



Occupational Therapy Europe Interest Group Displaced Persons

Report on Occupational Therapy with Displaced Persons

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Executive Summary

The following document is part of a package containing the work of the Occupational Therapy - Europe (OT-Europe) Interest Group on Occupational Therapy with Displaced Persons completed between May 2017 and December 2018. The documents in this package aim to explore, analyse and develop the role of occupational therapy approaches in education, research and practice with displaced persons in Europe. The documents, though separate, are intended to complement and support each other. The three documents are:

- **Report: OT-Europe Interest Group Displaced Persons: Report on Occupational Therapy with Displaced Persons:** This document presents the current context of occupational loss and transition for refugees and (forced) migrants in Europe, summarizes current occupational therapy practices based on analysis with experts in the field, and highlights gaps and implications for the future occupational therapy services for displaced persons.
- **Call-to-Action: OT-Europe Interest Group Displaced Persons: Call-to-Action for Work With Displaced Persons:** This document presents a call-to-action from the OT-Europe Interest Group with Displaced Persons of what is required in occupational therapy education, research and practice in order for the profession to adopt and further develop its role with this population
- **Template Position Paper: OT-Europe Interest Group Displaced Persons: Template Position Paper on OT with Displaced Persons:** This document provides a template for a position paper to be utilized by national occupational therapy organizations as well as other organizations as a tool to write their own position statements for dissemination. This strategy of providing a template was used due to the recognition that the legal and political contexts faced by refugees and displaced persons vary greatly between European countries. This template allows for context-specific position papers to be framed in the reality of the national situation, in order to create a powerful tool for communication outside the profession of occupational therapy.

This report presents an exploration of the situation of displaced persons in Europe from an occupational therapy (OT) and occupational science perspective. Occupational science is the science of everyday living and doing. Researchers in occupational science explore various activities (called 'occupations') through which individuals and groups participate in everyday life, and how engagement in occupations can address global health concerns and contribute to social transformation and participation (USC Chan, n.d.). Occupational therapists work with individuals and groups to enable engagement in occupations, despite what barriers may exist. This report begins with a brief introduction to the current European political context for displaced persons, followed by an outline of the occupational realities for displaced persons. Contexts and concurrent experiences of occupational dysfunction and injustice are then explored using the *Participatory Occupational Justice Framework* (Wilcock & Townsend, 2009), followed by a framing of the current role of OT using a series of practice examples. Finally, implications for the future are presented, based on information collected through literary analysis, practice examples and interviews conducted with professionals working in this field in Europe.

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The work of the OT-Interest Group on Displaced Persons has been compiled and will be continually updated on the webspace:

<https://sites.google.com/site/oteudisplacedpersons>

Process Undertaken

Following a panel discussion on occupational therapy with refugees and displaced persons at the 2016 COTEC-ENOTHE¹ Congress in Galway, Ireland, a need and interest was identified to establish an interest group on occupational therapy with displaced persons in Europe. The aim of this group was to draft a position paper to assist in positioning the profession in this field. The interest group was composed of a core group of occupational therapy practitioners, researchers and educators with experience and interest in this context, who were responsible for steering the group and drafting documents; and a secondary group of topic experts that contributed to the paper at various moments during the writing process. During the process of drafting the position paper, members of the interest group recognized the need to first take inventory of the current OT interventions and research occurring in Europe and from there draw implications for the future. Therefore, the group chose to create three documents: a report of current practices with implications for the future, a call-to-action for occupational therapy practice, research and education in Europe, and a template for national position papers to address members of OT-Europe and the wider occupational therapy community.

A collection of practice examples was compiled through interviewing OTs working in the field. These are presented on the map: <https://sites.google.com/site/oteudisplacedpersons/practice-examples-map>. This map² is part of a webspace used to share practice examples, as well as other important knowledge, resources and spaces for discussions around working as an OT with displaced persons. The OT-Europe interest group also found it important to understand the perspectives of the occupational therapy professional associations in Europe responsible for organizing, promoting and regulating occupational therapy practice at national levels. Letters were sent to European professional associations with the request for input on their standpoint with regards to therapists working with displaced persons in their respective countries and descriptions of experience or practice examples in this area. Responses from the professional organizations, although sparse, have been used to inform the current practice examples and to identify important implications for the future.

The draft report document was presented during a workshop at the ENOTHE Annual Meeting in Zagreb, Croatia, in October 2017 for initial feedback and discussion, where the network expanded and more input was acquired for the ongoing writing. The initial findings of the final report were presented as a poster during the WFOT³ Congress in Cape Town, South Africa, in May 2018, at the European Conference for Primary Care in Crete, Greece in September, 2018 and at the ENOTHE Annual Meeting in Portugal in October 2018. A workshop was also held at the 2018 ENOTHE Annual Meeting to establish a one-year action plan for the group and to plan dissemination of documents. The documents were also voted on and approved by the OT-Europe board members at this meeting.

¹ COTEC: Council of Occupational Therapists for the European Countries
ENOTHE: European Network of Occupational Therapy in Higher Education

² The group recognizes that this map is not an extensive list of all examples, and therefore strongly calls for continued updates and edits from the field to be submitted through the website.

³ WFOT: World Federation of Occupational Therapists

Introduction

According to the United Nations High Commissioner for Refugees (UNHCR), over 71.4 million people worldwide were suffering the consequences of displacement by the end of 2017 (UNHCR, 2018a). People flee their homes as a means of escaping violence or threat caused by national and international conflict and/or persecution due to their religious or ethnic identification, gender, sexual orientation or disability. Factors driving forced migration may also include food insecurity, environmental catastrophe, climate change, and economic insecurity in home countries (European Parliament, 2017; UNHCR, 2018a). World conflicts (man-made and natural), combined with international policy and trends in the global economic system, force groups of people to migrate within their current country, where they become internally displaced persons (IDPs), or across international borders, where they become asylum seekers or refugees (UNHCR, 2018a)

As a result of conflicts in the Middle East and Northern Africa, Europe experienced the so-called “European refugee crisis” of 2015-2016, with asylum applicant numbers reaching over 2.4 million (Eurostat, 2018). Although the main driver behind the recent migrant flow was the conflict in Syria, a series of other crises led to new displacement, including conflicts and disasters in Iraq, Nigeria, Burundi, Libya and Niger, and older unresolved crises in Palestine, Afghanistan, Pakistan, South Sudan, the DRC, the Central African Republic and Yemen (Eurostat, 2018). Although humanitarian resettlement programmes bring tens of thousands of people to Europe each year, the majority of displaced persons must find their own, often dangerous, means of travel to Europe without international or national laws providing legal, safe passage. Trafficking, smuggling and other forms of illegal passage increasingly characterize the journeys of refugees into Europe, often as a result of restrictive border policies, that lead to massive loss of lives (UNHCR, 2018a). The immigrant population arriving in Europe are very diverse, with multiple intersections between culture and social identity. European countries have demonstrated lack of preparedness to meet the challenge of processing record-levels of asylum applications and, subsequently, integrating high numbers of migrants into their own populations. This leads to problems such as long waiting times for asylum application processing, repeated rehousing of individuals and families into different homes and cities, and issues with long-term integration and employment (Fazel, Reed, Panter-Brick, & Stein, 2012).

