



MODULE



# REINTEGRATION ASSISTANCE AT THE INDIVIDUAL LEVEL

# 2

## Key Messages

- Individual assistance using the case management approach relies on building an open and trusting relationship with returnees and helping them drive their own reintegration process and work through the challenges they are facing.
- Identifying and responding to returnee vulnerabilities is the first priority because this can reduce risk, help mitigate further harm to returnees and present an opportunity for offering tailored assistance.
- Returnees have needs, but they also have capacities and resources. Understanding these from the beginning of the reintegration process helps case managers tailor individual assistance so that it contributes to sustainable reintegration.
- Creating a plan for reintegration is a joint process. The case manager should always give returnees a realistic view of available assistance and help them plan for the point at which assistance will come to an end.



Programme  
managers/  
developers



Case managers/  
other staff



Service providers  
(relevant chapters)



Local government  
(host and origin)



Implementing  
partners



Policymakers



## REINTEGRATION ASSISTANCE AT THE INDIVIDUAL LEVEL



- Programme managers/developers
- Case managers/other staff
- Implementing partners
- Service providers (relevant chapters)
- Local government (host and origin)
- Policymakers

## INTRODUCTION

Individual reintegration support is delivered directly to individual returnees and their families, typically in the form of tailored assistance (cash, in-kind assistance or a combination of the two). Reintegration assistance should be tailored to the returnee’s specific needs and reflect individual migratory experiences, capacities, vulnerability factors and the circumstances of return. Such personalized assistance empowers returnees and creates an environment where they can take responsibility for their reintegration process and decide for themselves how best to use reintegration support.

The type and content of reintegration support should be based on returnee needs. Providing information and counselling both pre-return and post-arrival helps case managers tailor assistance to the specific situation of each returnee. This type of tailored approach is particularly important when there are specific vulnerabilities arising from family composition, sex or gender, age, medical conditions or mental distress experienced during the migration process because of abuse, exploitation or violence.

This Module contains information for assistance at the individual level, beginning with the important role that case managers play through counselling and referrals and in assessing the returnee’s needs and skills, through to developing a reintegration assistance plan. Three sections highlight best practices and interventions supporting returnees in the economic, social and psychosocial dimensions of reintegration at the individual level.

### Factors affecting reintegration at the individual level

At the individual level, various factors impact successful reintegration. These include personal characteristics as well as factors related to the overall migration experience, such as:

**Table 2.1: Individual-level factors that can affect reintegration**

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→ Age	→ Sexual orientation
→ Sex	→ Social networks
→ Gender	→ Motivation(s)
→ Ethnic and cultural identity	→ Self-identity
→ Religious identity	→ Personal security
→ Health and well-being	→ Financial situation
→ Skillset(s) and knowledge	→ Psychological characteristics (emotional, cognitive, behavioural)
→ Family status	→ Time spent abroad
→ (Dis)ability	

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The nature of the returnee’s migration journey and the circumstances of return are as important as any other factors. These circumstances can include: the length of the migrant’s absence; conditions in the host country; exposure to diseases or other public or mental health concerns; delayed transitions such as being held in detention before return; conditions of return or the level of return preparedness; and resources available or access to information. Individual vulnerabilities to consider include whether returnees have health needs, whether they are victims of trafficking, violence, exploitation or abuse, or whether they are unaccompanied or separated children. Such vulnerabilities require specific support in certain areas (for example, psychosocial counselling to address distressing experiences) at the start of the reintegration process and empower returnees to reach their full potential.<sup>16</sup>

<sup>16</sup> For more information on migrants in situations of vulnerability, please refer to IOM’s *Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse*.

## 2.1 Case management counselling

One of the most effective ways to provide tailored assistance to returnees is through dedicated case managers who accompany the returnee through a counselling process. Case management is a standard social work practice used to help beneficiaries meet their needs when they are receiving services from a variety of different providers. In the context of return and reintegration, case management can help returnees navigate what are often fragmented support services.

Though case management is typically implemented at the individual level, case managers need to understand that community level and structural level factors also affect reintegration. Case managers are a link between the returnee and their community of return. They can also oversee reintegration activities at the community level (see *Module 3*) by playing an essential role in facilitating integrated reintegration assistance. For more in-depth information regarding case management, please refer to the IOM *Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse*.

This chapter presents an overview of counselling for case managers. This includes:

- 2.1.1 Essentials of counselling for case managers, including in the host country
- 2.1.2 First counselling session for reintegration: step-by-step

### 2.1.1 Essentials of counselling for case managers

Counselling is a fundamental step for the design, development and implementation of reintegration assistance and is typically delivered by case managers. Reintegration counselling aims to engage and empower returning migrants before departure and upon arrival in the country of origin. Counselling refers to:

- **Communication** between a person with a need and another person who is helping to address it;
- **Listening** and giving one's full attention to what someone says;
- **Questioning** as a means for collecting information and showing interest;
- **Understanding and respecting** as a way of trying to see things from the other person's perspective without judging;
- **Empowering** by helping the person to look at their strengths;
- **Giving information** so that the person can make their own choices;
- Helping a person to make *their own decision*;
- **Providing support** by giving help and understanding; and
- **Helping a person** to face their needs, examine their options and **decide on a course of action**.

The next section provides guidance on counselling for reintegration case management. Annex 1.A. contains further detailed guidance on counselling techniques for case managers.

## Providing counselling in the host country

Reintegration counselling is different from return counselling. Return counselling is focused on helping the migrant make the decision to return to the country of origin or remain in the host country. Reintegration counselling, on the other hand, focuses on how the migrant will reintegrate into their country of origin once the decision to return has been made. Whenever possible, reintegration counselling should begin before departure from the host country to support an informed decision for return and prepare for reintegration. During a reintegration counselling session prior to departure, a case manager should be able to provide country-specific information on the type of assistance available upon return, with materials in a language accessible to the migrant. The content of this briefing should therefore be coordinated between staff in the country of origin and the host country.



SPOTLIGHT

To avoid confusion and frustration, the counsellor should use objective and balanced information on the country of origin to raise awareness among potential returnees of the challenges and responsibilities ahead. Counsellors should inform migrants only about reintegration services that are available to them in the country of origin. They should cover both limitations of the assistance and preconditions for obtaining assistance so returnees have realistic expectations about their return and can plan for it. The counsellor should avoid informing them of reintegration activities that they may not be eligible for, as there is a high risk of frustration if migrants find out at a later stage that they cannot benefit from more comprehensive assistance. The counsellor should also try to dispel any incorrect information or rumours the returnee may have heard about the reintegration assistance or process.



### Face-to-face counselling with reintegration staff from the country of origin

In recent years, IOM Iraq AVRR staff have visited migrant reception centres in European countries to carry out group counselling with Iraqi migrants and provide information to relevant institutions in the host country. Migrants, counterparts in host countries and IOM staff have perceived this as very positive. Experience has shown that Iraqi migrants have greater trust in information that comes from an independent organization, such as IOM, than in information from a government source. This is particularly the case because national staff who work and live in Iraq can provide first-hand information. Although virtual counselling is already an important step to a comprehensive preparation of migrants before their return, regular face-to-face group counselling sessions by country of origin staff in the host country have had the greatest impact on beneficiary trust-building, buy-in and preparedness.

## 2.1.2 First counselling session for reintegration: step-by-step

While reintegration counselling sessions can begin before departure, they become essential after arrival in the country of origin.

For the first reintegration counselling session in the country of origin, the case manager provides basic first-line emotional support to returnees and assesses whether to refer returning migrants to specialized services. The first counselling session should cover three main aspects:

- [Providing first line psychosocial support](#) to the returnee;
- [Collecting information](#) on the returnee, including a new assessment of potential situations of vulnerability and identification of immediate needs; and
- [Informing the returnee about the reintegration assistance process](#).

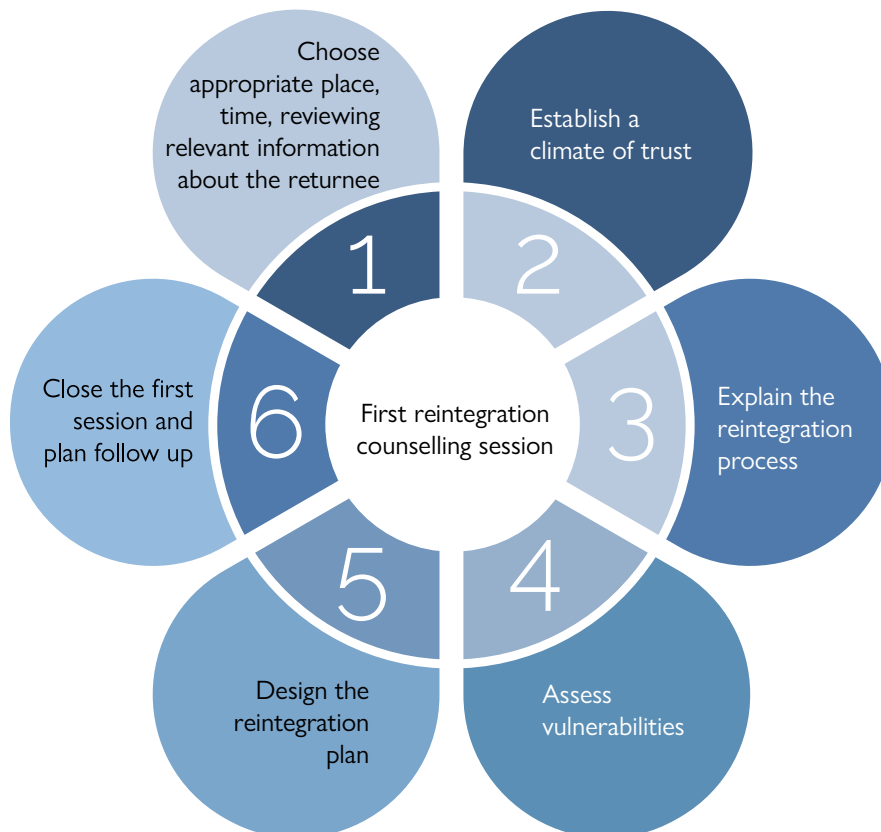
Below are the steps recommended for conducting a successful first counselling session:



Case managers can refer to [Annex 1.A](#) for tips on counselling techniques appropriate for the initial meeting with a new returnee or if a beneficiary is in distress.

Furthermore, counselling with the family may also be needed. [See section 2.6.2 for further information](#).

**Figure 2.1: Steps for first reintegration counselling session**



## Step 1: Prepare for the counselling session

To prepare for the counselling session, the reintegration case manager should review the information received from the host country, if available. This includes facts and observations about the returnee, information on possible vulnerabilities, main points for discussion and the development of a reintegration plan prior to departure. The case manager should focus on specific actions with the returnee as well as on an action plan with clear, attainable goals. It is recommended that the case manager keep in mind active listening techniques (see Annex 1.A) and allowing for sufficient time for a discussion and to answer any questions the returnee might have.

- **Select a suitable place.** Counselling should be carried out in an environment that minimizes interruptions and is free from distractions. It should be a place where privacy and confidentiality can be maintained. It should be welcoming, comfortable and non-threatening, with good air and natural light. If conducted online, case managers should remove all distractions in the office and ask the returnee on the other end to do the same, inviting them to be comfortable and alone in the room.

If the case manager visits returnees in their homes, it is recommended to sit somewhere comfortably and quietly, away from other family members and to minimize distractions by switching off radios or televisions.

- **Schedule the time.** The length of time required for the reintegration counselling session depends on the complexity of the returnee's situation. If the returnee needs more time or is fatigued by the counselling itself, successive meetings should be scheduled. The case manager should select a time free from competition with other activities and remember that important events can distract the person from concentrating on the counselling.
- **Notify returnees in advance and give information about the session,** so that they can prepare. Information should include logistical instructions, such as how to reach the location, as well as why, where and when the counselling takes place.
- **Secure an interpreter if necessary,** to facilitate communication and information exchange with the returnee. Brief the interpreter on the session and confidentiality requirements.
- **Collect and store information.** The case manager should have a system to note down important information and store any documentation of the reintegration counselling in a confidential and secure manner.<sup>17</sup>

At the beginning of the session, case managers should greet returnees and welcome them, and introduce themselves, their professional role and that of the organization they work for. Some returnees may be confused or suspicious, particularly in the case of forced returns. It is of paramount importance to be clear about the purpose of the counselling session: to talk about reintegration assistance and explain that they can choose to reject this assistance at any time.

