

# A framework for participatory needs assessment and creation of services provision for LGBTQIA+ refugees and asylum seekers in Greece.

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## Introduction

**Background:** The Greek system presents access inequalities to LGBTQIA+ refugees and asylum seekers. Emantes is an organisation based in Athens, whose objective is to raise awareness and actively support the community.

**Aim:** To identify the needs of LGBTQIA+ refugees and asylum seekers in Greece and design, implement, monitor, and evaluate a services provision program centering the community's voices and needs, in each stage of the program through a participatory bottom-up approach.

## Background

**Individual** - No support network, often excluded from their own (ethnic) communities, facing isolation. Survivors of extreme violence and/or torture.

**Social services** - LGBTQIA+ refugees without documents or expired documents have no access to health care

**Hormonal treatment/transition** is offered for free through the NHS after a successful referral from a specialised psychiatrist, but not to people without documents => 1. Health risk for those already on hormonal treatment that are forced to interrupt their treatment until they gain access to it. 2. Surgical procedures are not covered & laser hair removal is considered "cosmetic".

**Accommodation:** LGBTQIA+ refugees are at risk of homelessness, and lack of housing alternatives. For asylum seekers there is no housing alternatives other than vacancies in camps => High risk for SGBV

**Asylum application procedure:** 1. Harassment and verbal attacks for LGBTQIA+ refugees while waiting in related processes. 2. Interpreters can discriminate against them, compromising their cases. 3. Placing trans women in detention cells with cis men / asking traumatic and intimidating questions during interviews / misgendering applicants. 4. Lengthy delays in interviews (6-18month delays) 5. Limited funding for annulment appeal

## Phase 2: Design of bottom up informed services

OBJECTIVES	INPUTS	ACTIVITIES/ SERVICES	OUTCOMES	METRICS/ INDICATORS
LGBTQIA+ asylum seekers case entry, assessment, and referrals to services	Support Line manager	Promotion of services to all regional LGBTQIA+ organisations Emantes' Support Line	Case Entry via online system	Record and report number of case entry requests and subsequent % of referrals for each service + Quarterly reports from Emantes' professionals for their services provision, uptake and progress
	Social Worker	Case Intakes / Assessment	Case Referrals to:	
			Legal	
			Psychological	
LGBTQIA+ asylum seekers access to a variety of case by case tailored combination of services	Lawyer	Legal services / representation	Legal representation and resolution of standing issues	Mental wellbeing assessment (Warwick scale) + Loneliness assessment (de Jong scale) + Individual Food Security assessment (FAO scale)
	Psychologist	Mental Health Assessment + Counselling / Therapy	↑ Mental Health	
Coordinator	Coordinator	Housing referrals	Stability of Accommodation	
		Safe space social group	↓ Social isolation	
		Food Distribution referrals	↑ Individual Food Security	

## Phase 3: Implementation, Monitoring & Evaluation

### 3.1. Food Security – FAO food security experience scale

- Food insecurity (mild + severe)= 93% at baseline Vs 91% after 6 months of fruit and vegetable provision intervention
- This is in line with other studies recording food insecurity in refugee populations up to 40-93% (Henjun *et al.*, 2019 & Mansour *et al.*, 2020)

### 3.2. Mental Wellbeing – Warwick scale

- Low and moderate mental health wellbeing: 96%
- Low mental wellbeing significant correlations were observed with:
  1. Accommodation status/ living in a camp: 67%
  2. Feelings that they are in threat of eviction: 64%

