



EU EXECUTIVE SUMMARY OF THE POSITIONAL ANALYSIS AND SUSTAINABLE REPORT

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INTRODUCTION

CREATE was a two year project co-funded by KA2 Strategic Partnership for ADULT education action of the Erasmus+ Programme and brought together 7 diverse organisations from UK, Italy, Germany, France and Ireland with specific expertise in the development of training programmes, Arts Therapies, refugee and migrant support and mental health services.

The partnership believes that Art Therapy effectively supports people where language and cultural differences are barriers to processing, as illustrated in literature such as 'Art Therapy, Race and Culture' (1999), 'Art Therapists, Refugees and Migrants' (1998), and 'The Portable Studio' (1997).

THE BACKGROUND FOR THE CREATE PROJECT

Refugees' integration is a complex and multidimensional construct, referring to integration into the economic, educational, health and social contexts (Robila, M 2018). This situation from both the perspective of European integration and of human rights is of great importance. With 205,000 irregular border crossings in 2017, arrivals to the EU were 28% lower than in 2014 before the refugee crisis, pressure on national migration systems and social policies on how best to support refugees, remains at a high level with 685,000 asylum applications lodges in 2017

Good mental health is crucial for the successful integration of migrants in a new country, impacting on their ability to access education and employment, local services and language learning and overall wellbeing. Mental health varies between migrant groups. Refugees and asylum seekers are particularly prone to mental health issues such as anxiety and depression often associated with the physical and mental impact of conflict and war in some countries of origin, trauma and loss associated with migration and settlement processes including isolation, loss of social status, poverty and insecure legal immigration status, and the impact of government policies such as detention and dispersal in the receiving society. Studies across European countries point to higher rates of post-traumatic stress disorders (PTSD), depression and anxiety among asylum seekers and refugees compared to the national population or other migrant categories (Robila, M 2018; Raphaely and O'Moore 2010)

The CREATE project aimed to develop learning resources which support the professional development of new and existing Arts Therapists through the development of approaches for professionals working with refugee, asylum seeker and migrants experiencing mental health issues. CREATE has developed training modules which promote partnership working among Arts Therapists (Art Therapists, Dance/Movement Therapists, Drama Therapists or Music Therapists), existing packages of support for refugee and migrants to EU countries. It will also produce a training module specifically aimed at the supervisors of Arts Therapists working with Refugees and Migrants.

This EU Executive report presents a final and overall analysis of the research and implementation results of the CREATE project. The strategic perspective of the analysis report is to summarize some of the main learning points, challenges and dilemmas which turned out to be significant in the resettlement of refugees with mental vulnerability and disorders across the partner countries.

Focus on dilemmas and challenges in the current services:

Thus, based on the total research, data collection and testing activities, the CREATE strategic report focuses on general dilemmas in the resettlement services and identifies concrete needs for adjustments and

improvements of the efforts, and looks at how Art Therapies provision can be included or sustained within these services. The local/national stakeholder interviews and focus groups were conducted from a semi-structured interview guide, focused particularly on stakeholders' analyses of dilemmas and key challenges in the existing resettlement services. Thus, the idea has been establish a problem-oriented approach, thus to explore the fractures in the efforts rather than the formal systems. Furthermore, dilemmas and challenges were reflected on various analytical levels in the interviews:

The overall goals the Positional Analysis and Sustainability reports and EU Executive Summary:

The goal of the Positional Analysis and Sustainability reports in the CREATE project is to identify the needs and opportunities for improving resettlement packages and therapeutic services for mentally vulnerable refugees and migrants in the CREATE partner countries, and in a broader perspective Europe. A key question is what is required to meet refugees' therapeutic/recovery need?, and how the CREATE method could fulfill these needs. A further question is how interdisciplinary and inter-sectoral collaboration may support good practice and how Art therapies can be used and sit in the future within the resettlement packages of refugees?

The objectives of the Positional Analysis and Sustainability reports:

In practice, the report a meet the following objectives:

- Based on the research, implementation and evaluation phases of the project – the country reports provide an analysis and identifies the real therapeutic needs of refugees and migrants with mental health issues, alongside potential and long-term strategic changes in current resettlement packages for mentally vulnerable refugees and migrants which should/could be considered based upon on the knowledge developed through the CREATE project.
- They focus on ideas, proposals and practical experience showing ways to improve efficient and sustainable resettlement services for mentally vulnerable refugees and migrants. They identify both easily adaptable improvements and potential for informal collaboration with arts therapists as well as improvements that require greater organisational, institutional and even political-statutory changes.
- All in all, they explore opportunities and barriers for better and more therapeutic resettlement services from both attitudinal, a methodical, organisational, institutional/systemic and political-statutory frames and indicators.
- They emphasize that all proposals and recommendations are realistic, even though they cannot be implemented in the short term or cannot be adapted to all national systems etc.