Case managers should explain that this is a confidential meeting and that only specific information necessary for the reintegration process might be shared with other professionals, always with the returnee's consent. Case managers should allow the returnee to introduce themselves and to ask questions. The duration of the

<sup>17</sup> Conducting a risk-benefit assessment and a sensitivity assessment when processing personal data as well as ensuring transparency towards the returnees on the processing of their personal data is particularly important. Reasonable and necessary precautions must be also taken to preserve the confidentiality of personal data.



counselling session depends on many factors, among them the mental condition of the returnee, their fatigue and their capacity for concentration. By observing the returnee's non-verbal communication, the case manager should be able to understand when to propose a break or interrupt the session to schedule the next one.

## Step 2: Establish a climate of trust

The first minutes of the encounter are fundamental for establishing a relationship of trust. The reintegration counselling session may begin by the counsellor asking generic questions about how the returnee is feeling and engaging in brief small talk (“How do you feel? Were you able to find this location easily?”). Avoid beginning with questions about the recent steps of their migration journey. Showing respect helps build trust, which is key to encouraging dialogue and productive discussion. From time to time during the session, it is good to reassure the returnee about what is being done and what will be done to support them, without raising expectations that the organization will not be able to meet. Case managers should be prepared to respond appropriately to disclosures and avoid exacerbating any distress. The case manager should facilitate the discussion and encourage the returnee to provide complete information.

If needed, the case manager can offer first-line psychological support to the returnee. This can include providing empathetic and supportive reintegration counselling (see *Annex 1.A*), psychological first aid to a returnee who is particularly stressed during counselling (see *Annex 1.C*) or a referral to psychological counselling or other psychosocial and specialized mental health services (see *section 2.6.3*).

## Step 3: Explain the reintegration assistance process

Case managers should explain the process of reintegration counselling and how reintegration assistance works in general terms. They should also ask returnees if they understand what is being explained and whether they agree and consent. Case managers should remind returnees that they can stop them whenever they have a question. This empowers returnees to make decisions. The interview can evoke emotional reactions and case managers should periodically ask returnees how they feel and whether it is acceptable to proceed to the next point or if a pause is needed.

While details about the reintegration options will be given later, it is important that returnees have a broad understanding of the process. Case managers should give returnees a realistic idea of available options and possibilities. They should not raise unrealistic expectations that could be detrimental to the effective reintegration of the returnee possibly creating frustration and even feelings of anger.

## Step 4: Assess vulnerabilities

Case managers should have received information about a returnee's vulnerabilities and needs prior to their return. However, because this information may not be complete or new vulnerabilities and needs may arise upon arrival, a returnee's immediate needs, vulnerabilities and risks should be (re)assessed as soon as he or she arrives at the country of origin.

Identifying possible situations of vulnerability is essential as this determines the nature and timing of the assistance needed in the country of origin. Urgent referrals should be made following disclosure of any information that is life-threatening or otherwise requires emergency attention. Detailed information on assessing a returnee's vulnerabilities, capacities and needs is included in *section 2.2*.

## Step 5: Design the reintegration plan

The aim of this part of the counselling session is to help returnees envisage their future in a positive and proactive way. The reintegration plan is not limited to the assistance provided (if any) but should be broader, encompassing different aspects and factors of reintegration – a sort of “life plan” that includes the objectives of the returnee and the actions to be carried out both by the returnee and the assisting organization. The reintegration plan should highlight strengths and resources as key elements that can facilitate the reintegration process. At the same time, it is important that the returnee be open about the challenges, issues and obstacles related to return so that these can be addressed, when feasible.



Case managers can find more specific guidance on how to approach these areas and questions to ask in [Annex 1.F](#).

The reintegration counselling session should not only collect information vital for tailoring a reintegration plan, but also to help the returnee create the right balance between expectations and reality. Managing returnees' expectations requires the case manager to be open and transparent about available reintegration support and about eligibility requirements and limits, throughout the entire counselling process.

Case managers should invite returnees to articulate their aspirations and expectations while also providing information on their existing skills and interests. Returnees should be encouraged to reflect on how their migration experience could benefit them upon their return to their country of origin.

## Step 6: Close the first session and plan follow up

The creation or review of an individual reintegration assistance plan may initially be time-consuming. If time allows, case managers should carry out the assessments described in the next section (2.2) and develop a reintegration plan (covered in [section 2.3](#)) before closing the first counselling session. Section 2.3 provides guidance for developing or reviewing specific, practical reintegration plans for returnees and their families.

Sometimes, though, creating a reintegration plan requires a separate counselling session. If the case manager together with the returnee decides to schedule a separate meeting to develop the specific reintegration plan, the case manager should close the counselling session by summarizing the most important points and scheduling a follow-up session.

If, as recommended, a returnee has developed a reintegration plan prior to departure, the plan should be reviewed and discussed again at the first post-arrival counselling session, as there may have been changes in the returnee's situation since return.

The first counselling session might require an immediate life-saving referral of the returnee to appropriate health - including mental health - care. (*See [section 2.6.2](#) for a list of cases to refer immediately for specialized follow-up.*)

Reintegration counselling is not a one-time activity but a continuous process. Even after a reintegration plan has been created and its points are being acted upon, case managers should be in regular contact with the returnee to check whether the reintegration process is proceeding according to the plan, mitigate possible challenges or moments of difficulty and leverage new opportunities. (*See [section 2.3.3](#) for more information on reintegration follow-up.*)

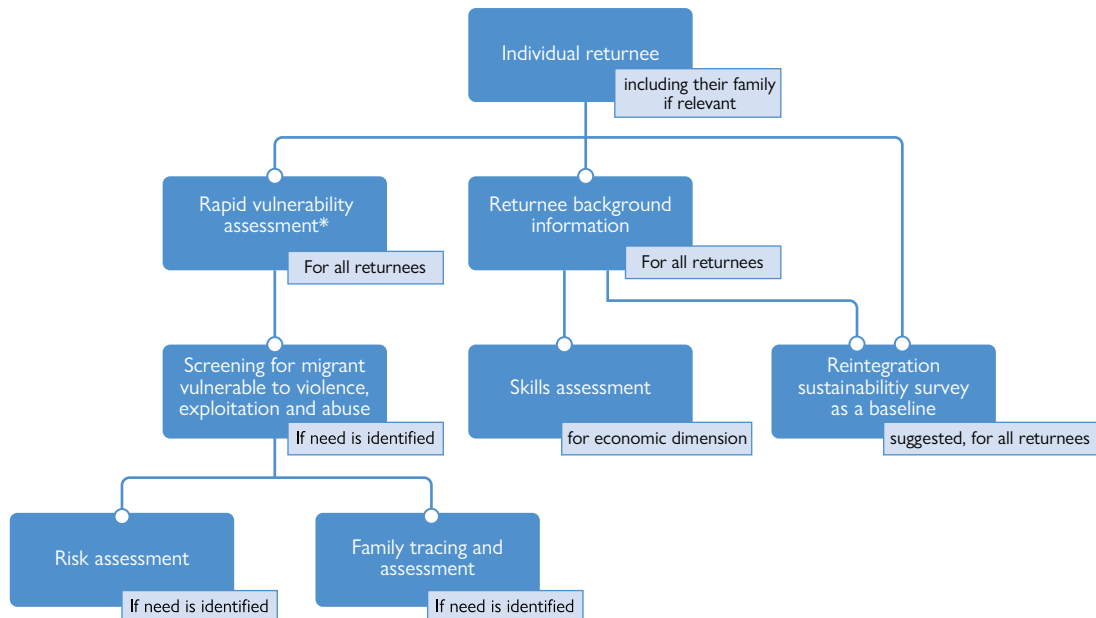
## 2.2 Assessing the returnee's needs and skills

Individual assessments explore returnees' capacities and vulnerabilities as well as their protective and risk factors. These assessments provide information to tailor each returnee's reintegration plan and should be revisited if circumstances change. The graphic below shows which assessments should be undertaken for which returnees and when.

This chapter presents an overview of the assessments to be carried out to gather the information necessary before developing a reintegration plan:

- 2.2.1 Vulnerability assessment
- 2.2.2 Risk assessment
- 2.2.3 Family assessment
- 2.2.4 Skills assessment
- 2.2.5 Reintegration Sustainability Survey as an assessment tool

**Figure 2.2: Suggested assessments to be carried out before developing a reintegration plan**



\* Please note that if rapid vulnerability assessment reveals potential vulnerabilities, the follow-up screenings should be carried out as soon as possible.

In order to design a reintegration plan that provides tailored assistance, assessments should be carried out as early as possible, ideally before return. Receiving information regarding the returnee prior to their return allows staff in the country of origin to arrange appropriate assistance upon arrival. After the returnee arrives

in the country of origin, information provided by the host country staff should be reassessed by reintegration staff. Close coordination between staff in the host country and country of origin is crucial to support a smooth reintegration. For an example of how this is undertaken, see Case Study 2, below.



### Case Study 2: Pre-departure cooperation between IOM country offices in Afghanistan and Austria

Since 2012, IOM Afghanistan and IOM Austria have been cooperating on reintegration projects. Efficient communication, quick responsiveness and willingness to continuously adapt and improve reintegration approaches have proved to be crucial prerequisites for facilitating the reintegration process for returnees in an often-difficult context.

Solid cooperation starts from the project design phase, where both offices provide equal inputs to content and budget elaboration. To support smooth and efficient case management, standard operating procedures are shared by the offices. These hold information on all project staff as well as office details of both offices, describing roles and responsibilities of all stakeholders involved in the return and reintegration process. Together, the offices develop information materials for returnees and translate these into local languages.

During project implementation, there is continuous communication and information sharing through emails as well as regular Skype sessions; specific topics such as monitoring are discussed in webinars. IOM Afghanistan staff provide regular inputs for the pre-departure information sessions that IOM Austria arranges for returnees. This helps build trust, provides a realistic overview of opportunities and challenges upon return and helps manage returnees' expectations.

Coordination and monitoring visits in both Afghanistan and Austria reinforce the established cooperation because they provide further understanding of the working realities, procedural requirements and pre-departure and post-arrival contexts for returnees. In addition, these visits are an opportunity for IOM staff to meet with partners and other organizations to inform and build trust. They are also a way to expand referral networks and therefore enhance the sustainability of reintegration, for example in the areas of health, or technical vocational education and training. Likewise, coordination meetings in Austria allow IOM Afghanistan's staff to provide key stakeholders with up-to-date insights on the situation in Afghanistan.



#### Tips for success:

- Build staff capacity to facilitate intercultural communication and cooperation;
- Collect returnee feedback after return to help create realistic expectations for future returnees.

## 2.2.1 Vulnerability assessment

All returnees should undergo a vulnerability assessment, ideally before departure and again upon arrival in the country of origin (see *Step 4, above*).

Individual and household-level vulnerabilities must be identified early to determine whether they could prevent participation in the reintegration process. Early identification of vulnerability also helps staff prepare appropriate protective and preventive measures and is crucial for creating an effective reintegration plan.



### Definition of a migrant in a situation of vulnerability

Migrants in vulnerable situations are migrants who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse, and who are thus entitled to call on a duty bearer's heightened duty of care. Vulnerable situations that migrants face arise from diverse factors that may intersect or coexist simultaneously, influencing and exacerbating each other and also evolving or changing over time as circumstances change. Factors that generate vulnerability can cause a migrant to leave their country of origin in the first place, may occur during transit or at destination (regardless of whether the original movement was freely chosen) or may be related to a migrant's identity or circumstances. Vulnerability in this context should therefore be understood as both situational and personal. (Adapted from *IOM Glossary on Migration*, 2019).

The Rapid Vulnerability Assessment screening form and the Migrant Vulnerable to Violence, Exploitation and Abuse screening form are tools that should be used prior to travel and again when returnees arrive in their country of origin. They will soon be available online. These assessments should be carried out by trained staff. The full screening assesses all potential sources of vulnerabilities for the individual migrant and within families.

