van hun mentor, maar dat mentoren ook geïnspireerd raken door de verhalen van onze studenten. Zo is het traject verrijkend voor beide partijen.'

Om de begeleiding van hoogopgeleide vluchtelingen te intensiveren is het UAF in 2016 het project Refugees@campus gestart. Dit is een mentoringprogramma waarbij 500 vluchtelingstudenten gekoppeld worden aan Nederlandse studentmentoren.

Deze studentmentoren gaan de vluchtelingen helpen bij het opbouwen van een toekomst in Nederland. Via e-matching worden de studenten aan elkaar gekoppeld. Refugees@campus biedt vluchtelingstudenten de mogelijkheid kennis te maken met de Nederlandse maatschappij in het algemeen en de onderwijswereld in het bijzonder.

Met het project zorgt het UAF ervoor dat vluchtelingstudenten zich sneller thuis voelen op de onderwijsinstelling en in Nederland. Het UAF verwacht dat mentoring tot meer zelfvertrouwen leidt en minder studie-uitval.

Met een **speciale training over interculturele communicatie** gaat het UAF de geworven mentoren en mentees begeleiden. Daarbij streeft het UAF ernaar te komen tot een mentoringmethodiek en die vast te leggen als begeleidingsinstrument.

Via Refugees@campus worden Nederlandse studenten actief betrokken bij één van de grootste sociale vraagstukken van de huidige tijd. Door hun participatie leveren zij een directe bijdrage aan de integratie van vluchtelingen en leren ze ook nog eens veel over de nieuwe Nederlanders naast hen in de collegebanken.

3. Summer School ‘Migration Matters’
4. ‘Job coaches’ from the project ‘Startbaan’ – a finished cooperative project of the Dutch Council for Refugees (‘Vluchtelingenwerk Nederland’) and the Foundation for Refugee-Students UAF. The project has strengthened the relation with firms and institutes. This can be continued and improved.
5. ‘Refugee Talent Hub’: an online platform of employers, refugees, mentors, educational institutes, Foundation for Refugee-Students UAF and the Dutch Council for Refugees to link refugees to employers as quick as possible or to help them to find a job. This innovative system matches skills and experience of refugees with skills and experience in vacancies. Refugees get a mentor and suggestions for training to further develop their skills. The Refugee Talent Hub has started with fifty large companies such as AkzoNobel., which see these newcomers as potential talent who they badly need. (Further information: Dorine Manson, director of the Dutch Council for Refugees and committee member of the Refugee Talent Hub)
6. *New Dutch Connections* (NDC): ‘Ondernemen in je Eigen Toekomst’:

“Asielzoekers zijn ondernemende mensen met een droom. Daar willen ze hard voor werken. New Dutch Connections geeft hen de juiste middelen om hun talenten in te zetten.

Stichting New Dutch Connections is een netwerkorganisatie van vrijwilligers die jonge (ex) asielzoekers tot 30 jaar ondersteunt hun talenten te ontwikkelen en in te zetten in de maatschappij.

New Dutch Connections speelt in op een groot actueel probleem. Nu de opvang van de grote stroom asielzoekers van 65.000 per jaar relatief goed geregeld is, wordt de echte maatschappelijke uitdaging duidelijk. De meeste asielzoekers komen uit Syrië of Eritrea en krijgen bijna allemaal een tijdelijke verblijfsvergunning voor 5 jaar. Ongeveer 65% van deze asielzoekers is onder de 30 jaar. Gemiddeld wonen ze 2 jaar in een AZC, waar zij geïsoleerd leven met een (grotendeels) lege agenda.

NDC heeft een duidelijk antwoord op deze maatschappelijke uitdaging. We bieden deze jongeren het 4 maanden durende ontwikkeltraject Ondernemen in je Eigen Toekomst (OIET). Op basis van hun talent en passie bouwen ze een netwerk op gericht op hun economische participatie. Hierdoor wordt hun isolatie doorbroken, hun

welzijn vergroot en de tijd dat ze in het centrum verblijven, ingevuld richting sociale en economische participatie. NDC werkt hierbij nauw samen met het bedrijfs- leven, onderwijs en vrijwilligers. In 2015 doorliepen jongeren in het AZC in Overberg, Drachten, Amersfoort en Utrecht het traject Ondernemen in je Eigen Toekomst.