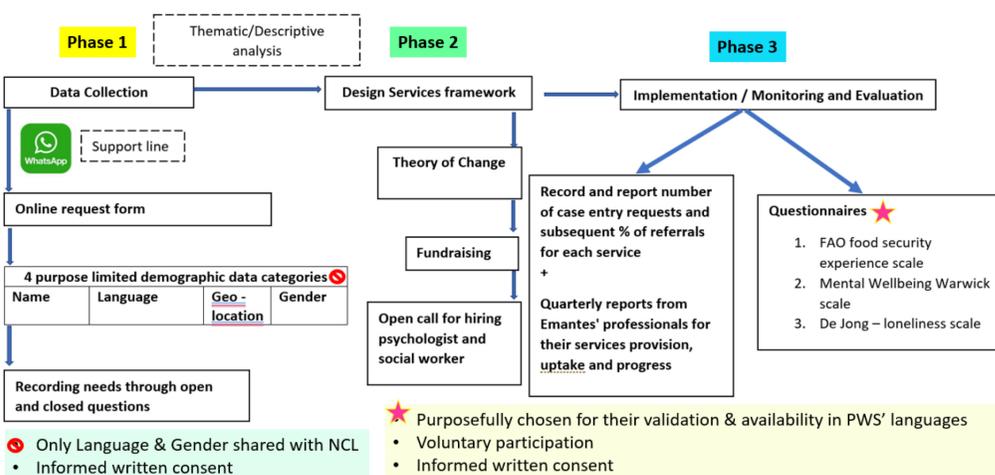
### 3.3. Loneliness – De Jong scale

- Phase I:**
- Very severe loneliness: 43%
  - Severe and moderate loneliness: 57%

**Phase II:**

No statistically significant changes in loneliness but a small shift is observed from Very severe -> Severe loneliness

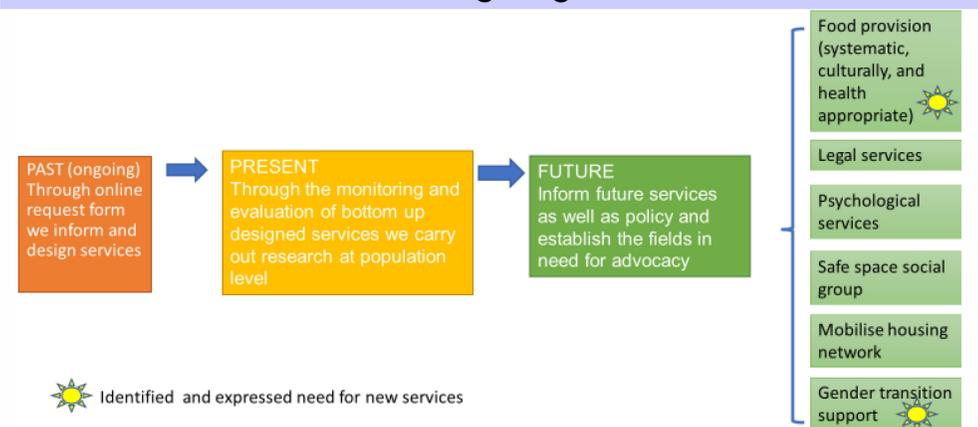
## Methodological Framework



## Phase 1: Participatory needs assessment outcomes

Type of requests	Num. of recorded requests = 1054	Type of requests	Listed as main priority need (Num. of entries= 316)
Food	194	Legal support	89
Legal support	161	Accommodation	67
Social support	136	Medical	47
Accommodation	135	Social support	38
Medical	105	Mental health	25
Mental health	90	Food	16
Non food items	86	Employment	6
Education	53	Emantes certificate	7
Connection with LGBTQIA+ community	64	Connection with LGBTQIA+ community	10
Employment	17	Education	3
Emantes certificate	13	Non food items	1

## Phase 4: Co-designing new services



### Why it is important to work in participatory terms:

- ❖ The priority of research to be set by the community
- ❖ The primary data controller to be service providers (to protect personal & sensitive data where their collection is deemed necessary to deliver Emantes services)
  - ❖ Flexible design – 1. Adapt methodology at any project point (e.g: distressed participants/de Jong scale)
  - 2. Timeline-wise academic research has proven in the past extremely demanding and inconsiderate of fieldworkers' overstretched capacity
- ❖ Trained practitioners in the field to carry out data collection & be heard in data analysis Researchers often impose western gender and sexuality identities to beneficiaries causing distress and confusion we are left to deal with & analysis is carried out in global north and west terms
- ❖ Opportunity for the work of fieldworkers and community members to be peer assessed and published, thus directly contributing to the academic agenda.

## 2<sup>nd</sup> PARTICIPATORY DESIGN CONFERENCE

Transforming the City:  
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<https://www.participatorylab.org/>