Some vulnerabilities require direct intervention to address immediate needs before and after arrival. Adults who are found to be at risk of intimate partner or other types of violence, may need assistance with protection and safety measures. Other vulnerability factors require longer-term responses that should be included in the migrant's reintegration plan (for example, ensuring that chronic medical conditions are attended to). The results of vulnerability assessments should be provided to staff in the country of origin prior to a migrant's travel only if the migrant consents to this.



For more detailed information on identifying and assisting migrants in vulnerable situations, please refer to the *IOM Handbook on Direct Assistance for Victims of Trafficking* and IOM's *Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse*.<sup>18</sup>

### Health vulnerability considerations

A basic health assessment or, at a minimum, screening for specific health needs, should be undertaken as part of the vulnerability assessment for all returnees before departure. If needed and the migrant consents,

<sup>18</sup> This Handbook is specifically concerned with a subset of vulnerable migrants: those vulnerable to violence, exploitation and abuse. Any use of the term "vulnerable migrants" for should be understood to mean migrants vulnerable to violence, exploitation and abuse.

physical assessments should follow. For migrants with health needs, case managers need to be alerted to the fact that there is a health vulnerability. There needs to be comprehensive knowledge of available health services in the country of origin to enable the development of a transition plan before a returnee travels. This helps determine, for example, if a migrant can stay on the same medication or treatment regime (especially for mental health and autoimmune disorders) in the country of origin.

In contexts where health needs (for example, diagnostics, physicians, medication) for chronic health conditions (for example asthma, renal disease, diabetes, HIV) cannot be met in the country of origin, relocation needs to be considered in collaboration with health service providers in both the host country and the country of origin. The options all involve extensive counselling and include:

1. **Not to return.** Return should not take place if the returnee is receiving life-saving or life-prolonging treatment in the host country and he or she will be unable to receive such treatment in the country of origin. Patients may still want to return under these circumstances. However, this should not be facilitated if the absence of critical services (for example, dialysis) will result in the death of the returnee.
2. **Continue with return.** The patient may be in a terminal stage and would rather obtain less sophisticated palliative care with their family and loved ones than stay alone in a more resourced hospital. When care in the country of origin is available, but limited, extra effort should be made to help the returnee access this care.
3. **Relocation to another area.** This is not always possible, but should be explored if the option exists.

Guidance to case managers for these situations is complex and decisions should therefore focus on collaborating with subject matter experts, trusted colleagues and, most importantly, the returnees.

Continuity of care must be prioritized when working with migrants in vulnerable situations, especially when it comes to health needs. The returnee should be alerted to any changes in medication or treatment regimens, and these must only occur with the returnee's full participation and consent.

## 2.2.2 Risk Assessment

If returnees are identified as vulnerable, case managers should carry out a risk assessment and put in place an individualized security plan. Guidance on how to do this is found in the *Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse*.



### Special Consideration: Victims of Trafficking

People attempting to reintegrate into home communities after being victims of human trafficking can have special needs and considerations that need to be accounted for during reintegration. Among these is the extra support victims of trafficking may need for family reunification and rebuilding social networks. Successful reintegration may require tracing families prior to return so victims can return to their own communities. It could mean educating a victim's family about what the returnee was subject to while away. If risks exist for social rejection or isolation due to stigma associated with human trafficking, then case managers need to call on local NGOs, local service providers or trained staff to advise how to facilitate familial acceptance. Victims of trafficking may also be in greater need of temporary housing, medical and psychological services, or special security measures if any threats exist during their return. Preparing for these extra needs in the pre-return of reintegration is crucial. The IOM Handbook on Direct Assistance for Victims of Trafficking (2007) and IOM's *Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse* provide in-depth guidance on how to serve victims of trafficking.

## 2.2.3 Family assessment

Family members can play an important role in a migrant's decision-making process. An assessment of a returnee's family situation, especially for returnees who are considered vulnerable, can provide valuable insight into factors that could support – or hinder – the returnee's successful reintegration. This is also called "household assessment". For more information on this type of assessment, see the tools provided as part of the IOM *Handbook on Direct Assistance for Victims of Trafficking* (2007) and IOM's *Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse*.

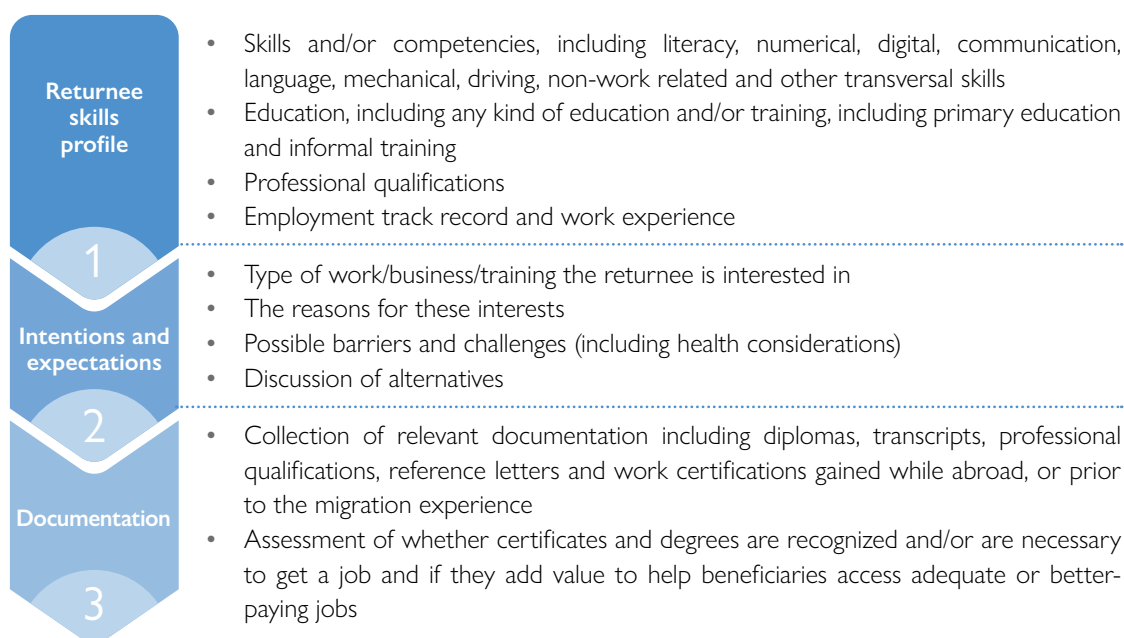
## 2.2.4 Skills assessment

A skills assessment should precede the development of the reintegration plan. Gathering information on a returnee's skills, education and aspirations is important for:

- Tailoring reintegration support, especially economic assistance;
- Recognizing and addressing any potential mismatch between a returnee's existing skills, training and the skills demand in the country of origin;
- Helping the returnee feel that reintegration assistance is building on their specific needs and strengths and that they have a chance of succeeding; and
- Creating an element of trust and encouraging ownership in the reintegration process.

The figure below outlines the steps that can be taken to assess returnees' skills.

**Figure 2.3: Steps to assess an individual returnee's skills**



There are several tools available to help facilitate an individual skills' assessment such as:

- [EU Skills Profile Tool for Third-Country Nationals](#), intended for use by organizations offering assistance to third-country nationals for labour market integration, with a configuration feature to allow organizations to create their own tailor-made questionnaire;
- [Skills Health Check](#) (United Kingdom), which identifies skills and qualifications of jobseekers in order to help returnees steer their career plans;
- [UNESCO International Standard Classification of Education](#).

**Skills or competency tests** assess beneficiaries' specific skills irrespective of how and where they were acquired. Skills may have been gained through means that include any combination of formal or informal training and education, work or general life experience.



Case managers can refer returnees to skills' tests if one or more of the following facilities are present in the country of origin and are willing to cooperate within the referral framework of the reintegration programme:

- **Institutes for the Recognition of Prior Learning (RPL)** provides assessment and certification that proves a person's competency, based on occupational standards, regardless of how these competencies were acquired. RPL is important for self-employed people looking for jobs, workers seeking career progression, workers in the informal economy wanting to shift to formal jobs and practitioners wanting to enter an educational pathway. RPL is very important in the context of return migration, as it allows workers to have the skills they may have acquired abroad recognized in their country of origin.
- **General skills' testing facilities** include those provided by TVET centres. Skills' testing facilities often use several assessment methods or strategies to measure an individual's performance, competencies and skills. They provide a range of testing methods for different occupational competencies.
- **Public employment services (PES) and private employment agencies (PrEAs)** are generally services that assist in matching job candidates with employers and often provide other services such as counselling and vocational guidance, job-search courses and related forms of intensified counselling for people with difficulties in finding employment. In countries where PES or PrEAs are available and provide skills' assessments in-house, consider referrals for returnees who are already likely to possess the skills and competencies for the occupation envisaged in the reintegration plan. For returnees eligible for job placement, the skills' assessment should directly link to the assisted job search and matching process foreseen by the PES or PrEAs.
- **Employers providing on-the-job skills' verification and training for returnees allow returnees to work** on the job to demonstrate their skill level, or to practice in a limited authorized format. Depending on the specific regulatory system of the country of origin, the returnee might also be issued a provisional or conditional licence, which is made permanent once the individual's skills have been verified during his or her on-the-job performance.

In case none of the above types of entities are present in the country of origin, the case manager should coordinate with relevant CSOs and NGOs to set up a service stream for skills' assessments that is linked to the qualifications framework of the country of origin.

While some providers (for example, public employment services in most contexts) conduct skills' assessments free of charge, others may charge returnees a variable fee that is dependent on the skills' assessment provider and the range of skills and competencies assessed.

## 2.2.5 Reintegration Sustainability Survey as an assessment tool

One way to perform a comprehensive assessment of a returnee's reintegration situation is to use the Reintegration Sustainability Survey scoring tool.<sup>19</sup> This scoring system evaluates the returnee's ability to achieve sustainable reintegration along the economic, social and psychosocial dimensions (*see section 1.3 for explanation of the three dimensions*).

<sup>19</sup> The scoring system was developed on the basis of conclusions from IOM's *Mediterranean Sustainable Reintegration (MEASURE)* project in 2017, funded by the United Kingdom's Department for International Development (DFID). The survey design was tested through qualitative and quantitative fieldwork in five key countries of origin: Afghanistan, Ethiopia, Iraq, Senegal and Somalia. See more in *Samuel Hall/IOM, 2017*.

Using the survey at the assessment phase can serve three purposes:

- It provides a standardized and holistic approach to tailoring reintegration assistance;
- It establishes a common set of indicators to create a baseline for monitoring returnees' progress towards sustainable reintegration over time;
- It helps case managers identify returnees whose reintegration needs may be higher, because returnees with lower scores are more likely to require greater support and follow-up.

When the tool is used throughout the reintegration process, the information it gathers can be used to help answer the following question: To what extent have returnees achieved a level of sustainable reintegration in their return communities? It is important to note that using the Reintegration Sustainability Survey as an assessment tool does not replace the other assessments (above) because those should still be used to pinpoint the specific areas of intervention.

### Understanding the survey results

The scoring system produces:

- A composite reintegration score measuring overall reintegration sustainability and which is therefore useful as a general baseline measure; and
- Three separate dimensional scores (economic, social and psychosocial) that measure sustainability in each dimension of reintegration and can highlight discrepancies in status and progress between these dimensions, as well as areas where further assistance might be desirable. Two migrants with a similar composite reintegration score might have very different dimensional scores, signaling different reintegration experiences and needs.



For more detailed information on using the Reintegration Sustainability Survey, including the indicators and survey tool, see [Annex 4](#).

### Results use in case management and reintegration planning

All scores are between 0–1 and case managers can use a reintegration score calculator included in the package to automatically process respondents' answers and calculate the reintegration scores. Case managers can then adjust the intensity of case management and reintegration assistance: an **intensified approach** would be advisable for returnees whose composite or dimensional score falls below 0.33. If a score reaches values above 0.66, case managers can employ a **hands-off approach**, with lighter support for the beneficiary overall or in the specific dimension of reintegration where the returnee has achieved a high score. Understanding the reintegration needs of beneficiaries through this scoring can therefore enable case managers to allocate their efforts and services or resources where they are needed most.



TIP

Be careful when interpreting scores generated for respondents with a large percentage of answers falling under the “I don't know/I don't wish to answer” category. It is recommended that for all respondents who use this answer option more than seven times (more than 20% of indicators), the number of “I don't know/I don't wish to answer” responses should be noted alongside their reintegration scores. This will highlight that the scoring might carry a lesser degree of accuracy.