Met Ondernemen in je Eigen Toekomst' gaan vluchtelingenjongeren aan de slag met vragen als 'wie ben ik', 'wat kan ik', 'wat wil ik worden' en 'wie kan ik inzetten voor mijn ontwikkeling'. Ze ontwikkelen vaardigheden, zoals het schrijven van een toekomst- of carrièreplan, worden getraind in presentatie en interculturele communicatie. Ook maken ze kennis met verschillende bedrijven en beroeps- groepen en maken een persoonlijke film in hun toekomstige werkomgeving.

NDC koppelt deze vluchtelingenjongeren aan een coach en maatje. Dit nieuwe netwerk ondersteunt de jongeren in hun persoonlijke en professionele ontwikke- ling. NDC organiseert verschillende activiteiten waar zij zichzelf kunnen presen- teren en Nederlanders ontmoeten. Zo worden ze (economisch) zelfredzamer.”

7. Project 'Aan de Slag': samen met vrijwilligerscentrales, lokale maatschappelijke organisaties en het COA, heeft Pharos het initiatief genomen om asielzoekers te betrekken bij vrijwilligers buiten het asielzoekerscentrum. Asielzoekers kunnen zich aanmelden voor diverse klussen die aangeboden worden door maatschappelijke organisaties en burgerinitiatieven in de gemeente. Zij voeren deze klussen samen met Nederlanders uit. 'Aan de slag' bevorderen we de gezondheid en veerkracht van asielzoekers en worden hun talenten en vaardigheden benut. We sluiten aan bij bestaande structuren en voorzieningen in de gemeente. Er wordt niets nieuws opgetuigd.

Verspreiden aanpak 'Aan de slag' naar meer gemeenten in 2016 - 2018
Nederlandse vrijwilligers en asielzoekers en statushouders in de opvang pakken gezamenlijk klussen op.

Met 'Aan de slag' betreft Pharos in samenwerking met vrijwilligerscentrales, de Nederlandse Organisatie Vrijwilligers, lokale maatschappelijke organisaties en het COA , asielzoekers en statushouders in de opvang bij vrijwilligerswerk buiten het AZC. Een belangrijke rol is ook weggelegd voor de vrijwilligers zelf.

Het project heeft al eerder in Nijmegen en Utrecht succesvolle resultaten opgeleverd. Veel organisaties in het land zijn enthousiast en hebben aangegeven mee te willen doen. Aan de Slag wordt uitgebreid naar meer gemeenten de komende twee jaar. We starten met 10 gemeenten. Uiteindelijk zullen diverse organisaties in 25 gemeenten de spilfunctie op zich nemen en ondersteunen in de opzet, implementatie en borging van Aan de Slag. Het ministerie SZW, het Oranjefonds en het Kansfonds hebben hiervoor 1,3 miljoen euro beschikbaar gesteld.

8. *Refugee Start Force*

Objectives:

- Enable refugees to integrate more quickly into the Dutch society and labour market.
- Gain insight into qualifications and talents of refugees at an early stage.

- Create relevant professional networks between Dutch citizens and refugees at an early stage
- Gain insight into possibilities for volunteering, internships and other development opportunities
- Stimulate entrepreneurship.
- Examine possibilities for more ‘experimental space’ within the current legislation.

The Refugee Start Force creates social and professional networks with the aim to help refugees to integrate more quickly in the Dutch society, learn language and to find opportunities for volunteer work, internships and jobs.

The guiding objective is empowering refugees to participate more quickly into the Dutch society and labour market and built a successful life in The Netherlands.

It aims to match refugees, locals, organizations and companies based on professions, skills and expertizes. Our networking groups, projects and events enable refugees to find contacts who can help them to further develop professional skills and ambitions.

We believe that one simple cup of coffee can be basis for the key piece of information that makes a real difference in the life of a refugee!

9. Professor Dominik Hangartner, Global Migration Initiative, Institute of Global Affairs at London School of Economics and Political Science.