Key questions for the Create Positional and Sustainability reports in each partner country.

The reports examine issues such as:

- What experiences already exist in terms of interdisciplinary and inter-sectional cooperation in terms of meeting the therapeutic needs within the resettlement services for mentally vulnerable refugees in the partner countries?
- What can be described as good practice, and in which areas would there be room for improvement in the transversal collaboration? How may the CREATE methodology improve the transversal collaboration in the resettlement efforts for mentally vulnerable refugees?

Methods used within the development of the Create Positional Analysis and Sustainability Reports:

Each partner country completed desk based research and stakeholder consultation in order to collect data for the National strategic report, this data focuses on general dilemmas and challenges in resettlement services and identified concrete needs for adjustments and improvements of the services and existing structures. The local/national stakeholder interviews and focus groups were conducted from a semi-structured interview guide, focused particularly on stakeholders' analyses of dilemmas and key challenges in the existing resettlement services. Thus, the idea has been establish a problem-oriented approach, thus to explore gaps in current efforts rather than the formal systems. Furthermore, dilemmas and challenges were reflected on various analytical levels in the interviews:

The structural level

- focused on legal and institutional framework conditions

The organisational level

- focused on transversal collaboration and task divisions in the implementation of efforts

The competence and methodical level

- focused on requirements for skills and methods among professionals in in the efforts

The attitudinal and relational level

- focused on attitudes, relations and values behind in the encounters between professionals and citizens

Outputs and products in IO6

We will communicate all findings and recommendations from the IO5 research in:

- National reports summarizing all national findings and sustainable recommendations for short-term and long-term improvements. The national reports will be structures from a common structure template in order to ensure comparability and transversal conclusions and recommendations.
- An EU report summarizing transversal findings, conclusions and recommendations – to be used for partner countries and strategic stakeholders well as other European countries and stakeholders.

1. STRUCTURAL AND INSTITUTIONAL LEVEL

Across the countries of the CREATE partnership research showed that the number of refugees and migrants with mental health problems is already high and is expected to increase in the future. In several of the countries refugees have unstable residency status, and the application process to decide whether they can be granted asylum is long and often traumatic and difficult for the person being assessed. Many refugees find the bureaucratic system and legal requirements that affect them opaque and incomprehensible, and this coupled with a change in language, culture and the traumatic journey they have often made, has a detrimental effect on people's mental health, whether they have a diagnosis or not. Many feel powerless which results in psychological stress that can lead many, initially relatively stable people, to mental illnesses that are not directly related to the flight but to the problematic situation in their host country. Additionally a commonality which partner organisations found were that public institutions who are responsible for the application process are either not equipped or unwilling to address these health needs. In some countries refugees receive incomplete or no information, applications are rejected orally without written justification and those seeking help are discouraged and silenced.

There are specialised bodies for people already suffering from mental illness, but they are hopelessly overburdened and the waiting lists are so long that many of that in need are put off.

Non-specialised government departments (Youth Welfare Offices, Adult Education, etc.) are not prepared for the needs of the refugees. There is a lack of cultural sensibility and empathy, as well as a shortage of practical things such as interpreters.

All partner countries stressed the importance and relative effectiveness of Third/Voluntary sector organisations in the support and care of Refugees and Asylum seekers in terms of housing and social support to individuals however some partners reported that the demand for such services is so great that waiting lists are long, and others suggested that there was a lack of coordination and communication between these organisations at an organisational level however coordination and working cohesively works well on a case by case basis depending on the individual professionals involved. Attempts to network have been made, but these often fail because of the lack of human and time resources, and in some cases where competition for funding exists this often lead to mistrust between organisations who perceive to have differences in ideology and methodology. However one of the partners, based in Palermo reported the network *"between organisations is strong and many efforts have been made to make it even stronger. There is also a good flow of information about initiatives and projects implemented at local level. We managed to achieve a shared global vision that is strength of the third sector here in Palermo. These problems have led to a decline in the willingness of people to volunteer. Many volunteers have withdrawn in frustration. As a result some programs (e.g. mentoring programs) cannot be provided to the required extent."*¹