## 2.3 Reintegration planning and follow-up

A reintegration plan is a tool for returnees to identify their objectives for their reintegration process and to plan, with the support of the case manager, what support is needed and how it will be provided. The plan is developed by bringing together an understanding of the returnee's skills, needs and motivations and the context of the return environment, including its challenges, opportunities and available services. A reintegration plan should be developed for each returnee that is being assisted by a reintegration organization.

There are four main steps for developing and implementing a successful reintegration plan:

- Review and analyse the returnee's own objectives and motivations for the reintegration process (*elicited in Step 6 of the first counselling session, see section 2.1.1*) together with findings from individual assessments (*see section 2.2*) and information from the context assessments (*see section 1.4.2*);
- Use the feasibility grid, or another tool, to identify appropriate support activities, covered in *section 2.3.1* (*see section 1.4.3 for information on developing feasibility grids*);
- Draft the full reintegration plan, covered in *section 2.3.2* (suggested template can be found in *Annex 3*);
- Establish regular follow-up, covered in *section 2.3.3*.

While it is preferable that reintegration plans be developed or refined within one month of a migrant's return to their country of origin, it is also preferable that individual programmes have the option to maintain some leeway when it comes to time frames and time limits. Different migrants have different needs and cannot always adhere to the same reintegration assistance structure, especially migrants those who have vulnerabilities. This can become a challenge when funding sources impose rigid rules around eligibility and place the full burden of responsibility on the returnee. Advocating for exceptions to rules and flexibility in timelines, when necessary, is therefore important.

This chapter provides further details on developing and implementing a reintegration plan, supported by further guidance in the annexes:

- 2.3.1 Using the feasibility grid
- 2.3.2 Components of an individual reintegration plan
- 2.3.3 Reintegration planning and follow-up

### 2.3.1 Using the feasibility grid

Section 1.4.3 guides staff through the process of developing feasibility grids in a reintegration programme. This section guides case managers through the use of the grids, once developed.

The feasibility grid is a tool that the case manager can use when helping a returnee design an individual reintegration plan. It lays out various alternatives for addressing the returnee's economic, social and psychosocial needs and the conditions under which those interventions are most appropriate. The full reintegration grid can be found in [Annex 5](#).

The feasibility grid guides the targeting of assistance, which is the activity of selecting reintegration services for returnees, their families or their communities based on individual circumstances and the barriers faced in reintegration.

Case managers should tailor reintegration support measures for returnees in modular form. In practice, this means that reintegration services should be adapted in terms of type, duration and intensity to the returnee's and to the family's needs, capacities and intent. For instance, while a skills' assessment coupled with a three-month TVET programme might be useful for one returnee, another returnee may only need a referral to a local public employment service office for job matching and successful labour market reintegration.

### 2.3.2 Components of an individual reintegration plan

The format of an individual reintegration plan varies from context to context and organization to organization. But it can be modelled on the recommended template in [Annex 3](#). Typically, the following components should be addressed, covering the economic, social and psychosocial aspects of reintegration:

- Financial allocations (*cash or in-kind assistance, see table 2.2*)
- Income-generating activities
- Vocational training or apprenticeships
- Housing, food and nutrition
- Legal and documentation needs
- Education and skills' development
- Medical and health-related needs
- Transport
- Security
- Psychosocial needs
- Family needs and counselling

The reintegration plan should incorporate the information gathered during the needs assessment and provide an overview of the services returnees will need to access, including relevant contact details for service providers. It should include information on how and when the case will be monitored, how feedback from the returnee will be incorporated and how information will be shared between the returnee, the case manager and other service providers, accounting for privacy and confidentiality.

Reintegration plans should additionally estimate how long returnees need to access services. When possible, they should incorporate information on case management exit or completion. Transition to mainstream services should be discussed if relevant (for example, for people with long-term medical or psychosocial needs). Consent forms should include all components and be updated each time the plan is amended.



Please refer to the relevant chapters in this module for detailed guidance on the modalities of assistance in the economic (2.4), social (2.5) and psychosocial (2.6) dimensions.

### Referral to existing services

Effective case management depends largely on strong linkages and referral mechanisms in the place of return. Referral mechanisms are formal or informal ways to (re)establish networks with existing organizations, agencies and providers. The ultimate aim of coordinating services by establishing linkages, is to provide access for beneficiaries to a continuum of services recognizing that rarely a single organization will be capable or appropriate to meet all of an individual's needs.

In the context of return, a referral occurs when a case manager guides a returnee to a service with the intention of meeting their reintegration needs. The referral process should include:

- Documentation of the referral;
- Consideration for privacy, data protection and confidentiality, especially for sharing personal data; and
- A follow-up process.

For more information on establishing and strengthening referral mechanisms in countries of origin, [see section 4.1.3](#).

## Cash and in-kind support

In some programmes, the direct provision of cash is a way to meet returnees' needs while also reinforcing their agency to make decisions about how to best meet their needs. However, there are some potential risks and downsides to cash transfers. The table below outlines key questions and criteria to assist decision-making between cash, in-kind support or a combination of both.

**Table 2.2: Decision-making criteria for choice of cash or in-kind assistance options**

Level	Considerations
Programme design	<ul style="list-style-type: none"> <li>Is cash-based support foreseen in the reintegration programme?</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>Are there tangible cost savings or efficiency gains in using cash-based support over alternative response options such as in-kind grant packages?</li> <li>If the preferred option is not the most cost-efficient, what is the justification for increased costs?</li> </ul>
Incentivization	<ul style="list-style-type: none"> <li>Will cash provision provide an incentive in migrant or potential migrant decision-making, including for irregular migration?</li> </ul>
Risk assessment	<ul style="list-style-type: none"> <li>What are the potential risks and benefits of using cash-based support (such as individual, household and community dynamics; insecurity; fraud or diversion; and data protection) compared with alternatives? Does the security context allow for direct cash payments to beneficiaries (considering both beneficiary and staff security)?</li> <li>How do these risks compare to other response options such as in-kind grant packages?</li> <li>Are these risks manageable?</li> </ul>
Conditionality	<ul style="list-style-type: none"> <li>Is it necessary to impose conditions to reach objectives?</li> <li>Are the necessary goods, services and technical assistance available in appropriate quantity and quality to attach conditions to the use of or eligibility for cash-based support?</li> </ul>
Partners	<ul style="list-style-type: none"> <li>What are the potential partnerships and implementation scenarios?</li> <li>Is there a partner with the capacity to carry out direct cash payments in a cost-effective manner (experience, risk controls, willingness)?</li> <li>What additional capacity is needed? Where and how quickly can it be found?</li> </ul>
Final decision	<ul style="list-style-type: none"> <li>What are the criteria that will be used for the decision?</li> <li>What will be the amount of payments?</li> <li>How many installments will be made?</li> <li>How will risks be monitored?</li> <li>How will the effectiveness of the payments be measured?</li> </ul>

Source: Adapted from UNHCR, 2017.

## Reintegration assistance when services are unavailable

Sometimes services are not available, appropriate, accessible or well-matched to a returnee's strengths and needs. Nevertheless, the case manager still has an important role to play. All instances in which staff cannot address the needs of returnees should be recorded and monitored. This data can inform advocacy efforts at community and structural levels.

When there is a lack of services required by the returnee, the case manager can advocate for the establishment of suitable services or the inclusion of returnees in other available services if appropriate. For example, it may be possible for a woman who is the victim of trafficking to access a shelter that exists for women who have experienced intimate partner violence. When this approach is taken, it should not introduce risks or cause harm to the wider population accessing the existing service.

When there are no available services, case managers can facilitate safety planning exercises with returnees. This involves working together to identify the risks they face and developing mitigation strategies to avoid or reduce harm as well as coping strategies in the event that a risk materializes. Where there are emergency services, for instance law enforcement, emergency health-care or fire services, and they do not pose a risk to the returnee, information on how to access them should be provided.

Where needs cannot be met, or are urgent, other options for assistance should be considered. This includes relocation to other areas where services are available.

### 2.3.3 Reintegration follow-up

Once agreed between case manager and returnee, a reintegration plan should be implemented. This can be undertaken by helping the returnee navigate administrative processes, accompanying the returnee to appointments, setting up meetings with officials (for example, school principals) to help with enrolments or access, and following up with the returnee.



Reintegration plans should be reviewed periodically with the returnee and adapted as necessary, especially when and if a returnee's needs, risks or goals change. The returnee should be able to opt out of reintegration support at any time and should always have an updated copy of their own plan. Lastly, reintegration plans should always include an exit strategy that outlines when case management will come to an end and how the transition away from case management will occur.

#### Follow-up meetings

Follow-up meetings should occur periodically throughout reintegration and ideally for 12 to 18 months after the reintegration plan is established to take account of any notable changes in the returnee's life during that time. The frequency of meetings should depend on the returnee's willingness and need, though a mid-year monitoring report (six months after the reintegration plan was initially established) and a final monitoring report for all returnees (approximately 12 months after that) is ideal.

Follow-ups are preferably conducted face-to-face. However, if in-person follow-ups are not possible they can be done via phone or email. One way to help minimize the risk that returnees will not be able to be contacted

following their return, is to work with local telecommunication companies to provide communication kits to eligible returnees.

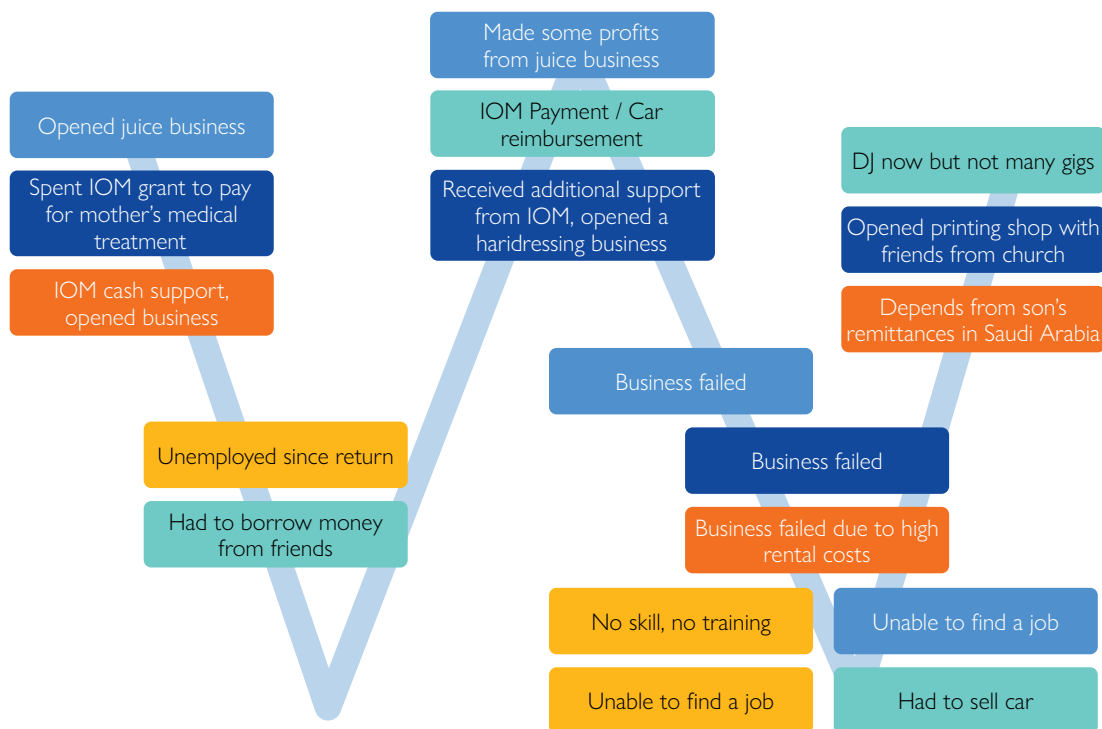
It is also helpful to use any contact opportunity to engage in monitoring and follow-up with returnees, for example when providing instalments of cash or in-kind assistance.

When a returnee’s circumstances change drastically, it may be necessary to re-administer certain individual assessments. If the Reintegration Sustainability Survey scoring system has been used as a baseline, it should be administered regularly, ideally every three months to track progress and, if needed, to adjust the reintegration plan accordingly.