Literature

UAF, Pilot mentoring Programme for Resettled refugee Students. Evaluation Report. Executive Summary/

https://www.uaf.nl/Portals/13/Evaluation_mentorprogramme_summary.pdf

Pharos: ‘Kennissynthese gezondheid van nieuwkomende vluchtelingen en indicaties voor zorg, preventie en ondersteuning’ January 2016

<http://www.pharos.nl/documents/doc/kennissynthese%20gezondheid%20van%20nieuwkomende%20vluchtelingen%20en%20indicaties%20voor%20zorg%20preventie%20en%20ondersteuning.pdf>

Pharos: ‘Zorg, ondersteuning en preventie voor nieuwkomende vluchtelingen: Wat is er nodig?’ March 2016

<http://www.pharos.nl/documents/doc/zorg%20ondersteuning%20en%20preventie%20voor%20nieuwkomende%20vluchtelingen%20wat%20is%20er%20nodig.pdf>

J. Hainmueller, D. Hangartner, D. Lawrence, When lives are put on hold: Lengthy asylum processes decrease employment among refugees. *Sci. Adv.* 2, e1600432 (2016).

Gerritsen A.A.M., Ploeg H.M. van der, Devillé W. & Lamkaddem M. “Gevlucht-Gezond?” Een onderzoek naar de gezondheid van en het zorggebruik door asielzoekers en vluchtelingen in Nederland. Utrecht/Amsterdam: NIVEL/VUmc; 2005.

K Bansak *et al.* How economic, humanitarian, and religious concerns shape European attitudes toward asylum seekers, *Science* 10.1126/science.aag2147 (2016).

Gerritsen A.A.M., Ploeg H.M. van der, Devillé W. & Lamkaddem M. “Gevlucht-Gezond?” Een onderzoek naar de gezondheid van en het zorggebruik door asielzoekers en vluchtelingen in Nederland. Utrecht/Amsterdam: NIVEL/VUmc; 2005.

Engbersen (WRR), Godfried, Jaco Dagevos (SCP), Roel Jennissen (WODC), Linda Bakker (SCP/EUR) en Arjen Leerkes (WODC) m.m.v. Jeanine Klaver en Arend Odé (Regioplan) (2015) ‘Geen tijd verliezen: van opvang naar integratie van asielmigranten’, WRR-Policy Brief 4, Den Haag: WRR.

Sociale Geneeskunde (AMC), Preserving and Improving the Mental Health of Refugees: A Literature Review for the Health Council of the Netherlands (2016)

Health Council of the Netherlands, Geestelijke gezondheid van vluchtelingen (Mental health of refugees). Publicatienr. 2016/01

Patrick Kingsley, *The New Odyssey. The Story of Europe’s Refugee Crisis* (Patrick Kingsley is journalist of the *Guardian*).

Doctors without Borders, *The Practical Guide to Humanitarian Law*

Information on internet by ‘Vluchtelingenwerk Nederland’ [The Dutch Council for Refugees]

Wander Jager and R. Paolillo (2016). Refugee crisis: Easy solutions cause big problems? *Euractiv*, May 26, 2016. <http://www.euractiv.com/section/justice-home-affairs/opinion/refugee-crisis-easy-solutions-cause-big-problems/> (Immigration policies often miss that migration is not only a matter of managing an influx of people. A social complexity perspective contributes to a more systemic view, write Dr. Wander Jager and Rocco Paolillo.)

Rik Huizinga, ‘Place attachment: Syrian male refugee experiences in the Northern Netherlands. The opportunities for and obstacles to placemaking in an unfamiliar environment. Master thesis, October 21th 2016. Supervisor Bettina van Hoven. Master Cultural Geography Faculty of Spatial Science, University of Groningen.

Addresses/ Contacts

- Dominik Hangartner London School of Economics and Political Science, D.Hangartner@lse.ac.uk
- UAF: Refugees@campus, mentoring@uaf.nl;
- Remko de Kok, projectleider en Rachel van refugee campus R.deKok@uaf.nl; 030-2041582
- Refugee Start Force info@refugeestartforce.eu
- Marieke Stopel m.stopel@pharos.nl Contactpersoon project ‘Aan de slag’
- Dorine Manson, director of the Dutch Council for Refugees and committee member of the Refugee Talent Hub)
- *New Dutch Connections* (NDC): ‘Ondernemen in je Eigen Toekomst’

APPENDICES

APPENDIX 1

Number of refugees

In 2015 more than 1 million persons sought asylum in Europe. This has resulted in political and social unrest and anti-migrant feelings in many receiving countries. At this moment there are more than 33,500 asylum seekers in the Netherlands (source: coa.nl). In 2015 more than 46,000 persons sought asylum in the Netherlands. About 70% of the requests for asylum were granted.