It is important to note the distinction in definitions used to describe migrants and their legal status, as these labels have an impact on the services that an individual can claim before and after their arrival. When a person reaches European soil without documentation and with intent to ask for refuge, he or she is labelled an *asylum seeker*. Asylum seekers are entitled to protection but their claim has to be processed and a decision made on whether to grant long term protection via *refugee status*, which guarantees residency and a right to work in the host country as a result of a need for protection due to persecution (UNHCR, 2018a). Refugees are different from general *migrants* who choose to move not because of a direct threat of persecution or death, but in a desire to improve their lives by finding work, or in some cases for education, family reunion, or other reasons (UNHCR, 2018a). Beyond these terms, other definitions are used interchangeably in the media, government and humanitarian realms, including economic migrants, forced migrants and (internally) displaced persons. Recognizing

the complexity of these terms and how they significantly affect the experience of migration, this paper uses the general term of **displaced persons** to encompass refugees, asylum seekers other forced migrants, and economic migrants who face the global challenges outlined above, in an effort to be inclusive of this diverse population. This is done for ease of discussion and not to homogenize a diverse group with multiple differences in migration experiences.

When exploring the experience of displaced persons through the lens of occupation, different terms and considerations are applied for analysis. Firstly, displaced persons experience a situation of upheaval, needing to navigate new environments and adapt to new contexts, a situation often characterized as *occupational disruption* (Whiteford, 2000). A broad range of occupations are impacted throughout the

flight and resettlement process including but not limited to work, education, leisure and the structuring of daily life and roles within the home, family and community. Many refugees and migrants are never able to return to their original professional fields due to the migration process and European employment regulations. Secondly, longstanding restriction of access to occupations, or restriction of the ability to actively participate in

activities of meaning, such as cultural traditions, can lead to a situation defined in the occupational science literature as *occupational deprivation* (Whiteford, 2000). When vulnerable groups of people are excluded from participation in meaningful roles and routines by a larger system such as government policy, it is considered *occupational injustice*. *Occupational justice* concerns the 'economic, political and social forces that create equitable opportunity and the means to choose, organise and perform occupations that people find useful or meaningful in their environment' (Townsend, 1999). Since occupations are essential to health and well-being, restrictions on access to such participation from social and political determinants qualifies as a social injustice, and more specifically, as occupational injustice (Wilcock & Townsend, 2009).

Important Terms

Occupational Disruption: A temporary or transient state when a person's normal pattern of occupational engagement is disrupted due to significant life events, environmental changes, illness or injury where a full recovery is expected.

Occupational Deprivation: A state of preclusion or exclusion from engagement in occupations of necessity and/or value due to factors outside the immediate control of the individual.

Occupational Dysfunction: A by-product of non-resolved occupational disruptions, as a result of specific occupational performance deficits, or as arising from a prolonged state of occupational deprivation.

Occupational Injustice: the lack of equitable opportunity and resources to engage in meaningful occupations resulting from systematic barriers.

Whiteford, 2000; Townsend, 1999.

“The underlying premise is that people are inherently occupational, which implies that being deprived of occupation is detrimental to their health and well-being” (Hocking, 2012)

Present throughout the history of the occupational therapy field is the recognition that the profession brings value to the context of displaced persons, acknowledging that the initial conflict and escape, together with the subsequent process of seeking asylum or pursuing resettlement introduce obvious disruptions in daily routines and roles (Huot, Kelly, & Park, 2016a; Trimboli & Taylor, 2016). The experience of disruptions in occupations occur across life areas including work, education, life skills, social roles, identity, community engagement and wellbeing (Bennett, Scornaiencki, Brzozowski, Denis, & Magalhaes, 2012; Berr, Marotzki, & Schiller, 2018; Huot et al., 2016a; Trimboli & Taylor, 2016). The ability to engage in meaningful occupations is restricted by a lack of social resources, government policy, social stigma and the established humanitarian response, as well as internal factors like mental health and trauma (Crawford, Turpin, Nayar, Steel, & Durand, 2016; Morville et al., 2014; Steindl, Winding, & Runge, 2008). Survivors of torture, trafficking and other trauma have a distinct experience of these barriers, which have the potential to persist as long-term obstacles to re-establishing occupation. By providing strengths-based occupation-based interventions to develop meaning and structure in the daily lives of survivors, occupational therapists can contribute to the facilitation of community integration, improved mental health and functional independence in the lives of displaced persons.

The 2012 World Federation of Occupational Therapy position paper on human displacement states: “Occupational therapists are positioned to play a significant role in enabling displaced people to bridge former and current contexts and meet human needs, human rights and health through participation in valued and meaningful occupations” (WFOT, 2012). Since this statement was made, occupational therapists have continued to engage with displaced persons yet have not recognized the full potential to be active participants in the global and local responses and solutions for this population.

Through this report we aim to reinforce and progress the position on displaced persons taken by the WFOT, with a specific focus on the European context. In addition, we aim to clarify the contribution of the occupational therapy profession through examining current practice in the field and how they can be strengthened, supported and expanded in the future in the areas of professional practice, research and education.

The European Context

According to the Universal Declaration of Human Rights (1948) and The Geneva Convention of the United Nations (1967; 1951), persons fleeing persecution and conflict have a fundamental right to seek asylum in Europe and to be protected under a legal refugee status that grants them residence and the right to work (United Nations, 2010). European Union (EU) membership countries have a shared responsibility to welcome asylum seekers through a process whereby applications for refugee status are processed according to uniform standards and fair treatment (European Commission, 2018). However, this concept and the policies surrounding it have been and continue to be under debate in Europe as new measures are taken with a rise in asylum applications from non-European countries (European Council, 2016).