Returnees in vulnerable situations should receive more frequent follow-up sessions. For example, it is recommended that returnees who are victims of trafficking be assessed once a month during the first three months post-return, then twice between months three and nine, and finally once more during the twelfth month. Should the returnee need extended assistance for any reason, monitoring should continue past the 12-month mark. Please refer to Module 5 for more details on monitoring and evaluation of reintegration assistance.

One useful tool for follow-up counselling sessions is the “W” model, which helps both identify the key challenges and opportunities experienced by the returnee, and the selection of the relevant complementary approaches to be adopted. The W model helps the case manager and the returnee with the discussion around the natural progression of “ups” and “downs” in the reintegration experience. Overall, the W model can help the lead reintegration organization identify trends in beneficiaries’ experiences as well as the unique nature of each beneficiary’s skills, capacities and social networks within a given community.

**Figure 2.4: W model sample illustration**



Source: IOM/Samuel Hall, 2017a.



The example of a W model above was completed during a focus group session with several returnees (each individual is represented by a different colour). The session focused on the economic dimension of reintegration. As can be seen from the graph, the W model provides a good overview of the different challenges (for example, “business failed due to high rental costs”) and opportunities (“opened printing shop with friend from church”) that individuals may experience during the reintegration process. As such, the W model can be useful for individual follow-up visits at different stages of return. It is a way to identify and address returnees’ needs which arise later during the reintegration process and which require a different response than the initial planning foresaw. This allows for the reintegration plan to be updated periodically, based on the key challenges and opportunities discussed.



Case managers should refer to [Annex 1.G](#) for instructions on the development and use of the W model in counselling sessions with returning migrants.

## 2.4 Economic reintegration assistance

Economic reintegration assistance helps returnees establish economic self-sufficiency upon their return. Many reintegration programmes include support for economic reintegration as often the reason returnees first leave is because of the lack of a decent income. This type of assistance is useful for helping returnees who need skills or resources to (re)establish adequate and sustained income generation for themselves and their families.

This section introduces different types of economic assistance at the individual level, although economic reintegration assistance can also be collective or community-based (see [section 3.2](#)) and different levels of assistance are not necessarily mutually exclusive. For example, returnees can be assisted individually with specific needs such as high levels of non-productive debt, whilst also being assisted within a collective project to set up an activity that will provide them with a long-term income.

If returnees are fit to work,<sup>20</sup> economic reintegration pathways can involve inclusion in local labour markets as entrepreneurs, co-owners of collective enterprises, including cooperatives, or wage or salaried workers.

To help returnees access these opportunities, individual economic reintegration assistance could include:

- [Creation or strengthening of income-generating activities](#) (for example, business start-up support, access to banking and microcredit);
- [Job placement](#) (apprenticeship/on-the-job training, paid internships); and
- [Training or educational support](#) (vocational training, skills’ development, finance and budgeting counselling).

Economic reintegration measures should fit the specific needs and skills of the returnee, the local labour market, the social context and the available resources.

<sup>20</sup> This should be determined as a result of the individual assessment process, in particular the results of vulnerability and risk assessments and results of any other preliminary needs-assessments, if conducted. It should also take into consideration national and local labour regulations, identified through the labour market assessment.

- Each beneficiary should be counselled individually, and their **individual skills, education, aspirations and limitations** considered against the **structural conditions**. For example, not all returnees have the skills and capacity to successfully start their own business, just as entrepreneurship is not an optimal strategy in contexts where there are important structural challenges. In this case, using business-development support as a form of assistance risks not only the failure of the business but also negative consequences for the returnee such as debt, loss of social capital and both a negative emotional and psychological impact. It may even incentivize attempts at irregular re-migration. Guidance on assessing the labour market and returnees' skills can be found in sections 1.4.2 and 2.2.4, respectively.
- **Social factors**, including social norms on gender and age, should also be considered when determining the best type of economic support to provide returnees. There may be challenges for returnees wishing to pursue an economic option that challenges existing social norms in their community, and they may require additional support to overcome them. If a beneficiary's aspirations do not align with available or commonly sought opportunities, alternatives should be explored and their goals for economic reintegration met in other ways.
- Some returnees may have **barriers that would prevent them from working outside the home for long periods of time**, including childcare or other family responsibilities or limited mobility. In these cases, income-generating activities in or close to the home should be explored, or the possibility of providing childcare to allow returnees to attend trainings.
- Returnees' **psychological and emotional well-being** is also important. Studies on the impact of livelihood activities for different populations worldwide tend to suggest that returnees who have undergone highly stressful migratory paths or who are very distressed about the return may not be able to take full advantage of the livelihood opportunities that are offered to them.

A lack of a livelihood can be one of the main sources of stress for an individual and having an occupation can help to alleviate negative feelings. However, for a returnee to have a successful and holistic reintegration, livelihoods must be accompanied by a healthy social life and strong networks and connections. Moreover, certain psychological states characterized by toxic levels of stress, deep anxieties and social stigma can make it difficult for an individual to engage in livelihood interventions or benefit from livelihood opportunities. As such, the economic reintegration measures outlined in this section should be implemented in combination with the individually tailored social and psychosocial support measures detailed in chapters 2.5 and 2.6.

This chapter presents an overview of the following types of economic assistance typically recommended for consideration at the individual level, supported by further guidance in the annexes:

- 2.4.1 Skills development and vocational training
- 2.4.2 Job placement
- 2.4.3 Business Development Support
- 2.4.4 Access to banking and microloans
- 2.4.5 Budgeting and financial counselling

## 2.4.1 Skills development and vocational training

Helping returnees develop skills for specific occupations, for example through technical vocational education and training (TVET), can be an effective way to support them in (re-)entering the workforce. Most reintegration programmes include skills' development and technical vocational education and training in the country of origin following return, though they can also be beneficial if provided as part of pre-departure assistance in host countries (see *Case Study 3, below*).



### Case Study 3: Pre-departure vocational and soft skills' training in Morocco

Many migrants stranded in Morocco opt for assisted voluntary return and reintegration (AVRR), but their lack of skills and qualifications often hinders their employability upon return.

FORAS, meaning “opportunities” in Arabic, is a project providing enhanced pre-return assistance to migrants returning from Morocco to eight West African countries. Through this project, and in coordination with a consulting firm (Samuel Hall), IOM conducted in-depth research on beneficiaries' profiles and needs and developed a socioeconomic mapping of the eight target countries. Based on the results, IOM designed six tailored training courses that are suggested to returnees before departure.

These courses are part of a holistic eight-week package for AVRR beneficiaries. The package of services aims to strengthen migrants' preparedness and skills while in the host country to improve their socioeconomic reintegration upon return. It allows migrants to optimize their time before their return. The courses cover soft skills, life skills, entrepreneurship, marketing, agriculture and handicraft. They also help build returnees' trust in the reintegration process.

To reach out to potential AVRR beneficiaries, IOM Morocco, in collaboration with the National Mutual Aid Society, established three migrant orientation points in three key transit areas. Printed, digital and audiovisual communication materials promoted awareness of the reintegration process and the FORAS programme.



#### Tips for success:

- Check that acquired skills are transferable to and applicable in countries of origin.
- When locating migrant orientation points, anticipate aspects of the local context that may hinder active migrant interest and participation.
- Provide direct support (accommodation, transportation, food) for beneficiaries during the training, since their participation in the training will mean that they are not able to generate income for the duration of the training.

In addition to improving employment prospects, skills' development and TVET programmes can build the resilience of learners and drive their economic, personal and social development.

Following the skills' assessment at the reintegration planning stage, the case manager can design a skills' development component of the individual reintegration plan, based on the returnee's skill level, experience, educational profile, intentions and needs. If available prior to return, well-targeted skills' training can boost returnees' confidence in their ability to (re-) establish economic self-sufficiency in their place of origin. While skills' training should acknowledge the gender composition of the workforce of different work industries, returnees should not be limited to skills' training in a specific sector based on their sex or gender, but should be offered the same choices and opportunities for training regardless. It should be up to returnees alone to decide which opportunities to pursue.

Building on the assessments (*see sections 1.4.2 and 2.2.4*) of individual and family-level factors, the reintegration support services available in the country of origin and the wider socioeconomic and structural environment in the country of origin, returnees and the case manager can jointly develop a tailored skills' development plan. This plan can include one or more of the following components:

- **Technical and vocational training programme(s)** and **work-based learning programme(s)**, including apprenticeships, internships, on-the job training, professional mentorship programmes, career planning and guidance;
- **Business development training**, including financial literacy training or short-term training on business-plan development, which can be paired with other business development support such as grants or assets;
- **Scholarship and enrolment in primary/secondary/tertiary education** in the educational system in the country of origin; and
- **Adult education programmes** that can include literacy, numeracy and digital skills' classes as well as **soft skills' training** in areas such as teamwork, communication skills, life skills or **language training**.

To help skills' development programmes effectively support the socioeconomic reintegration of returnees, the following should be taken into account:

- Returnees may be interested in completing vocational training and willing to apply the practical skills learned there and generate income in formal employment or self-employment after the end of the vocational training.
- Sociocultural (especially gender) barriers in the community of return could negatively affect enrolment and participation in education. Family and community responsibilities may also have an impact.
- Returnees should have the necessary qualifications and skills for that level or type of education. For instance, if returnees want to pursue tertiary education, case managers need to verify that the individual has successfully completed secondary education.
- Skills' development and vocational training should ideally be linked to a pre-identified job placement strategy (*see section 2.4.2*), a specific vacancy or cluster of vacancies, or a partnership with an employer (*see Case Study 4, below, for an example of training linked to seasonal construction work in Burkina Faso*). If this is not the case, experience suggests that vocational and core skills' training risk raising false expectations that may prove detrimental to the overall process of reintegration.
- Can returnees support themselves financially while taking part in the education programme? In some cases, there may be a need to provide returnees with financial and other support (for example childcare, transport to venue) to follow through with the training from start to graduation.

- Skills' programmes can also be linked to community-based projects and community-level interventions to facilitate participation in existing or forthcoming collective projects and enterprises (see section 3.2). This can enhance both the social and the economic reintegration of individual returnees and produce benefits for communities of origin.

The reintegration plan should specify the approximate length of time a beneficiary will access the skills' development services. It should incorporate, where possible, information on exit, transition and completion.

The feasibility grid for skills development and vocational training is available in [Annex 5](#).



SPOTLIGHT

Past reintegration projects generally show that when given the choice, the vast majority of returnees opt for business development support instead of skills' development and TVET options. The main reason for this seems to be the “shorter” process involved in the business start-up option and the faster return on investment. However, returnees often face severe challenges to sustaining their businesses after a short time period, suggesting that TVET and/or job-placement schemes may have been a more suitable option.



#### Case Study 4: Skills development in Burkina Faso

In Burkina Faso, Independence Day celebrations generate an annual labour demand related to various construction projects such as road rehabilitation, new housing and store renovations. Construction sites are thus opportunities for many returning Burkinabé who have acquired experience in the building sector during their migration journey, particularly in Libya and Algeria.

To consolidate and adapt their construction skills to local market needs, IOM Burkina Faso organized a one-month skills-development training in Tenkodogo for 40 people in the construction sector, facilitated by a local training partner. Because construction material can be limited and expensive in rural areas, the technical training also included making bricks and cobbles.

This skills-development training targeted returning migrants but also local community members selected by the regional Social Services Department. Training sessions were participatory, with returnees invited to share construction techniques they learned while abroad. This also reinforced social bonds between participants.

The one-month training course also included awareness-raising activities related to sexual health and coaching sessions to reinforce self-esteem. Trainers also conducted entrepreneurship sessions and helped beneficiaries develop business plans that would be submitted to local development funds supporting youth initiatives. Beneficiaries then received assistance to formally register their business so that they could participate in public tenders for local rehabilitation projects.



#### Tips for success:

- Support participation through cash-for-training or small subsidies.

## 2.4.2 Job placement

Facilitating the integration of returnees in wage and salaried work depends primarily on the local economy. It is therefore critical that job placement interventions are aligned with the capacity of local enterprises to create sustainable jobs. The feasibility of different job placement strategies should be determined in light of recent labour market analyses, as outlined in [section 1.4.3](#).

Within the scope of job placement support, three activities are particularly useful for assisting returnees: career guidance and counselling, apprenticeship schemes and public work or cash-for-work initiatives.