One of the commonalities that was identified by the partnership countries was the use and a often reliance on volunteers within the Third Sector support provided to refugees and asylum seekers. However it was also noted that volunteers also cost money; they need professional support, supervision, training and expenses. If this support both emotional, financial and practical is not forthcoming volunteers often lose motivation and in some cases become overwhelmed by the magnitude of the issues and problems they are being asked to support refugees and asylum seekers with and this sometimes leads to a high turnover of volunteers, inexperienced volunteers being given too much responsibility and refugees withdrawing from services as they do not want to be a burden.

¹Claudio Arestivo President of the Association Per Esemplio, CESIE Create IO6 Stakeholder interviews.

Another common theme within the Create partner countries is the shortfall in health and particularly mental health services for refugees and asylum seekers. As a result many suffering from mental vulnerabilities barely have any contact with doctors or access to other therapeutic aid. Any contact they have is for emergency treatment in a clinic or crisis intervention due to acute danger of suicide or serious mental breakdown.

Finally one of the key findings from the Create partnerships were about the attitude of refugees themselves, especially from the Middle East and Africa those suffering from mental illness as they are often stigmatised. In addition institutions to treat mental illness are rare in many countries of origin. Mental problems are usually resolved (or suppressed) within the family, but these family structures do not exist in the host country and the psychotherapeutic systems of the host country are not yet trusted. In addition to the cultural mistrust of psychotherapeutic institutions many fear (even if this is perhaps unjustified) that if they officially go into therapy they will have problems with the authorities or may even be expelled. These issues prevent many refugees from seeking therapy.

*"The mental health needs of people from BME communities are not being met fully. There is an over-reliance on medication in primary care mental health treatment for people from BME communities. Practical issues such as the costs of transport and medication, and the short-term nature of therapy provision, are hindering effective support for asylum-seekers, in particular."*²

https://www.mentalhealthreform.ie/wp-content/uploads/2014/10/Ethnic-Minorities-and-Mental-Health-A-position-paper_WEB.pdf

CONCLUSION:

Without reliable provision for basic needs (according to the Maslow pyramid) any therapeutic support can only alleviate symptoms in the short term. In many cases pressure to "integrate" has a negative effect. Social protection alone is not enough. There needs to be political and social awareness that much more treatment opportunities for migrants and refugees are needed. This must be coordinated with social support services and with voluntary refugee assistance. Better funding is also needed. In the long term this will pay for itself.

2. ORGANISATIONAL AND COLLABORATIVE LEVEL

The CREATE partnership found that there was a variety of difficulties and barriers to inclusion that Refugees face or example the general shortage of affordable housing and the difficulty of renting affordable accommodation for non-German aid recipients was seen as the biggest practical problem for all refugees. Housing was also highlighted in other countries as a big issue for people for example in the UK and France. Psychologically stable refugees find this situation difficult enough. Being forced to live in collective accommodation or extremely cramped housing aggravates the psychological problems of the people who already have problems. These people see no chance in the foreseeable future of finding a place of their own. All this can lead to new mental health issues.

*"A more cohesive approach to the issues facing asylum seekers/refugees as opposed to many different organisations working in isolation"*ⁱ

Another problem identified by several partners was the issue that Refugees with mental health issues found it difficult to connect with activities (education/training/employment) which is meaningful to them.

² https://www.mentalhealthreform.ie/wp-content/uploads/2014/10/Ethnic-Minorities-and-Mental-Health-A-position-paper_WEB.pdf Sola Arts, UK IO6 report

Therefore, this inability to engage with activities acts as a severe barrier to inclusion and exacerbates existing mental health issues, as well as being a potential trigger for mental health issues to develop. Refugees with mental health issues need specialist provision to support them to engage. Suitable accessible provision cannot be provided by the relevant bodies due to a lack of staff and/or a lack of sensitivity to the particular needs of this group. Likewise the organizational structure of some services makes life difficult through the attitude of some staff. It would be desirable, and ultimately more cost effective, to use personal case management in which all parties involved seek for the best possible solution together. At the moment there is not only no content-related communication on the situation of individual clients, in addition no individual responsible contact persons can be identified. Refugees must complete a compulsory program that is not necessarily in line with their individual situation. Furthermore partners also found that there was a lack of coherency and coordination of services between agencies who should be working in partnership for the good of individuals. *“There is a lack of collaboration among all disciplinary fields. A substantial amount of organisations and institutions behave as self-centred and stand-alone structures, ultimately hindering collaboration”*³. This however is not usually accompanied by psychotherapeutic assistance. There is a lack of the cultural sensitivity and knowledge of culturally specific treatment for mental illness as well as a shortage of physicians and therapy places.