Between 2015 and 2016, most migrants entered border countries such as Greece, Italy and Bulgaria, with the intent to travel to northern European countries that offered the best economic and social opportunities for refugees (Eurostat, 2018). Although asylum seekers are not legally required to ask for asylum in the first European country they reach, the Dublin Regulation allows EU member states to return asylum seekers to the country of first entry (Fratzke & Salant, 2017). In August of 2015, Germany's Federal Office for Migration and Refugees (BAMF) suspended the Dublin Regulation for Syrian nationals, giving blanket asylum to all Syrian refugees arriving in Germany (European Migration Network & Federal Office for Migration and Refugees, 2015). The lack of union among European countries in their response to refugees is demonstrated by the juxtaposition of the (temporary) German welcoming of refugees with the refusal of Eastern EU leaders from the Baltic countries (Lithuania, Latvia and Estonia) and the Visegrád Group (Poland, Hungary, the Czech Republic and Slovakia) to receive these refugees and even, in some cases, to build physical fences (Tawat, 2016). Other European countries in the north regularly sent asylum seekers back to Greece and Italy, which were effectively forced to process the applications for most entrants, and Greece began using the same regulation to deport migrants back to Turkey (Bordignon & Moriconi, 2017a).

A proposed solution to prevent the large numbers of migrants from the Middle East from entering Europe was the controversial EU-Turkey agreement in March 2016, which coincided with official border closures in Macedonia (FYROM), Croatia, and Slovenia. These strategies effectively trapped tens of thousands of refugees within Greece and Italy, compounding the issues of processing and protection (Bordignon & Moriconi, 2017; European Council, 2016). Currently, there are over 50,000 people in Greece awaiting processing (UNHCR, 2018b) and an estimated 145,906 in Italy (ASGI, 2018). The inadequacy of legal institutions to effectively process asylum applications through common policies and regulations, combined with a disregard for any provision of safe passage to migrants, resulted in injustice, trauma and death, which still continues today (Bordignon & Moriconi, 2017). Recent developments have shown continued tensions, with public refusals by leaders in Italy and Malta, to accept boats which are carrying migrants on board (Amnesty International, 2018).

On arriving in Europe, refugees often face public hostility while trying to navigate a system of immigration and integration that often includes difficult, if not impossible, integration requirements

and programme designed to deter people and to make it difficult to achieve full citizenship status (Bonjour & Duyvendak, 2017; Castles, de Haas, & Miller, 2014; Castles, Korac, Vasta, & Vertovec, 2003) For example, in the Netherlands, refugees must attend Dutch language and cultural courses which in recent years have been entirely privatized. Refugees receive no government support in arranging their classes and examinations. The financial support refugees receive of 10,000 Euros for tuition fees is turned into a loan which must be paid back with interest if refugees fail to complete their Dutch language and cultural exams successfully within 3 years (Bonjour & Duyvendak, 2017; Scholten, Baggerman, Dellouche, Wolf, & Ypma, 2017) Recent government reports show that over 50% of refugees are facing this fine (Asscher, 2016). Though just one example, these shifts in integration programme are reflective of European trends. In many instances, increasing negativity and scepticism towards immigrants and refugees from anti-immigrant governments and societies are making the process of resettlement, integration and acceptance in host countries a continuation of trauma and struggle for displaced persons.

Recognizing some of the challenges that currently exist in Europe and in national systems, as described above, many citizen initiatives have responded to the so-called refugee crisis via self-organized and grassroots initiatives (European Commission, 2016) No analysis of the current European context of displaced persons would be complete without recognizing the important role that citizens are taking in response to the increasing numbers of displaced persons within European borders. Indeed, when reviewing current practices in occupational therapy, we have found that it is in these citizen initiatives where most occupational therapists work or volunteer their expertise, as opposed to intervention via employment by government organizations or large non-governmental organizations (NGOs).

Although the founding EU principles include a policy on the mobility of people and on economic trade between countries, each European country has different immigration policies resulting in the refugee influx having to be managed by national governments that have limited capacity or infrastructure (Bordignon & Moriconi, 2017b; Eurostat, 2017). This complexity is an important characteristic of the climate in which professionals must attempt to navigate if they aim to work in this field. In addition to the importance of understanding the global and European trends in policy, occupational therapists working in this field must pay special attention to the local context and how it impacts the lives of displaced persons.

Occupational Perspective on Health and Integration

Migration, forced or otherwise, is a time of enormous occupational transition and potential occupational loss (Berr et al., 2018; Connor Schisler & Polatajko, 2002; Huot et al., 2016a; Martins & Reid, 2007). Individuals and groups experience transitions in their daily engagement and in their familial and societal roles, which directly impact their identity and participation (Blankvoort, Arslan, Tonoyan, Damour, & Mpabanzi, 2018; Huot, Laliberte Rudman, Dodson, & Magalhaes, 2013). Typically, tumultuous circumstances in home countries create a lack of opportunities for people to engage, which for some, acts as the initial cause for human displacement and, unfortunately, re-emerges in subsequent phases of their journeys to refuge, including asylum centres and resettlement housing in Europe. Therefore, lack of occupational engagement is both a cause and an effect of human displacement. Once settled in a new European country, displaced persons often lack economic means or material resources, are required to navigate judicial systems, and experience complex logistical issues compounded due to language and cultural differences. Refugee camps and host countries alike are environments that create widespread, institutionalized occupational deprivation through (formal and informal) processes that create barriers to employment, education, healthcare and community engagement (Huot et al., 2016a). A lack of effective integration and context-appropriate life skills, combined with systematic limitations to employment and services by host countries, this stagnant state can last far beyond the initial period of acclimatization to a new country, creating a stagnant state of occupation deprivation and, therefore, dysfunction.

The WHO European branch has clearly identified that refugees and displaced persons facing the global challenges mentioned above are at increased risk for mental health issues (WHO, 2017). Initial and recurrent trauma contributes to the onset of depression and post-traumatic stress disorder (PTSD), either immediately or months after resettlement (Morville & Erlandsson, 2017; WHO, 2017). Article 35 of the Charter of Fundamental Rights of the European Union states that “everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices” (European Union Agency for Fundamental Rights, 2015). However, this right is often not met, as a result of judicial and institutional systems that restrict health care access to non-(permanent) citizens.