### Career guidance and counselling

Connecting returnees with employment entails providing guidance and counselling to returnees on their career and job options. This is usually carried out by the case manager, or, where available, an economic reintegration specialist. This counselling aims to help the returnee:

- understand the range of realistic opportunities for securing salaried work as part of a viable reintegration process;
- perform the required actions to adjust his professional profile to jobs on offer in the local labour market, including the acquisition of soft skills and vocational training and re-training.

Irrespective of whether job placements are undertaken by an external referral partner or the lead reintegration organization, having accurate and up-to-date labour market information is critical for developing effective job placement services. Having taken into account local labour and skills needs, case managers need to provide career guidance to returnees, including providing realistic information on opportunities and challenges.

Career guidance and counselling involves using the returnee's skill profile and work experience to identify jobs that would be appropriate and determine if additional training is necessary to secure those jobs. Case managers should support returnees to make applications to available jobs, apprenticeship schemes and/or skills development programmes.

If labour market information, especially vacancy databases, are present and publicly available in the countries of origin, the lead reintegration organization should explore options to set up workstations with web-based resources on job search and counselling. Depending on the context, some skills may also be acquired through distance learning, including on searching for jobs, preparing a curriculum vitae (CV) or preparing for job interviews.



Case managers can refer to [Annex 1.G](#) for more detailed guidance on career counselling.

In reintegration contexts where local labour markets are vibrant and there are a sufficient number of migrants returns to the same area, the lead reintegration organization can develop a roster or database of trusted individual employers and employers' organizations, including chambers of commerce. If a public employment service (PES) or a system of job centres is available, these activities should be conducted in partnership with those authorities. Partnerships can help increase the employability of returnees and help broker job opportunities for beneficiaries.

To do this, the lead reintegration organization should contact national and local associations of employers, as well as sectoral associations whose activities are most relevant for the typical skills profiles of returnees. When contacting employers, reintegration staff should highlight the comparative advantages of returnees, including any language skills and other competences acquired abroad. See Case Study 5, below, for a picture of how this was done in Iraq.



### Case Study 5: Joint approach in the field of job placement assistance for Iraqi returnees (Kurdistan Region of Iraq)

A study commissioned in 2010 by IOM Iraq revealed a demand in the Iraqi private sector to hire returnees. To better connect returning migrants with potential employers in the Kurdistan Region of Iraq (KRI), the European Return Fund (Community Actions 2013), with the participation of several EU member States, funded MAGNET II.

The project aimed at setting up a harmonized job placement and training support scheme to provide consistent and coordinated assistance to potential returnees from Belgium, Finland, France, Germany, the Netherlands and the United Kingdom, through homogeneous pre-departure information on job placement assistance, on the socioeconomic context of the KRI and on concrete job and training opportunities.

Post-arrival counselling and referrals were conducted by a specific reintegration team. Referrals were informed by a comprehensive market survey and mapping of relevant training centres (vocational, IT and language trainings), coupled with assessments of returnees' skills and experience.

To place suitable candidates for identified job vacancies in the KRI, a common database was set up, listing the professional profiles of returnees from the six participating host countries. It also helped returnees seize concrete job opportunities. Job and training fairs were organized to allow them to meet with potential employers, learn more about employment opportunities and receive help and tips for networking and CV drafting. A project website and Facebook page were set up to enhance the visibility of the project and sustain communication with potential beneficiaries.

To encourage local ownership of job placements as a long-term socioeconomic reintegration approach for returnees, links with local authorities were reinforced. This was ensured through the organization of follow-up workshops in the three governorates of the KRI, and through a study visit of local authorities to the participating EU member States. Further visits by European national employment agencies to the KRI helped reinforce cooperation and capacity-building.



#### Tips for success:

- Organize regular small-scale networking and social events and involve employed beneficiaries to act as mentors.

Where there are groups of returnees, it may be useful to cooperate with strategic employers and with employers' organizations to secure multiple placements at once. Job fairs may be one way to strategically target employers and lead reintegration reorganizations may wish to organize their own job fair and combine the event with training for returnees on soft skills, CV writing and job interviewing.<sup>21</sup>




## Apprenticeships

Job placement assistance can be offered alongside apprenticeship programmes that provide on-the-job training, sometimes in combination with classroom learning, to acquire vocational competences and knowledge.

Apprenticeship programmes vary greatly from country to country. For this reason, case managers need specific knowledge about the expected impact of different apprenticeship schemes on the employability of individuals and the desired post-apprenticeship activity (employment or self-employment). Apprenticeships should have clear job descriptions, offer returnees a salary and provide returnees with a contract of employment.





When areas of high return do not have adequate apprenticeship schemes, the lead reintegration organization, with sufficient budget, can consider creating one by engaging with employers' organizations, chambers of commerce and training providers. Before designing an apprenticeship programme, the lead reintegration organization should research potential employers that could participate. Table 2.3 provides an overview of the key steps required for developing a market-oriented apprenticeship scheme.

**Table 2.3: Developing an apprenticeship scheme**

Step	Activities
<p><b>1. Explore</b></p> 	<p><input type="checkbox"/> Explore apprenticeships as a strategy to meet reintegration objectives for returnees in need of training, retraining, or as a way to make them transit from the vocational school classroom to a stable job. Sectors and industries should be pre-selected based on the findings of preceding labour market assessments (<i>see section 1.4.2</i>).</p>
<p><b>2. Promote</b></p> 	<p><input type="checkbox"/> Promote the apprenticeship programmes with employers' organizations, chambers of commerce and other industrial and training partners, highlighting potential benefits of taking part in an apprenticeship scheme, such as:</p> <ul style="list-style-type: none"> <li>→ Registered apprenticeships are a well-established approach for preparing workers for jobs and meeting employers' needs for a skilled workforce that continues to innovate and adapt to meet the needs of the markets.</li> <li>→ Businesses that use apprenticeships reduce worker turnover by fostering greater employee loyalty and increasing productivity.</li> <li>→ Apprenticeships offer workers a way to start new careers with good wages.</li> </ul>
<p><b>3. Partner</b></p> 	<p><input type="checkbox"/> Partner with key stakeholders in the region to develop an apprenticeship programme. Identify employers and training providers whose curricula and methods are endorsed by employers.</p>

<sup>21</sup> See ILO's *How to Design, Plan, Implement and Evaluate an Employment Fair. Manual for Public Employment Service Offices and local career guidance taskforces in Egypt* (2017).



<p><b>4. Build</b></p> 	<p><input type="checkbox"/> Build the core components of the apprenticeship programme: classroom training; selection; on-the-job training.</p>
<p><b>5. Register</b></p> 	<p><input type="checkbox"/> Register the programme to join a national apprenticeship network.<sup>22</sup></p>
<p><b>6. Launch</b></p> 	<p><input type="checkbox"/> Launch the new registered apprenticeship programme.</p>
<p><b>7. Fine-tune</b></p> 	<p><input type="checkbox"/> Fine-tune the training strategy with a local or sectoral expert and foster ownership of employers and training partners.</p>

## Public work or cash for work

Public work or cash for work are types of economic assistance in which returnees are given short-term employment, usually paid by the day or week, arranged by the lead reintegration organization for the purpose of improving communal or public spaces or goods. This type of active labour market programme is critical in economic reintegration contexts that have a high number of returnees and close partnerships with local authorities.

Public work can be very effective in re-establishing ties between returnees and their own communities while also providing returnees with an immediate income. Involvement in cash for work schemes usually lasts between one and three months. Typical activities include infrastructure construction activities, cleaning public spaces, gardening and other community services that are selected by the reintegration office in concert with the local authority (see *Case Study 6, below, for an example of how cash-for-work is set up in Guinea*). There may be good opportunities for this type of approach in the sphere of community-based infrastructure for climate change adaptation. Public works on irrigation, flood risk or water conservation, for example, are usually labour-intensive and require minimal training. Some also offer long-term jobs related to maintenance of the infrastructure or project that was the focus of the initial work.

<sup>22</sup> A national apprenticeship network comprises all accredited apprenticeship programmes, as regulated by the pertinent line ministry or government agency in charge of the national apprenticeship system.



### Case Study 6: Cash-for-Work in Guinea

Since 2017, Guinea has seen very unexpectedly high numbers of its nationals returning from Libya and the Niger. This has strained reintegration staff capacities to deliver reintegration assistance.

Cash-for-work (CFW) interventions are a tool to address returnees' short-term needs by providing them with a decent income during their initial weeks in their country of origin while building their trust in the reintegration process. Because CFW interventions typically consist of small rehabilitation activities, such as cleaning public areas, they strengthen returnees' involvement in the care of their communities and help them reconnect with community members. CFW targets both returnees and members of the local community as a way to reinforce social cohesion and avoid potential tensions.

In close coordination with local communities and municipal authorities, rehabilitation priorities are identified in areas with high return rates. In Guinea, beneficiaries work 45 days over a period of nine weeks. Wages are paid weekly, but 30 per cent is transferred to a bank account opened by each beneficiary as a savings scheme. As access to and transport of cash can be burdensome in some areas, IOM partnered with Orange Money to ensure regular payments that are directly accessible to beneficiaries via their mobile phones.

The CFW opportunity is an initial step in the returnees' reintegration process. Time is also dedicated to sessions on civic responsibility and planning for their future.

If, at the end of the 45 days of work, beneficiaries decide to invest their savings in a collective reintegration project, they receive additional support from IOM in the form of training and assistance in setting up their collective projects. In Guinea, most CFW beneficiaries choose this option. This reinforces their ownership and sense of responsibility in their collective income-generating activity and enhances their awareness of the importance of saving.



#### Tips for success:

- Capitalize on existing collaboration with local authorities.
- Present this initiative to returnees as a short-term intervention that constitutes just one step in their reintegration plan.

Cash-for-work programmes should be designed so that returnees who are fit to work and in need of immediate livelihood support not only have an initial stable income, but also engage in capacity-building and rehabilitation activities that increase their employability and prospects to earn a sustainable income after the programme has ended. The wage can be paid daily or weekly, in full or with a compulsory saving share, which can be used to complement other forms of reintegration assistance, such as a microgrant for entrepreneurship.

The feasibility grid for job placement is available in [Annex 5](#).