The best cases for personal support are through mentors (often volunteers). Mostly these contacts are only found by refugees who are fit both mentally and physically. Volunteers are in turn overwhelmed by the complexity of the problems, e.g. to find an affordable apartment, suitable child care for children or an appointment with a health care professional or therapist. Since migrants’ needs are complex, they should be treated from a complete and multidimensional perspective.

Conclusion:

It is problematic that finance, organisation and determining of the basic conditions for social assistance to refugees as well as the (compulsory) integration and educational courses are in the hands of senior authorities who seem to lack the necessary social, pedagogical and psychological expertise. There also appears to be a lack of political will to consider and take into account the needs of refugees with social and psychological problems, or at least an acceptance that refugees are likely to have a higher frequency of both physical and mental health issues. Cooperation between different institutions from different sectors, for the benefit of the client’s needs to take place in order to provide a holistic and cohesive programme of interventions which meets people’s basic social, health and psychological needs however there is a real challenge to do this, due to a lack of funding for organisations, an increasing demand in terms of number of people and a political will to be seen at putting a lot of resources into migrants.

In terms of the sustainability of the CREATE method, this is a huge issue as there is no clear position where individual therapists can position themselves in terms of existing organisations as there is a financial strain on these organisations already, and therefore the argument to take on additional services which may not be a necessary requirement of contracts is a difficult one. The alternative is that CREATE practitioners look at local, national, or EU grant funding to provide support however this is also difficult due to competition for such grants, and also in some cases the agenda of the grant funder for example a grant maybe specifically around supporting refugees to become more employable but may include Arts Therapy in the methodology which can be used to do this. It is important therefore for CREATE practitioners to promote IO2, 4, 5, of the methodology to demonstrate further how the methodology can be used in partnership with other community interventions and the impact it has on participants.

³ Maria Chiara Monti, Psychologist at PENC association CESIE Stakeholder interviews

3. COMPETENCE AND METHODOLOGICAL LEVEL

Working with mentally vulnerable refugees require skills, experience and in terms of therapeutic interventions, qualifications (therapeutic, intercultural and legal). Low intervention rates for support contracts, and often precarious working conditions (project-related contracts) of employees (social workers, trainers/advisers and of course therapists) means that appropriately qualified people are not willing to work under these conditions and migrate to better paid areas. The 'fix' for this problem is to employ less qualified people. Job starters are recruited, gain relevant experience and then move on to better paid work.

Whilst the CREATE partnership found that providers of training, housing and employment services have become more aware of mental health issues over the last 10 years through awareness raising and in training for working with mentally vulnerable people is both provided and promoted. However, in terms of training to work particularly with migrant or refugee communities this is lacking. *"Most people approach migrants with a western centred perspective so I think there is a need for more training courses to transfer these transcultural skills to those who are working with migrants."*⁴

Furthermore other partners suggested that professionals held prejudices or negative assumptions in relation to refugees and migrants which created barriers to support them *"There is stigmatization for non-French speaking persons who can be refused access to care health because they do not speak French. Actually, there is budget for translation in the public system but doctors are sometimes not aware of it or do not want to use it. I would say that stigmatization is more about the lack of training and awareness about this specific public."*⁵

Low threshold therapeutic or social groups for refugees are often provided by volunteers. With a great enthusiasm and commitment volunteers, often with migration backgrounds, provide interpreting services or work for crisis intervention or psycho-social counselling. These people also need professional support for which funds have to be provided.

A key role in the identification and initial counselling of mentally vulnerable refugees is played by the integration courses.

Administrators and trainers are either not prepared or are insufficiently prepared for the increasing number of participants who are traumatized or suffering from mental health problems or who are becoming aggressive as a result of increasing pressure on them in other areas. In training these issues are only touched on at best. There are BAMF-funded training courses but these do not often provide employees with a professional approach to deal with migrants with mental health problems since they merely introduce the subject but do not show employees how to deal with the practical consequences in their day-to-day work.