Occupational therapists are trained to reduce the impact of occupational deprivation on health and participation. Through in-depth analysis and client-centred interventions, therapists address both health and participation through occupational engagement and facilitation of improved independence within a culturally sensitive environment (Creek & Cook, 2017). Aiding the successful transition and integration of immigrants can ameliorate both the plight of migrants and begin to stimulate connections with the host community, with an end goal of cultural integration (Lintner & Elsen, 2018). As an example, it is recognized that many displaced persons are obliged to work in jobs that are below the level of training received in their home countries (Berr et al., 2018; Esser, Granato, & Neises, F., 2017; Suto, 2009). Occupational therapy services can create a bridge between refugees and their eventual workplaces by supporting resettlement life skills (Suleman & Whiteford, 2013) and providing job coaching in labour market integration programme (Blankvoort et al., 2018). The

occupational therapy approach to the goal of returning to work and other valued activities involves including displaced persons in the process and focusing on capabilities instead of vulnerabilities (Bennett et al., 2012). Through successful advocacy and grading of skills, displaced persons will have the opportunities to develop sustainable careers, habits and routines in their new setting, a process known as occupational adaptation (Whiteford, 2000).

“We argue that applying an occupational perspective to understandings of integration processes can facilitate a more holistic understanding of the integration experiences of newcomers” (Huot et al., 2013, p. 8). Understanding the link between health and participation, occupational therapists contribute a distinct perspective to the discourse on integration. As described by Huot and colleagues (2013), most government approaches to integration embrace economic productivity as a marker of success. The ability to support oneself financially, and to apply in a new setting the skills gained in one’s country of origin, are a priority for many displaced persons at the time of resettlement. Occupational therapists support these goals and also work within the social and cultural context of the groups and individuals with whom they work, enabling and facilitating various paths to integration through multiple forms of participation beyond just that of employment. Building social connections and adopting meaningful family and community roles may not be financially rewarding but these achievements are critical markers of a person’s feeling of being integrated in society (Kraler, Reichel, & Entzinger, 2016; Smith, 2015, 2018).

This general description of the role of occupational therapy with displaced persons will be further explored in the following section which presents current work being done by occupational therapists with displaced persons in Europe.

Occupational Therapy with Displaced Persons in the EU

As previously described, practice examples and interviews with occupational therapists working with displaced persons have been collected in order to inform the writing of this report and its recommendations. This section presents examples of how occupational therapy, informed by occupational science research, is currently positioning itself within this complex environment. In order to structure and explain the unique approach of occupational therapy in this field, the practice examples are structured and analysed through the Participatory Occupational Justice Framework (POJF) (Whiteford, Townsend, Bryanton, Wicks, & Pereira, 2017). This model, and its four pillars of WHAT, WHY, HOW and WHERE, provides a tool to analyse the unique situation of occupational realities and practice with displaced persons. Adopting this model to analyse the occupational reality of displaced persons requires: 1) a critical viewpoint, 2) recognition of power practices, and 3) a focus on the environment (particularly the policy, funding and legal context) (Whiteford et al., 2017). These features make the POJF an appropriate lens through which to explore current occupational therapy practices with displaced persons in Europe.

WHAT: Occupation

The WHAT pillar of the POJF model references the core knowledge of occupational therapy regarding the *“participation in necessary, obligatory and voluntary occupations”* (Whiteford et al., 2017). In this section we apply this pillar to the unique population of displaced persons in Europe. As previously described, the lack of opportunity to engage in occupations can be both a motivator for, as well as a result of, migration. The ability to engage in valued occupations as a displaced person can be either restricted or supported by external social resources, government policies, social stigma and the established humanitarian response, as well as by internal factors such as mental health, trauma and resilience (Crawford et al., 2016; Morville et al., 2014b; Steindl et al., 2008). Barriers to engagement have the potential to persist as long-term obstacles to the re-establishment of desired occupations and research has found that a long-term imbalance of occupational engagement can trigger serious health and social problems (Steindl et al., 2008; Suto, 2009). The focus on participation, as opposed to psychological or tangible needs, directs occupational therapists to provide holistic solutions to health and integration that other professionals may not provide.

Currently, occupational therapists in Europe are utilizing a focus on occupation as a core concept in interventions and research with displaced persons. Below are examples of occupational therapists that are currently or recently working with displaced persons in Europe.

Claire Smith (Hart): Middlesbrough, UK:

‘Exploring the meaning of occupation to people seeking asylum in the United Kingdom’

Claire has completed her PhD research on the perceptions of occupation for people seeking asylum in the UK. The study raised the connection between seeking asylum and low self-worth, particularly through reduced access to occupational opportunities. Claire found that low demand, low status occupations often reduced a sense of purpose and well-being, but when participants engaged with truly meaningful occupations they exhibited an improved sense of value and worth.

The most prized occupations were those which allowed the expression of values and virtues, and those which maintained a sense of continuity with previous occupations.

Sarah Novak: Berlin Germany

‘Café Breakout’

With a group of other professional volunteers, Sarah created a model for Café Breakout based on occupation-based theories and models. The motivation for creating the café was the recognition that between mandatory school and work, most young people, refugees included, had no plans and nothing to do.

Café Breakout is a refugee run café, open to the public but run by youth, including asylum seekers who are transitioning into the work field. Sarah and her inter-disciplinary group were able to access funding from the local government meant to stimulate job training for young refugees. In Café Breakout, refugees work for 6 months in the café and have the opportunity while they are working to follow courses of their own interest which prepare them to pursue further job opportunities or study.

WHY: Occupational Justice and Social Inclusion

The WHY portion of the POJF aims to answer the question “Why do we enable occupation?” The POJF presents the position that our aim as occupational therapists, and our focus on occupation, are driven by a goal of working towards social inclusion and social cohesion (Whiteford et al., 2017). According to Jensen’s model of social cohesion, the concept includes the dimensions of belonging, inclusion, participation, recognition and legitimacy (Jensen, 2010). The drive for social inclusion and cohesion requires practitioners to understand the exclusionary practices that are at play in the lives of displaced persons and how these factors, often institutional and invisible, have an enormous impact on inclusion. This requires knowledge of the inequities experienced by displaced persons in general, but also an acknowledgement that particular groups are at an increased risk of exclusion and occupational injustice. For example, elderly and disabled people within the displaced persons population are more likely to experience occupational deprivation, as they have greater barriers to accessing employment and education (Treas & Mazumdar, 2002) and, potentially, more difficulty navigating new environments. Women tend to have less access to the professions they practiced in their home countries, leading to increased economic instability and dependence on government welfare (Mirza, 2012; Steindl et al., 2008). Women are also at greater risk of experiencing sexual and gender-based violence in refugee camps and during their journeys to Europe (Steindl et al., 2008; Suto, 2009). Living in a new society can potentially bring about changes in roles, with women being expected to engage in education or paid employment outside the home and to take more active roles in family decision making. These changes may mean that women need tools and support to navigate their new occupational roles (Gupta & Sullivan, 2013; Huot et al., 2016). Children, especially unaccompanied minors, are recognized as a particularly vulnerable migrant group, with traumatic experiences having an impact on their emotional, cognitive and social development (WHO, 2017). Occupational justice, i.e. the protection and promotion of equitable access to occupation (Whiteford, 2000) is a critical part of occupational therapy in the realm of displaced persons. Framing occupational engagement within a human rights perspective highlights the right of all people to engage socially and personally in valued occupations (Whiteford et al., 2017).