### 2.4.3 Business Development Support

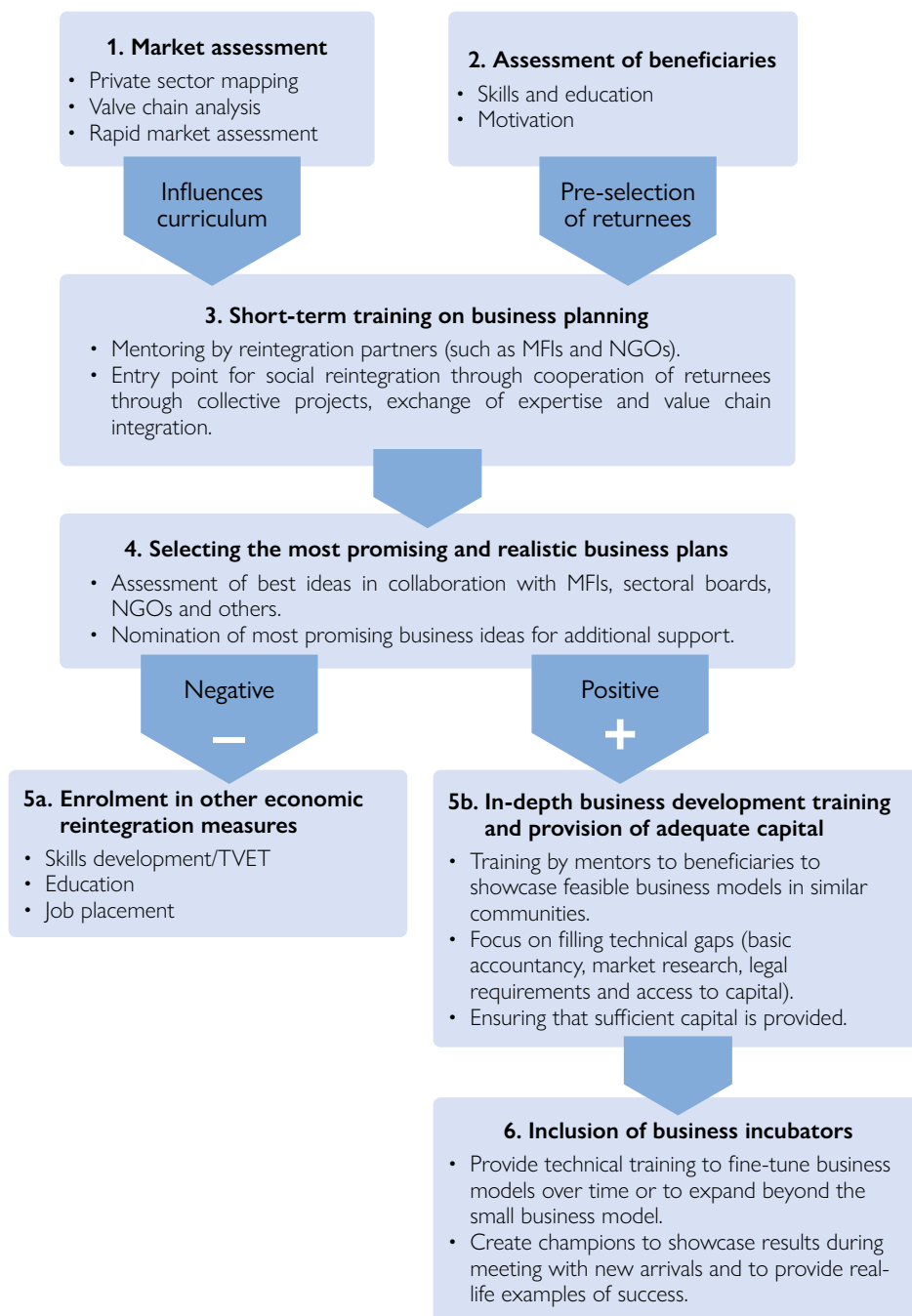
Support for developing and launching small businesses is generally a popular type of economic reintegration assistance among returnees. When business development support leads to long-lasting livelihoods, this approach can have a high impact on overall sustainable reintegration. However, start-up businesses can fail when returnees are not fully invested or trained, or when they lack the knowledge on how to design and manage a business. Consequently, entrepreneurship support should only be provided in certain circumstances and must be accompanied by a coherent business plan and follow-up that is tailored to the relevant market system and value chains.

Business development support can either be provided by the organization managing the overall reintegration programme, or alternatively through a national or local partner in the country of origin, such as a Chamber of Commerce or a National Development Agency. Further information on how to develop partnerships for the provision of Business Development Support is provided in [Annex 2](#).

Returnees' access to business development support should be made contingent on an assessment of adequate capacity, skills, motivation and business acumen, based on clear selection criteria, a more competitive selection process and an enhanced business development training and support component for the comparatively smaller cohorts of applicants who are finally admitted. The introduction of a selection process for administering returnees' access to business development support makes it essential to manage migrants' expectations during the initial counselling stage in the host country.

Building on past experience and best practices, figure 2.5 gives an example of a selection, training and upscaling process for the business development support of returning migrants. This approach foresees a two-step selection process that applicants need to pass, which sets a comparatively high threshold both in terms of the requirements for applicants' skills, capacity and motivation for creating their own business (Step 2) and in terms of the feasibility of their business plans in the specific context of the local community, market system and value chain (Step 4). A selection process is especially useful when there are large numbers of returning migrants to one country and business development projects have to be prioritized. The selection process is also useful in order to promote the quality of businesses that are going to be developed by returnees. This process can be adapted according to the specific country context.

**Figure 2.5: Integrated selection, training and upscaling process for business development support**





Analysis of business development support programmes has shown that many start-up businesses are unsustainable, that is they tend to be in operation only for a short period of time. In most cases of business failure, businesses either close directly after receiving the first support package (that is before initial opening, by misappropriating the cash-based assistance or by selling the assets that were provided in kind) or close after receiving the second tranche of business support in programmes where assistance is provided in several instalments. Methods to increase business sustainability are discussed in [Annex 2](#).

The feasibility grid for business development support is available in [Annex 5](#).



Detailed guidance on the implementation of business development support can be found in [Annex 2](#)

## 2.4.4 Access to banking and microcredit

Having access to banking and credit services can allow returnees to plan for their future and make investments to improve their economic situation. While most countries are likely to have basic banking services (such as saving accounts and investment schemes), those services which are particularly important for returning migrants, such as microcredit providers, microsavings schemes, savings and credit associations and other microfinance institutions (MFIs), may not be present or functioning in all settings.<sup>23</sup> In many countries of origin, banking and financial services be limited to urban settings. Facilitating access to banking and microfinance services is dependent on the financial service providers operating in the country of origin, in particular in locations witnessing a large number of returns.

Access to banking and MFI services is generally dependent on eligibility and lending criteria. Due to the risk adverse nature of many lending institutions, barriers facing returnees (absence of documentation, credit history, proof of income and address) may prevent them from accessing banking and credit. Therefore, the lead reintegration organization has an important role to play in facilitating contacts with financial service providers, assessing returnees' eligibility and capacity to access specific services, advocating for their inclusion in existing banking and credit systems and counselling returnees on the challenges and opportunities available to them.

- Lead reintegration organizations should **map available banking and microfinance (MF) providers in areas of high return and sensitize them to the needs and capacities of returnees**. In most cases, the lead reintegration organization can enable access to banking and MF services for individual returnees by i) documenting their enrolment in a livelihood support programme (such as business development support) and ii) providing cash-based reintegration grants or in-kind grant packages with a clear monetary value that may be used as collateral. In other cases, depending on programming parameters, the lead reintegration organization may be able to provide collateral directly to external banking providers by providing the

<sup>23</sup> Microfinance is a category of banking services that are provided specifically to people who would otherwise not have access to these services through conventional means. It covers microcredit, savings, insurance and often related services and is normally aimed at low-income or unemployed people.

necessary guarantees for obtaining loans, or even granting microloans directly. An alternative option is the creation of groups of borrowers, in which groups of returnees provide collateral collectively, thus vouching for each other (see [section 3.3.3](#)).

- Sizeable reintegration programmes should furthermore explore options to utilize the economies of scale provided by the large number of potential clients to negotiate with banks and MFIs for preferential access to banking services and loans. Depending on the size of the reintegration programme, the lead organization could also engage with financial service providers to explore options to complement financial products with financial advice services. Before including any external banking institution or MFI in the referral network, programme managers should always run a background check on the entity, in particular on the appropriateness of interest rates, potential support for recipients on default schedules and any general mentoring and business support the MFI may provide.
- Particular care should be taken when facilitating returnees' access to microcredit services. **Microcredit is not a solution for all returnees and not every returnee is able or willing to handle the responsibility of a microloan.** Therefore, microcredit cannot be recommended as a general solution for returnees who are in need of financial means, but only in single cases. Before providing returnees with access to relevant banking institutions and MFIs for accessing lines of credit, case managers should:
  - **Provide beneficiaries with information about the risks** associated with taking out a loan, underlining that if a returnee cannot meet his or her repayment schedule, a debt would imply an additional burden instead of serving as a means to support self-sufficiency.
  - **Provide adequate capacity-building** in combination with loans. While some microcredit providers offer counselling, financial literacy and business training, it is the responsibility of the organization managing the reintegration process to check that prospective borrowers are provided with the required training.
  - **Assess risks of misappropriation** through other household or community members. This can be done by both protection and livelihoods staff.
  - **Verify basic requirements and documentation of the returnee**, irrespective of whether the credit is provided by the organization managing the reintegration programme or by an external service provider. Requirements may include:
    1. Documentation about own capital and collateral;
    2. Verifying whether there is a need for a microloan, taking into account the applicant's existing assets, other sources of support provided (such as reintegration cash-based or in-kind grant support) and the capital requirements detailed in the reintegration plan, needs' assessment, business plan or record book;
    3. Existence of a good credit history of the prospective borrower;
    4. Other requirements as stipulated by the reintegration programme, such as documentation of a professional qualification, own capital, an asset that can be collateralized, an existing business or a set of previous customer relationships.

The feasibility grid for microcredit is available in [Annex 5](#).

## 2.4.5 Budgeting and financial counselling

Many returnees, particularly young, unskilled and financially illiterate returnees do not have the experience of managing a sustained budget. Following longer migration experiences, returning migrants may have inaccurate perceptions of how much money is required to live in the country of origin and they might struggle to adjust their financial planning and budgeting to new income situations. This is particularly risky when returnees borrow money from MFIs or from relatives, such as when they are under pressure to settle remaining migration debts or other financial obligations. To respond to these issues, the lead reintegration organization can provide returnees with financial counselling and information on responsible budget management tailored to the available mechanisms and applicable living costs in the respective country of origin.

Financial counselling and budget planning support is an overarching measure that benefits most returnee households irrespective of any other economic interventions that beneficiaries may be enrolled in. Counselling should therefore be provided both in order to complement the provision of reintegration grants and to generally support returnees and their households in managing sustainable finances in the long term.

While the content needs to be tailored to the respective country of origin, financial counselling and budget planning training should provide information on the management, saving and investment of all potential sources of income and capital that returnee households may have at their disposal, including cash-based reintegration grants, in-kind grant packages, income through wage employment or self-employment, microloans, remittances from other family members and usage of existing assets (real estate, motor vehicles and so forth).

Such reintegration support should address sustainable debt management and managing financial shocks, such as those resulting from injury, illness or death of a family member that can lead to increased household spending or lost work time.

Finally, the counselling should provide information about and facilitate access to relevant community financial support groups, savings associations, debt management organizations and MFIs (*see sections 2.4.4 and 3.3.3*).

The lead reintegration organization can organize short-term training courses on financial literacy, budget planning and savings mobilization through cooperation with local partners and by creating synergies with relevant economic interventions:

- Where locally available, financial counselling, budget planning and saving mobilization training should be provided through, or in cooperation with, existing local providers. In many cases, local authorities, migrants' associations, trade-unions, community organizations or MFIs provide training in financial literacy and management to improve the ability of members of the community to use financial services and make the most out of remittances. The lead reintegration organization should engage with these entities to i) assess the adequacy and comprehensiveness of the training modules provided, ii) explore options to adapt and expand the financial training modules if necessary, iii) address potential needs for cost-sharing and iv) integrate the best suited organizations into the referral system for facilitated targeting of returnees (*see section 4.1.3 on establishing referral systems*).
- Where feasible, budgeting and financial counselling should be embedded in the implementation of other economic interventions.

The feasibility grid for budgeting and financial counselling is available in *Annex 5*.

## 2.5 Social reintegration assistance

Many returnees need some assistance accessing social services, whether immediately upon arrival or later during the reintegration process. Social reintegration assistance for individual returnees in the country of origin is centered on facilitating access to and providing referrals for services in particular housing, education, legal, health, food and water and other public infrastructure services within the community. The services provided by the lead reintegration organization or its partners should be tailored to the needs of individual returnees.

This chapter provides guidelines for providing social reintegration assistance to returnees. Although differences in programme design, donor priorities and on-the-ground realities can result in different types of support in different contexts, there are similarities in the types of services that can meet the social needs of returnees.

This chapter presents a detailed overview of the following types of social assistance typically recommended for consideration in a reintegration plan at the individual level, supported by further guidance in the annexes:

- 2.5.1 Access to housing and accommodation
- 2.5.2 Access to documentation
- 2.5.3 Access to social protection schemes
- 2.5.4 Access to education and training
- 2.5.5 Access to health and well-being
- 2.5.6 Access to food and water
- 2.5.7 Access to justice and rights

### 2.5.1 Access to housing and accommodation

Having a safe, satisfactory and affordable place to live is critical to successful reintegration. However, needs, realities and expectations related to housing vary among returnees and are specific to the context of return.

Identifying and securing available and affordable housing for returnees can be challenging –especially when it comes to securing long-term options. Housing (whether in the long- or short-term) can include: private rental accommodation; staying in hotels, guesthouses or hostels; living with family, friends or members of the community; or accessing private housing funded by the State, UN agencies, international organizations, NGOs, civil society or faith-based organizations. When countries do have transitional housing or shelters available, they tend to be primarily targeted to vulnerable populations (including victims of trafficking, single mothers, unaccompanied and separated children and migrants with high health-related needs). They also tend to be temporary.