Administrators and teachers need professional support (such as supervision). There are however no funds available and in the chronically precarious and underfunded sector of integration courses and training for refugees, this support cannot be borne either by the providers or by the staff.

⁴ Claudio Arestivo, President of the association PER ESEMPIO CESIE interviews

⁵ Sonia Laboureau, [Centre international de la Cimade de Massy](#),

Conclusion:

Political institutions leave service providers and employees to deal with these problems alone. Urgently needed training courses and qualifications, supervision and exchange with professionals (therapists, social workers, case managers etc.) are not provided due to a lack of personnel, money and time. Therefore the CREATE products and methodology is of paramount importance, in terms of IO2, 3 providing effective training tools for therapists and their supervisors, which point out the need to gain a cultural understanding and sensitivity when working with refugees and migrants. Furthermore the case studies provided in IO4 are very effective in overcoming some of the issues highlighted above. Therefore we can see that CREATE provides a cost effective and real way of People must be made aware at a policy level political as at a management level and practitioner level that only well qualified and well supported employees can do a good job and the corresponding resources need to be provided long term.

4. ATTITUDINAL AND RELATIONAL LEVEL

Anyone working in the health and social can hardly avoid the (often unconscious) stereotyping of client groups. Bad experiences with representatives of one group often lead to a stereotype of all other members of this group as "difficult". Professionals are always encouraged to be aware of these bad practices and to work on them. In practice there is often too little time and energy for the necessary self-reflection.

*"I think stigmatization is not concerning the asylum seekers but persons in precarious situations. It can happen that doctors refuse health care what is of course illegal."*⁶

*"The social stigmatization of mentally vulnerable refugees is a challenge because persons are not well received, they feel left out and there is a stigmatization of a "refugee", it is especially difficult for the persons who have had a high social status in their home country and who feel out-classed."*⁷

Another "pitfall" that hampers effective work is the tendency of many resettlement professionals to "Save the whole world". This can result in adults being treated like little children and being kept on a short leash. The principle of "only as much help as necessary" is forgotten and clients held back from trying out new approaches themselves and building on their own strengths and experiences. Alternatives to current 'neediness' are not seen by caregivers and when they 'let go' they do so with the feeling of having failed.

On the other hand many employees also feel called upon to help the learners with problems that are outside the teachers' actual area of competence. They are called on to solve these problems and often try to do so. There is a lack of information about existing professional self-help services. Teachers need to know their limits on dealing with culturally specific ways of dealing with emotional problems, traumatization and its consequences. They also need knowledge of the opportunities within existing frameworks to address the special needs of mentally unstable participants.

Conclusion:

IO4 Toolkit for Community Stakeholders alongside IO2, 3 Training Modules for therapists and Supervisors provide insight and information about how professionals as a whole should work with people from a migrant community whether they are providing therapeutic support or indeed any other social or health intervention and therefore they are very relevant to the target audience this should support their sustainability especially as they are made as open source material, free of charge and available following the end of the project.

⁶ Victoire Larzillière, CADA de Sarcelles French Stakeholder interviews IO6

⁷ Sonia Laboureau [Centre international de la Cimade de Massy](#), French Stakeholder interview

5. THE SUSTAINABILITY AND FUTURE USE OF CREATE?

“For me, art-therapy, among other, is a way to facilitate expression – human expression – for those persons that have often been completely dehumanized. For persons who do not have access to psychological support or do not want to have one, art-therapy can be a good way to express oneself through an art production, gain confidence and feel legitimate to be, to dream, to express her needs.

This is a real support for us as social workers as this gain of confidence and persons feeling legitimate again helps a lot in all the process of integration, the administrative and social procedures, training....

We think creative activities can really be important as a support to asylum seekers and refugees. We also tried things like yoga, but this did not work: the persons we work with do not have the capacity to just “let it go” and it only reactivated trauma.

Drama-therapy worked well: there was something personal that persons invested in this work and also, the space of the workshop was as a “container”. Both the body and the head (the mental) were taking part in this work. We also have a chorus in our center. Persons appreciate it also. There is real work engaged, a result to reach guided by a professional.

Even though our residents express motivation for this kind of projects, it is always important and necessary to go and tell them “there is theatre today”...

Concerning funding, it is a difficult question. Our center functions at 100% with public funds, except for the children workshops and the awareness raising and training program funded by the ARS.