Work currently being carried out by occupational therapists in Europe focuses on addressing the unjust realities of displaced persons within national contexts. The following examples show how occupational therapists are using an occupational perspective in a variety of ways to uphold the basic right of occupation and, in doing so, are working towards social inclusion and occupational justice for displaced persons.

Salvador Simó Algado: Spain and Greece

‘EUINTEGRA PROJECT’

EUINTEGRA is an EU (2018-2020) funded project focusing on occupational and psychological needs of refugees to assist in integration and inclusion. It is a consortium composed of University of Santiago of Compostela, University of Vic, University of Athens, University of Minho and ASCAR Foundation.

The main objectives of the project are: 1) developing models of innovative, participatory interventions to facilitate wellbeing and social integration, 2) facilitate recognition of refugee competencies to facilitate access to further studies and work. An occupational perspective is taken in the design of the models and approaches and the project is led by an occupational therapist.

Theodoris Bogas: Athens, Greece

‘Promoting occupational justice in a refugee camp in Greece’

Theodoris Bogas works in the role of Child Friendly Space Facilitator and Early Childhood Facilitator for the Greek NGO Solidarity Now which operates in a refugee camp outside of Athens. Theo facilitates programme for children and families that promote psychosocial wellbeing, education and resilience.

In his daily interactions with the community, he pushes for social inclusion, giving voice to service users and proving that social cohesion and empowerment are central actions to promote occupational justice and health. He is collaborating with Greek occupational therapy schools and hosts students at his projects.



WHERE: Settings for Occupational Therapy Service Provision

The POJF explains that occupational therapists must focus on the WHERE of our work, that is, the contexts in which occupation takes place. This means that occupational therapists must understand the context in which displaced persons are attempting to engage in their occupations and how this context may facilitate or restrict active engagement. Beyond just the physical, immediate location of displaced persons, occupational therapy professionals need to be aware of the power practices of the institutional and political contexts in which they are navigating. As previously noted, each country in Europe has a different approach to refugee resettlement and, therefore, it is critical to analyse specific national contexts and how each one shapes the asylum seeking and refugee experience. To ignore the impact of context on occupational engagement risks misunderstanding and results in poor therapeutic practice. For example, focusing on goal setting in a context where individuals have no personal agency for the next step they take in their lives will lead to frustration and disempowerment. As explained by Whiteford et al. (2017), “...enablement is always within a particular context and ...to ignore this can lead to irrelevant or, worse, oppressive practices”.

On the more immediate level, the contexts in which displaced persons find themselves within Europe can be diverse, depending on the host country, but contexts also change within countries as people move through different stages of the refugee process. Some countries have built camps or asylum centres where asylum seekers must live until, and even after, they are granted refugee status. These institutional contexts are typically not designed to help people re-establish occupations or roles: rather, they limit privacy and dignity, blur familial structures and are devoid of regular routine or opportunity for purposeful activity (Morville et al., 2014). The locations of centres of settlement are often separated from the native citizens of the host society, limiting opportunities for interaction and integration, while creating division and stigma between populations. Experiences of detention result in a higher risk of post-traumatic stress disorder (PTSD), depression and anxiety as compared to individuals not living in detention (Filges, Montgomery, Kastrup, & Jørgensen, 2015) and detention centres are breeding grounds for occupational deprivation.

Outside the institutional settings of camps and detention centres, many displaced persons are navigating the community context, with its physical, institutional, social and cultural factors. The community environment presents its own challenges, such as seclusion, physical distance from resources and frequently imposed changes in accommodation, all of which have been linked to mental health issues and delays in integration (Fazel et al., 2012). Research has demonstrated that having private, permanent accommodation upon arrival has much better health effects than private temporary accommodation, especially for those people in institutional accommodation (Ikram & Stronks, 2016; Porter & Haslam, 2005). Occupational therapists and occupational scientists in Europe take a perspective on the context in which groups and individuals exist that considers the variety of levels (micro, meso, macro) and forms (social, cultural, political, historical, physical) that impact the occupational engagement of displaced persons.

Anne-Le Morville: Denmark

‘Occupational Impacts of Detention Centre Environments’

Anne-Le has conducted many studies and published numerous works on the impacts of detention settings on the occupations of refugees and asylum seekers.

She has conducted research using methods such as narratives to construct the daily realities of refugees and survivors of torture to understand better how their day-to-day lives are influenced by the constraining environments of detention centres in which they exist

Nadine Blankvoort: The Netherlands

Discourse on Integration in Programme for Refugees in the Netherlands

Nadine is conducting research exploring how integration is framed in government integration programme, compared to programme being started and offered by citizens. To do this she studies pamphlets, brochures, course books and exams which refugees are required to read, to explore how successful integration is being framed and how this impacts on the day-to-day lives of refugees.

She aims to explore the results of her studies with a community of inquiry consisting of refugees, individuals involved in integration programme and citizens, in order to explore the possibility and impacts on daily life of a new discourse on integration



HOW: Enabling and Empowerment

The HOW pillar of the POJF explores the manner in which occupational therapists can respond to threats to occupational engagement in specific contexts. The POJF dictates that *how* occupational therapists work is characterized by an enablement perspective, with a collaborative and person- or community- centred approach (Whiteford et al., 2017). Within this approach, occupational therapists work with groups and individuals to actively promote their own adaptation and the restoration of balanced occupational performance within a structure that promotes community interdependence and empowerment. This collaborative approach can be adopted at various moments in the refugee trajectory of occupational transition, from first arrival to eventual settlement. It includes assistance with building social networks, promoting engagement in community activities and helping people to find employment in the new setting.