List of asylum seekers centres and their locations in the provinces Groningen and Drenthe



❖ Asylum seekers centre

<i>AZC location</i>	<i>Number of refugees (maximum)</i>
Assen	475

Delfzijl	Zwet: 430 Zeevaartsch.: 450
Musselkanaal	450
Oranje	700
Oude Pekela	200
Ter Apel*	2000
Veenhuizen (registration centre for reunification of the family)	600

*Ter Apel is not an AZC but a location for the first reception of refugees after arriving in the Netherlands. It is a process reception location, where the asylum procedure starts for all the refugees who arrive in the Netherlands by land (instead of by plane). The centre gives particular attention to the meetings between asylum seekers and their lawyers, the provision of information by the Dutch Refugee Council, information about the COA and medical advice. They have to apply at the Central Reception Centre (Centraal Opvanglocatie, COL) in Ter Apel, where their registration takes place (fingerprints, travel- and identity documents are taken). After registration activities in the COL, the asylum seekers are transferred to a Process Reception Centre (Proces Opvanglocatie, POL). The duration of the rest and preparation period is at least six days. On the one hand, the rest and preparation period is designed to offer the asylum seeker some time to rest, on the other hand, it is designed to provide the time needed for undertaking several preparatory actions and investigations.

After the rest and preparation period has ended, the actual asylum procedure starts. In the first instance, all asylum seekers are channelled in to the so-called regular asylum procedure (Algemene Asielprocedure, AA), which is, as a rule, designed to last eight working days ('short asylum procedure'). If it becomes clear on the fourth day that the IND will not be able to take a thorough decision concerning the asylum application within these eight days, the application continues according to the extended asylum procedure (Verlengde Asielprocedure, VA). In this extended procedure the IND has to make a decision on the application within 6 months (the time frame of 6 months can be extended by another 6 months). On the other hand the short asylum procedure can be extended by 6 working days if more time is needed (this is not, however, the extended asylum procedure). The short asylum procedure can be described as fast, but technically it is not an accelerated procedure. Every asylum application is initially examined in the short asylum procedure. Less complex or evident cases will be decided within eight days in the short asylum procedure while the examination of more complex cases is continued in the extended asylum procedure (which can take 6 months to a year to decide). Positive as well as negative decisions can be taken in the short asylum procedure. If the decision is positive, the refugee gets asylum/refugee status (qualification as a refugee under Article 1A of the Geneva Convention) if there is a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinion. After a positive procedure the refugee moves to an AZC, an asylum seekers centre until he can move to a normal house.

APPENDIX 2

“No time to lose: from reception to integration of asylum migrants”

From Engbersen G, *et al.* 'Geen tijd verliezen: van opvang naar integratie van asielmigranten' ['No time to lose: from reception to integration of asylum migrants'] WRR-Policy Brief 4, Den Haag: WRR:

The question is put how the integration of refugees with a status can be accelerated. Only one of three 15-64 year old refugees with a status in the Netherlands has a paid job and many of them are permanently dependent on social security payment. This leads waste of human capital and unnecessary burden of social security. Therefore it is important to immediately start measures to promote integration. This means that it is important to immediately start learning the Dutch language, create possibilities for education, housing and access to the labour market and to do this simultaneously instead of after each other. In this way refugees will more quickly become independent and self-supporting and will more quickly and efficiently contribute to the society. This also strengthens the social basis and acceptance for the asylum policy. The dropping out at the compulsory civic integration is largely caused by medical and psychological problems. If we can prevent these problems by giving adequate and quick support and aid. Everybody will benefit from it. For refugees preservation of health is a condition for successful participation and integration in the society. Voor asielzoekers die mogen blijven is behoud van de gezondheid een voorwaarde voor succesvolle participatie en integratie in de Nederlandse samenleving.