So it seems difficult for us to engage with arts-therapists in practice, if we need to search funds etc. This is a lot of work.

The Create partners found that until now many resettlement centres have collaborated with arts therapists only on a voluntary basis, or on rare occasions on a very ad hoc paid basis. There are very limited budgets for such interventions and no assistance/motivation in applying for funding. There is in principle an openness towards CREATE and artistic therapists. However they are required to work on a voluntary basis or acquire funding themselves

“Fund-raising demands a lot of time and energy. In our teams, we have only social workers who are more and more solicited and we are asked for a certain “administrative rentability”. Before we had an “animation” professionals in our centers, but those have been cut-out. In addition, fund-raising is a real profession, another culture also – our NGO always functioned with public funds and we do not have any flexibility in our annual budget. The “animation” budget of the center is of 2000.00 euros / year.”

“Concerning funding, it is a difficult question. Our center functions at 100% with public funds, except for the children workshops and the awareness raising and training program funded by the ARS.”⁸

Funding and limited budgets with Refugee and mental health services therefore remains a severe challenge to the sustainability of the CREATE methodology across all the EU partner countries, with the majority of stakeholders agreeing that it could only be funded through additional grants and not through core public sector budgets.

⁸ Bénédicte Larnaudie, Sylvie, [CADA NORD 77](#) IO6 France

However across the partner countries stakeholders also share a general interest in the CREATE methodology and resources. It is conceivable, under certain conditions, that a separate European network or organisation could be set up and attract independent funding to deliver this kind of interventions. Such a body could be financed by National funding streams as well as EU cross collaborative funding streams. Therapists would have to apply and manage the financing themselves and therefore some administrative costs for such a network would also need to sort.

And yet there is an unmet need the CREATE therapist would have the intercultural background or intercultural competencies to be able to offer help with everyday problems (dealing with bureaucracy, job and accommodation search, etc.). Such general and culturally sensitive counselling could reduce the irrational fears that people have of 'and help such courses to become acceptable.

CONCLUSION:

In principle there is interest in working with artistic therapists but the therapists would have to provide the financing. However as one stakeholder said in France:

"Using art as a medium in supporting refugees and asylum seekers can be a very powerful mechanism because of several reasons:

- *It gives a place to the person, the "subject" : we can be as we are in this space*
- *It is also about desire: desire to come to the session, to create..*
- *This space can operate as a "container" : a space where we meet around a specific art work, object and via the use of art as a mediator*
- *It permits to engage for persons an interior movement, a transformation which will permit them to make steps and move forward in their life, we see that in our dance workshop experience in the COMEDE"⁹*

And another stakeholder said:

"For me, art-therapy, among other, is a way to facilitate expression – human expression – for those persons that have often been completely dehumanized. For persons who do not have access to psychological support or do not want to have one, art-therapy can be a good way to express oneself through an art production, gain confidence and feel legitimate to be, to dream, to express her needs.

This is a real support for us as social workers as this gain of confidence and persons feeling legitimate again helps a lot in all the process of integration, the administrative and social procedures, training....

We think creative activities can really be important as a support to asylum seekers and refugees. We also tried things like yoga, but this did not work: the persons we work with do not have the capacity to just "let it go" and it only reactivated trauma."¹⁰

The Create Method and resources that have been co-produced over the last 2 years provide partners and the EU as a whole of developing a networks of Arts Therapists who have the skills, competences, knowledge, and attitude to be able to work effectively with Refugees and Migrants to manage and overcome trauma and mental health issues, however this needs financial support and coordination. Therefore the partnership will explore how to move this forward with other National, and EU funded projects.

⁹ Zornitza Zlatanova, COMEDE, Hôpital Bicêtre AP-HP

¹⁰ Marie Guénard, [Centre international de la Cimade de Massy](#),

ⁱ Positional Analysis and Sustainability report Ireland

CREATE - Creative Therapy in Europe

ERASMUS+ Project Number 2016-1-UK01-KA204-024526

Partnership



Merseyside Expanding Horizons Ltd – United Kingdom (Coordinator)



SOLA ARTS – United Kingdom



Gesellschaft für Theatertherapie e.V. - Germany



Compagnie Arti-Zanat' – France



CESIE – Italy



Associazione Sementera Onlus – Italy



Clonakilty Community Arts Centre – Ireland

For more information about the Project and to learn more about the CREATE method please visit www.create-eu.com



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