Moving beyond the micro and meso levels of collaborative and person(s) centred service delivery, there is also potential for advocacy from occupational therapists whose creed includes providing platforms for silenced voices to be heard (Moore, 2017). Advocating for the rights of displaced persons from an occupational perspective introduces a new voice into the current discussion on immigration and the programme and policies which aim to assist refugees during the resettlement process.

The following practice examples show how occupational therapists are approaching their work in this field and illustrate how their approach differs from or aligns with those of other professions.

Sandra Schiller: Hildesheim, Germany

‘Collaborative Learning Project on Healthcare Needs and Health Literacy of Refugees’

Since 2015, the German government has funded specific support programme at many universities for refugees eligible for higher education in Germany. At HAWK in Hildesheim, Sandra saw this as an opportunity to devise collaborative learning projects for OT students and refugees interested in health care issues (due to their past specialization or a new career interest in Germany). The group members decide together, which health care issues are relevant for refugees living in Hildesheim, and do joint research on the chosen topics. This included exchanges of views and discussions about health and health promotion and joint visits to various healthcare projects to explore the specific healthcare needs and health literacy of (forced) migrants in Germany.

Through this project, the OT students experience the expert role of refugees on the health care issues that concern them and the best ways to improve health literacy among refugees. They can use their professional knowledge and skills to empower refugees willing to act as mediators on health care issues.

Temple Moore: Greece

‘Strengths-Based Narrative Storytelling’

Temple utilized a strength-based storytelling intervention based on trauma-informed recovery and occupational therapy approaches with unaccompanied refugee minors in Greece. The storytelling consisted of creative formats such as comic books and photography and aimed to empower participants while contributing to healing and resilience.

This approach when facilitated in a community-based approach allows for a therapeutic intervention that can be used within a multi-cultural context and population.



Virve Vijanen: Finland

Enablement Approach in Cultural Psychiatric Outpatient Clinic

Virve works in a cultural psychiatric outpatient unit which is an inpatient unit housing a population of mostly migrants and asylum seekers. In her work, Virve recognized there were gaps in current OT models and assessments which impeded her ability to sufficiently support and understand refugees. She adopted a perspective and approach in her work of first, understanding the person as a cultural being with a historical and a personal narrative, and then analyzing what this means for function in the new environment.

Through previous work as an interpreter, Virve allows for exploration of language, and meaning with her clients. This allows her to explore what refugees in her clinic environment consider as “normal” (for example in regard to norms in activities of daily living), and prevents her from viewing this from a limited Western lens.

Enid Grennan: London England

‘Mental Health and Integration for Asylum Seekers’

Enid is a London-based occupational therapist employed by the National Health Service as part of a service for people seeking asylum who are destitute and living in government accommodation.

Her role is to address some of the mental health needs of residents, who report symptoms of anxiety and depression, by promoting well-being through increased engagement in a range of activities in and outside of the hostel. She supports clients to orientate themselves to the local area and to find places of interest in the community. She connects them to local groups for English classes, art groups, story-telling, gym, coffee mornings and day centre activities for their needs and has started a group for single men in the asylum process.



Summary: Positioning Occupational Therapy in this Field

As shown in this report, there is an important occupational need present in the lives of displaced persons. Occupational therapists, with strengths-based, context-specific interventions, and voices of advocacy already play an important role in co-creating approaches to address these needs, albeit on a small scale. The examples are present and ever growing, however, as the profession of occupational therapy is just beginning to recognize its potential to have an influential voice in global and local responses to this dynamic population. Often, the issues that people experience related to their occupational engagement post-migration are highlighted in the media, in policies and in humanitarian responses, but the theoretical perspectives of occupational therapy and occupational science are regularly missing in current public debates. Instead, words and phrases such as ‘boredom’ and ‘lack of things to do’ are used when discussing the occupational disruption and deprivation experienced by refugees and asylum seekers (Bakker, 2015; Larruina & Ghorashi, 2016; Ryan, Kelly, & Kelly, 2009) For example, in a recent publication by Larruina and Ghorashi (2016) describing narratives conducted with volunteers in asylum centres in the Netherlands, researchers found “a large amount of boredom” amongst asylum seekers due to the restrictive institutional environment of the centre. The authors described the consequences of this boredom as having “serious intellectual and emotional repercussions” which were “aggravated by lengthy bureaucratic procedures” (Larruina & Ghorashi, 2016). They claimed nearly all interviewees made mention of attempted suicides in the centre, which were explained as a reaction to the depression caused by this daily boredom and unpredictability for the future (Larruina & Ghorashi, 2016).

Other professions represented by the European Forum for Primary Care (EFPC), the European Public Health Association (EUPHA) and the International Federation of Medical Students’ Associations (IFMSA), have produced project reports and position statements on migration, ethnicity and health (European Public Health Association, 2018; IFMSA, 2017), taking a professional European standpoint on the issues and required support for displaced persons in Europe. In January 2018, the EU Health Policy Platform published a call for action on Migration and Health. COTEC participated in this platform (EU Health Policy Platform, 2018). Although the OT-Europe Interest Group welcomes the attention being drawn to this critical area of the refugee experience, we also recognize that the application of a specifically occupation-based perspective, which could prove more acuity to the practical and theoretical issues related to the situation of displacement, is missing on the European platform. It is our belief that the occupational therapy voice will play a distinctive and valuable role in the scientific and humanistic response and creation of sustainable solutions to these international humanitarian conflicts and migration flows. Investing in this role will also better prepare the profession for the future, and will better support those practitioners, researchers, students and educators who are already working in this field. Likewise, occupational therapy offers potential to improve existing governmental initiatives for the social and labour market integration of refugees.

In summary, it is our belief that displaced persons in Europe must be provided with the opportunity to participate in occupations early in the asylum-seeking process in order to promote integration, support physical and mental health, and rebuild daily routines that contribute to individual and

community identities. As this report shows, there is important work already being done by occupational therapists in the field of human displacement. The foundation of occupational therapy is built on responding effectively to disability and disenfranchisement through social inclusion and empowerment.