APPENDIX 3

“Mental health of refugees”

From the report of the Health Council of the Netherlands:⁵

There is a strong connection between health and participation. Who takes part in social life – whether it concerns a paid job, voluntary work or other social activities – runs less risk of mental disorders. That the government promotes participation will be favourable for the health and well-being of the refugees. But the reverse equally applies: promotion of health is an important instrument to stimulate participation and, ultimately, integration.

The report reviews the available evidence on the mental health of refugees and asylum seekers. It concludes that 13-25% of these populations are suffering from either PTSD and/or depression, a prevalence that is higher than that of the general population and most regular migrants in high-income countries. Important to mention, this figure does not provide a complete picture of the mental health status of refugees and asylum seekers, as we did not specifically assess mental wellbeing and psychosocial problems. **To improve the mental health of refugees and asylum seekers, a public health approach is needed that specifically aims to improve the social conditions in the host country.**

In fact, several public institutions have recently made similar calls for other purposes, such as economic reasons or integration. In that sense, **the recommendations made from a public health perspective reinforce the urgency of measures that have been argued for by other policy sectors.**

⁵ Health Council of the Netherlands, Geestelijke gezondheid van vluchtelingen (Mental health of refugees). Publicatienr. 2016/01

It is important to note that mental health conversely might impact social outcomes including social-cultural and -economic integration. Additionally to the measures promoting healthy social conditions, measures need to be taken in healthcare. Specifically, access to mental health services, particularly in the municipalities, should be improved for refugees and asylum seekers with PTSD or depression.

APPENDIX 4

Consent form (borrowed and adapted from Rik Huizinga, see reference in ‘*Literature*’)

“Thank you for participating in this study.

This research aims to investigate the effects of giving personal guidance to refugees by means of individual mentors.

All information will be treated confidentially and participants in the research will be anonymised. Please take your time to consider the following points:

- I voluntarily participate in this research. YES/NO
- I approve that the results will be used for academic output. YES/NO
- I understand the subject of the research. YES/NO

If there are any further questions you would like to ask, please do!

If not, please fill in the date, your name and your signature below.”

APPENDIX 5

Ethical considerations

Example of an ethical statement with respect to the conduct of research (borrowed from Bettina van Hoven)

Rijksuniversiteit Groningen
Faculteit Ruimtelijke Wetenschappen

Ethics committee of the Faculty of Spatial Sciences
Advise from the committee for the conduct of research

1. NAME OF RESEARCHER(S)

2. DEPARTMENT OF RESEARCHER(S)

- RESEARCHER(S) FROM OFF CAMPUS

4. TITLE OF RESEARCH PROJECT

5. STATUS OF RESEARCH PROJECT

6. FUNDING SOURCE, if applicable

7. NAME OF SUPERVISOR(S), if applicable

8. DESCRIPTION OF RESEARCH PROJECT

a) Justification in academic terms

References

b) Objectives

c) Method(s) of information collection and analysis

d) Procedure for recruiting participants and obtaining informed consent (attach copies of information given to prospective participants and consent forms if applicable – see Guidelines on Information Sheet Content and Format below)

e) Procedures in which participants will be involved

9. PROCEDURES AND TIME FRAME FOR STORING PERSONAL INFORMATION AND OTHER DATA AND MAINTAINING CONFIDENTIALITY OF PERSONAL INFORMATION

10. ETHICAL AND LEGAL ISSUES

a) Access to participants

b) Informed consent

c) Potential risk to participants

d) Publication of findings

e) Conflict of interest

f) Intellectual and other property rights

g) Intention to pay participants

h) Any other ethical or legal issue

11. ETHICAL STATEMENT

State

a) the basic ethical principles that will guide the research (these may include a code of conduct or a generally recognized statement from within a discipline or professional association), and

When doing research with people, the researcher believes it is very important to respect and value his participants and what they tell him. Therefore, the researcher will follow the 'Ethical Conduct in Human Research and Related Activities Regulations 2008' from the University of Waikato as a code of conduct.

b) the manner in which the researcher intends to apply them.
The researcher intends to apply this code fully. This application is a result of that.

c) Signature of applicant/s, and approval of supervisor/s if applicable.

Applicants' signature: _____ date: _____

Supervisors approval: _____ date: _____