The complexity of the European historical and political context of human displacement is one with which occupational therapists must not be afraid to familiarize themselves. The key message of this report, and what was identified during interviews with those practicing in this field, is that it is not possible to distinguish a common thread through the differing policies, approaches and practices across and within European countries, in order to give clear guidance for how occupational therapists should approach their work within this field. Instead, it highlights the importance of understanding that all these complexities, whatever their focus may be, have an enormous impact on people's daily life. Occupational therapists working in this field can share and build on their research and practice with this population, but we have to realize that what works in one place may need to be restructured and adapted to be appropriate in another. It is therefore critical for occupational therapists to understand the context they are working in, with its occupations and internal factors, and to embrace the WHAT, WHERE, HOW, and WHY of the occupation-focused approach. Without this information, professionals run the risk of promoting false expectations or hopes in their programme and approaches, which can lead to frustration and a lack of understanding in the collaborative relationship with displaced persons.

Though inspiring, the literature review, informal research and interviews which were conducted in order to write this report have also revealed significant gaps in general and in occupational therapy specific responses to human displacement. These gaps have important implications for the future of occupational therapy in the emerging field of human displacement. The following section summarizes these gaps and makes recommendations for future action.

Results of Interviews: Implications for Future Occupational Therapy Development

In order to properly respond to the needs of displaced persons, occupational therapy must professionalize further in this field and invest in appropriate training, tools and research. The implications outlined below provide direction on how occupational therapists could respond and are presented as a result for reviewing the current literature and through interviews with those who provided practice examples. Quotes from these interviews are presented throughout the text. These points are also summarized in the accompanying document: *Call-to-Action: OT-Europe with Displaced Persons*.

Research

It is evident that there is a lack of research on which occupational therapists can draw to support themselves in their day-to-day work in the context of displacement. As highlighted earlier in this report, the European context, with its complex reality, must be thoroughly explored if we are to understand how occupational therapy with displaced persons can function within it. A body of knowledge has been developing in the occupational therapy and occupational science literature worldwide, but there is a paucity of specific, culturally-relevant and evidence-based literature tuned to the European context. In the future, researchers within occupational therapy and occupational science need to move beyond a focus on objective, measurable achievements (for example, return to work) as the sole outcome measures of interventions to allow for other, person-centred, subjective measures of the success of programme (for example, social inclusion). This research should be conducted in a manner that respects the cultural diversity and lived reality of the groups with whom occupational therapists work, as highlighted by one of the occupational therapists interviewed:

“Not enough research is done in this field altogether. There is some done in the community-based treatments or therapy, but assessment, evaluations and intervention and the ways we need to see the human uniqueness is missing, and in this case it's really uniqueness. Since we don't have the assessment methods - we miss information - something more solid to the reality of the immigrant and refugee.”

To bring about this change, researchers need to question what research means to them and to the groups they work with or aim to work with. This means looking critically at methodologies, exploring non-Western approaches, from disciplines such as anthropology, sociology and political sciences, and training researchers in a more comprehensive manner. The authors of this report recommend adopting more participatory approaches, placing migrants in positions of control during the research process, identifying their individual and community-specific issues, accepting their priorities for inquiry and developing their potential for future action. Methodologies such as narratives, mapping exercises and ethnographies are critical tools for unpacking migrant experiences while also allowing occupational therapy to explore the situatedness of these experiences in relation to the macro contexts in which they exist (Huot & Laliberte Rudman, 2015).

Professional practice

The examples presented in this report reveal that occupational therapists are taking their place in paid and voluntary positions with displaced persons, often under titles that do not acknowledge the occupational therapy profession. Many important areas arose during the process of preparing this report that should be considered by occupational therapists intending to practise in this field; either in a voluntary or a paid capacity.

Building on the issue of cultural sensitivity explored in the section on research, the same attention to diversity is required in practice settings. Practitioners need to be critical of the tools, assessments and interventions they are using. Many of the instruments used by the occupational therapy profession were created and formed by a Western notion of functioning and normality (Blankvoort et al., 2018). Failing to recognize this can mean failing to fully connect with the population being served. As stated by one professional:

“For example, I found that occupations that are allowed, obligatory, forbidden or gender-based are important to understand. This is important as part of your activity analysis. You need to understand the gender rules in other cultures which shape these activities and occupations that are meaningful, which also questions our occupational therapy point of view of what a “normal” ADL is. We need to redefine these because they are not the same all over the world.”

Additionally, there is an important recognition of the interdisciplinarity required to work in this field. Most interviewees were the sole occupational therapists working or volunteering at their site, interacting daily with other professionals including nurses, pedagogues, social workers, teachers and artists, among others. Although there is a clear need to strengthen occupational therapy as a profession, one cannot neglect the importance of connecting and drawing from knowledge that exists in professions beyond our own (Schiller, Kräft, Buchner, & Freytag, 2012). At the same time, having a multidisciplinary approach in many of these settings is integral to successfully engaging with and responding to displaced persons and their multifaceted capabilities and challenges.

Many interviewees highlighted the need for training which would support them to better perform their work. Referring to the lack of general research and resources in this area, professionals expressed a need for more information and training on specific assessments and interventions; on how to effectively work with interpreters and navigate language barriers; and how to implement community-based programme. The option of an online course or training to present up-to-date information on these areas would be welcomed by most occupational therapists in the field.

This report reveals that occupational therapy professionals are moving into this area of practice at increasing rates, and, therefore, just as in any other occupational therapy practice area, they need professional support in order to work effectively and develop further skills and leadership. At the moment, many occupational therapists are reaching out to others through informal pathways but there is a need to formalize these networks. This could be an important role for the professional organizations but our findings suggest that many occupational therapy professional organizations on

a national level have yet to formulate a clear position regarding this client population for occupational therapy in their respective countries. As explained by one of the occupational therapists interviewed:

“It is difficult for professional organizations; they want to write position papers but there is a lot of discussion around it, so it takes a long time. Other professions have had their papers out quicker and now occupational therapy is missing from the discussions. They are in a difficult political situation in our country, so the professional association wants to play it safe.”

Despite the heated political debate on this topic area, a clear statement by professional organizations on the role of occupational therapy with displaced persons in their country would better support those working in this area and, at the same time, allow them to join the policy discussions occurring in their respective countries. Apart from emphasizing the need to develop a clear statement, interviewees also made suggestions about how professional organizations can better support occupational therapists working in this field. These include: 1) creating national interest groups for occupational therapists to support each other, 2) maintaining a national database of occupational therapists with expertise in this area, 3) providing links to resources that would support occupational therapists working in this field such as grants, instruments development, workshops and conferences. Interviewees identified time and financial constraints as the two biggest barriers to working in this field but considered that support from professional organizations might alleviate some of the stress experienced during their day-to-day work while giving longevity to long term practice aims.

Beyond the role of the professional organizations, there is a need for occupational therapists working with displaced persons to give each other more support. **The OT-Europe interest group hopes to be able to fulfil some of this role, through developing a web space where professionals can access and share resources relevant to work in this field.**

Education

After analyzing the situation in Europe for displaced persons from an occupational perspective and hearing stories from occupational therapists working in this field, it is clear that if the profession of occupational therapy aspires towards immersion in different areas with diverse populations, then future occupational therapists must be educated through a dynamic, culturally and politically informed curriculum.

All the interviewees reported that their education had *not* adequately prepared them to work with displaced persons. Important gaps in education include: understanding macro and meso systems and their impact on displaced persons and those that serve them, especially when considering how it impacts occupation; and increasing transcultural/multicultural competencies to prepare them for working with diverse populations. Occupational therapy students need to understand that displaced persons, and their occupations, are situated within complex systems of laws, rules and regulations that must be critically understood in order to successfully navigate this field and respond to

occupational barriers. In addition, they need intercultural/transcultural skills and networking skills to engage with the variety of community organizations and other professions working in this field. One interviewee, a member of an Austrian working group, developed a guide to the competencies required for working in this field, which include core competencies as well as expanded competencies, in areas such as structural racism, occupational injustice, culturally sensitive working, transcultural competencies, trauma, and knowledge of legislative structures. OTs often lack experience in interprofessional collaboration with professionals from social care professions and knowledge about access to project funding or paid employment opportunities for OTs in social care.

The call for focus and skill development in diversity and transcultural skills in the aforementioned areas of research and practice must begin in occupational therapy education programme. Future occupational therapists should be allowed to critically explore their professional models, questioning their basis on Western values and the implications this has for transference to a practice setting where people from other cultural backgrounds have different occupations and different interpretations of occupational adaptation. Involving migrants in co-creating curriculums is an important approach.

“Students need to understand the culture first: interview, discuss, question which we can use to understand the background of people and only then can you start to evaluate what it means now in the reality they are in now and what this means for the matching of the occupational roles here and there.”

There is also a role for practice educators in this field. Many of the practice examples seen so far are being driven by educational projects in which students work with refugees under the supervision, direct or indirect, of academics or practitioners. The occupational therapy education modules that practitioners feel best prepared them to work in these areas were community-based service learning projects and problem-based learning exercises. Educators play a central role in establishing these project opportunities and in guiding and evaluating students throughout their experiences. Interviewees highlighted the need for students and practitioners to have intrinsic motivation to work with this population. As one interviewee stated:

“Everyone can learn models, but students have to feel and see the intrinsic motivation of their lecturers to actually work with clients and work towards change in society.”

Recognizing that the majority of projects currently being undertaken in this area stem from students and educators, it is critical that educators receive the support and training needed to effectively incorporate this into their educational programme. **The OT-Europe Interest Group on Displaced Persons would like to develop training to assist educators to develop new projects that focus not only on student learning but also on community impact and an infrastructure for the exchange of experiences.**

Conclusion

This report has attempted to capture the current state of practice of occupational therapy with displaced persons in Europe. Through an analysis of the available literature, drawing on informal networks, and collecting input from professionals in the field, this report uncovered implications for occupational therapy practice, research and education.

Accompanying this report are two additional documents. The first is the Call-to-action: OT-Europe with Displaced persons directed to the fields of occupational therapy and occupational science. The second is a template that national professional occupational therapy organizations can edit to fit their own countries' situations in order to develop a position statement that can be used as a tool and a guide for furthering the profession's engagement in this emerging field.

The aim of the OT-Europe Interest Group in creating this report is to galvanize support and action from individual therapists and national and international groups to propel and improve the presence of occupational therapy in contexts of displaced persons in Europe and beyond. It is the aim of this report and its accompanying documents and website, that the field will draw together to support the crucial interventions that occupational therapy provides this population and legitimize the presence of occupational therapy services in local, national and international response.

Practice Examples Collected *All examples are included in the map on the website

Nadine Blankvoort	Amsterdam, NL	PhD Research on integration and citizen initiatives. Student projects with refugees.
Kim Roos	Winterthur, Switzerland	Swiss OT Association Working Group for displaced persons. Research project school-based OT for young Asylum seekers. Teaching and student projects. Live together with forster-child since several years.
Sandra Schiller	Hildesheim, Germany	Organization of student projects with/for refugees. German OT Association Working Group on Community Development/OT in the Social Field (which has a focus on OT and Refugees).
Luc Vercruyse and Reninka de Koker	Brussels, Belgium	www.therapy-tapas.org Asylum seekers in Brussels. Student projects
Margarita Mondaca	Stockholm, Sweden	Research with human rights survivors
Temple Moore	London, UK	Refugee trauma, work in refugee resettlement, narrative story telling
Claire Hart	Middlesbrough, UK	Research on meaning of occupation with displaced persons
Salvador Simo Algado	Spain and Greece	European grant: UNINTEGRA Mental health programme for migrants
Connie Trimboli	Germany	Research interventions OT with refugees, WFOT working groups
Lisette Rodenburg	Rotterdam, NL	Student Projects with refugees
Soemitro Poerboerdipoero	Amsterdam, NL	COMENIUS innovation grant student project with refugees
Theo Bogaes	Greece	Solidarity Now: Occupational programming for children in refugee camps
Panagiotis Siaperas	Athens, Greece	Student projects with solidarity now
Anne-Le Morville	Denmark	OT in detention centres and OT interventions with torture survivors
Virve Viljanen	Finland	Cultural psychiatric outpatient clinic and intensive ward - refugees, migrants and asylum seekers (young adults) with mental health issues.
Enid Grennan	London, UK	Refugee Health: Health Inclusion Team. Working with individuals in initial accommodation. Group work and individual clients with physical/mental health needs. Two OT's on staff.
OT Student Project	Rennes, France	Student's project with a local association which accompanies displaced persons.
Sarah Novak	Berlin, Germany	Community student projects. Refugee run cafe. Development and evaluation of psychological stabilization and support programme.
Julia Volk	Austria	Health literacy project refugees
Vik Kishore	Athens, Greece	Volunteering in family centre: Trauma oriented approach, programming for youth and parents, equipment allocation
Markus Kraxner	Austria	Austria working group preparing collection report on OT with refugees in German speaking countries in Europe
Rojena Tatour	Thessaloniki, Greece	Early childhood development programme coordinator at Refugee Trauma Initiative working on trauma recovery and MHPSS with a child centred and family centred approach.

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