Supporting returnees to find suitable accommodation can be contingent on word-of-mouth or informal relationships between case managers and service organizations, and the surrounding community. These relationships, though important, are fragile. They require insider knowledge of the local community and are easily broken by staff turnover.

There can be barriers to returnees finding housing, including paying rental down payments, security deposits and providing proof of job security. Some returnees may face discrimination in certain contexts, for instance, returnees with large families, returnees living with disability or single parents.

When choices do exist, case managers may best support returnees in selecting shelter and accommodation that is the most appropriate and provides a sustainable living arrangement. Factors to consider in selecting appropriate shelter and accommodation include:

- Is it the returnee's preference to be closer to or further away from their family members or community of origin?
- Are there important services the returnee or their family members need to be in close proximity to (such as medical facilities, schools, counselling services or certain hubs of industry)?
- What documentation will the returnee need to obtain or produce to secure housing?
- What level of capital will the returnee need to obtain to maintain housing?
- If the returnee plans to build a home, is the returnee aware of how to purchase a plot, prepare building plans, obtain required permits, access reputable masons or other handypersons and procure building materials?
- Are there safety and security concerns to consider when selecting the housing location or fellow inhabitants? (This may be particularly relevant with victims of trafficking or unaccompanied or separated children, or with returnees who are returning to neighbourhoods or communities particularly unwelcoming or hostile to them.)
- Are water, sanitation and hygiene options in the home acceptable, given the realities and limitations of the context?
- For returnees with disabilities, is suitable housing available?

Anticipating any changes that may occur over time is also important for securing sustainable housing. While changes in housing can sometimes be for the better – for example, a returnee is able to find more stable housing once they have had time to build up capital, social networks or build a new home – situations can also change for the worse. Even when returnees settle into an acceptable home at first, they can sometimes experience housing challenges later. This can occur, for example, if debt or economic problems arise or if the home is damaged by harsh weather like heavy rain. Assessing for any housing problems that may be faced during reintegration, working with the returnee to prepare for such possibilities and then following up, can contribute to housing sustainability.

**Table 2.4: Facilitating safe, satisfactory and affordable housing**

<input type="checkbox"/> Provide access to temporary emergency housing to those who need it.	<p>Support returnees to access safe shelter immediately upon their return, especially returnees that may be vulnerable. Attempt to provide flexibility in allowed lengths of stays for temporary housing, depending on each returnee’s individual situation.</p>
<input type="checkbox"/> Maintain a directory of long-term housing options and landlords who can accommodate returnees’ needs.	<p>Establish communication and relationships with housing providers and owners. For instance, before the lead reintegration organization can provide rental assistance to some returnees, they need to obtain signed rental agreements. For landlords unfamiliar or uncomfortable with providing these agreements prior to receiving rent, this stipulation can be a barrier to finding housing.</p>
<input type="checkbox"/> Identify alternative options for those who cannot or do not want to return to their family or previous home.	<p>Returnees may not feel comfortable returning to their previous community or family due to fears of stigma, shame, domestic or intimate partner violence or debts owed. Account for these concerns by identifying other options – especially where there may already be established support networks or where there are accessible services.</p>
<input type="checkbox"/> Check that shelter stays are voluntary and that they are based on informed consent.	<p>As part of human rights principles staying in a shelter needs to be a voluntary decision. Consent should be sought out both initially and at regular intervals over time.</p>
<input type="checkbox"/> Assess housing situations over time via follow-ups.	<p>Establishing follow up schedules is important in order to readjust if need be.</p>
<input type="checkbox"/> Involve migrants in decisions regarding their housing.	<p>Housing decisions need to be owned and driven by the returnees. Returnees should have a voice in their own housing decision.</p>



Considerations should be made for people living with disabilities and older people with limited mobility or cognition might require special shelter and accommodation. When possible, housing options should incorporate the concepts of universal design, which is the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design, and will allow for people of all abilities to live comfortably and safely.

The feasibility grid for assistance identifying housing, rent support and temporary housing is available in [Annex 5](#).

## 2.5.2 Access to documentation

All returnees should be able to access protection given by legal status (most notably citizenship) and associated identity documents. Identity documents (including birth certificates for children) are critical for enjoying many basic rights and services, increasing freedom of movement and subsequent autonomy and which can enable individuals to participate in the labour market.

Therefore, ensuring that documentation is accounted for in reintegration plans as an essential task. The specific documentation needs of returnees must be assessed and time and resources necessary for obtaining documentation properly allocated. It is helpful for case managers to understand how people obtain or renew all relevant documents. Case managers also need to help returnees navigate any barriers to this. Such barriers can include prohibitive costs, cumbersome applications, transportation to official offices, lack of knowledge of relevant institutions and procedures – potential discrimination as a returning migrant.

When countries of return have documentation structures in place to track citizens such as archives for birth records, the burden of proof of citizenship may not be so hard for returnees. However, in places where these records are either not kept or not kept in a systematic way, extra work will likely need to be done to help returnees and their families be appropriately recognized by the State.

Checklist for helping returnees procure and maintain identity documents and civil registrations:

- Anticipate practical and logistical barriers to procuring documents such as burdens on time, travel, childcare, lack of connections (such as in Afghanistan, where testimony from others is required) and costs. Communicate with returnees about these potential hurdles in advance.
- Assist the returnee with accessing necessary information about administrative procedures from the appropriate source. Provide language translation if necessary or assist individuals with lower levels of education to understand the process.
- Do not make assumptions about returnees' capacities to navigate administrative procedures on their own.

The feasibility grid for accompanying returnee to access services is available in [Annex 5](#).

## 2.5.3 Access to social protection schemes

Returnees might need to access the following public services and social protection schemes: social security, pensions or old age assistance, State-supported health insurance or disability insurance options, public works programmes and food-based assistance.

Even when countries of return offer formal public support services and social protection programmes, returnees are not always aware of those services. They may not know whether they are eligible, and they might not understand how to navigate the bureaucracy necessary to access the service. So it is important that case managers understand whether appropriate information is available and accessible to returnees and, if not, how they can support this process. This is especially true for migrants in vulnerable situations, who may be more easily overwhelmed by difficult administrative hurdles or too stressed to effectively manage the process on their own.

Case managers should promote the inclusion of returnees in social protection schemes by advocating for outreach to returnee communities and changes to barriers that would prevent them from participating.

## 2.5.4 Access to education and training

Ensuring that returnees have access to suitable schools or educational opportunities is essential during reintegration. Education acts as a protective mechanism. It builds resilience and is a vehicle for personal and social development. When designed and managed appropriately, schools and other education facilities can be a powerful tool for reintegration.

Education can be offered through formal or informal channels. Types of formal education include early childhood development, primary, secondary and higher education, and religious education. Informal education includes but is not limited to life skills' courses, literacy or numeracy classes, language training and education related to career planning and vocational training (see section 2.4.2). Formal education and vocational training are not mutually exclusive and returnees can benefit from both. All efforts should always be made to offer education and training in the returnee's preferred language.

Quality education refers to education that is available, accessible, acceptable and adaptable.<sup>24</sup> Providing quality education is the responsibility of the State, often through the Ministry of Education or local authorities. In some places, UN agencies, international organizations, NGOs, civil society organizations or the private sector also offer education and training opportunities to supplement gaps in what other sectors offer. Education and training should be delivered in accordance with local regulations and laws, including those governing education, health and safety, including any necessary registration or licensing required by government agencies or professional associations (See also section 3.2).

### → Accessing education and training

Barriers to education are common among returnees. Barriers can include registration problems, not speaking the language of instruction, prohibitive fees, physical or learning disabilities or arriving in the middle of the school year or after a training programme has already begun.

What's more, accessing education is not solved solely by enrolment. Barriers to education for returnees and strategies to overcome them include:

- **Safe transportation** to and from school facilities may not be an option in some contexts. It might be necessary to check if there is a viable method for school transit. Hurdles to using viable transit include insufficient modes of transportation and poor infrastructure including poor roads, poor drainage systems (especially during rainy seasons) and unreliable power.
- Returnees need enough of **their basic needs met** so that they are able to concentrate and learn. These basic needs can include good health, regular hygiene and a sufficient level of nutrition.
- Returnees need the **basic needs of their family members met** so that the burden of economic or caretaking responsibilities does not inhibit their ability to attend school.
- Cultural and gender expectations or **norms that support education for all**, such as those that place girls' and boys' education at equally important levels, may be weak or lacking. Addressing this can comprise working with Ministries of Education and local schools to educate on the benefits of supporting education for girls and women. Additionally, training the community at large to educate one another or younger generations can be an empowering and gender-sensitive way to address gaps in girls' access to education in certain communities.

<sup>24</sup> International Network for Education in Emergencies (INEE) *Minimum Standards for Education: Preparedness, Response, Recovery* (2010).

- **Returnees might need certification or translation of previous education and training qualifications** to facilitate enrolment. Alternatively, case managers can help by connecting returnees to assessments that can help determine the appropriate level of education or training they should receive. Such assessments can be conducted by the relevant educational authority, schools and teachers, or others involved in providing education. The assessments should consider the migrants' age and maturity level as well as the social implications of reenrolment in school or training.

Returnees should be consulted, and their views should inform the choice and the adaptation of the available education and training opportunities. Case managers should consider each returnee's individual educational aspirations. When aspirations do not align with available opportunities, alternatives to meeting learning objectives are needed. Consulting returnees is particularly important when identifying and addressing barriers to accessing education and training, because they are best placed to identify the barriers they face and can also propose ways to remove them.

The feasibility grid for payment of school fees and books and uniforms is available in [Annex 5](#).

## 2.5.5 Access to health and well-being

Facilitating medical assistance is an important part of reintegration services, ideally part of a continuation of care throughout and after the migration process. All returning migrants should have access to health care. According to the World Health Organization (WHO), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"; it includes "the enjoyment of the highest rights of every human being without distinction of race, religion, political belief, economic or social condition."<sup>25</sup>

It is not uncommon for service providers to encounter challenges when attempting to help returnees manage their health problems. Chief among these challenges are:

- Insufficient access to medical services including prohibitive costs, lack of infrastructure, lack of qualified medical staff and lack of available medication and treatment possibilities;
- Lack of long-term care options in local areas of return;
- Lack of care tailored to the health problems that returnees in vulnerable situations have;
- Unaffordable total cost of care, which includes transport and loss of income;
- Negative consequences of having health problems (such as not being able to work or having an impaired sense of well-being);
- Differences in care quality between host country and country of origin (such as having to change treatment practices and regimens or adapt to cultural differences in how care is provided);
- Need for early transition of health treatments (preferably before departure) and post-arrival monitoring for negative consequences in the short and long term; and
- Lack of specialized health-care knowledge in local areas of return.

<sup>25</sup> Constitution of WHO.



Physical and mental health are strictly interrelated and can be better addressed with a comprehensive and complementary approach. Individual mental health and psychosocial dimensions to reintegration are covered in section 2.6.

Given these challenges, and the reality that some types of medical treatment are simply not available in some contexts, staff in reintegration programmes should still strive to support access to treatment at appropriate institutions by adhering to the checklist below:

**Table 2.5: Facilitating appropriate and adequate medical care**

<input type="checkbox"/> Facilitate continuity of care.	<p>Work to help doctors in the country of origin gain access to prior medical records, while taking into account the privacy, data protection and confidentiality considerations, and especially the principle of consent. Translation of medical records from the country of destination may be necessary.</p>
<input type="checkbox"/> Support access to emergency and ongoing medical care once a need is identified. Prioritize immediate access for migrants in vulnerable situations.	<p>Returnees with immediate health-care needs should be treated without discrimination and regardless of their ability to pay related fees or provide official documentation. Urgent health needs should have been identified in the vulnerability screening tools, during case interviews or pre-travel health assessments. If and when health concerns are noted, the case manager should work with qualified medical professionals to support prompt referral for care.</p>
<input type="checkbox"/> Be conscious of the impact a returnee's health may have on his or her family.	<p>A returnee's health status can impact all parts of their and their family's lives. If a parent with young children is dealing with a long-term or chronic health condition, facilitating access to care may mean helping them secure childcare to go to doctors' appointments and rest when they need to. Likewise, a spouse can have a high caregiving burden that can impact his or her own ability to earn an income. It is necessary to consider all the factors impacting why a person may or may not be accessing appropriate medical care, including the returnee's family members.</p>
<input type="checkbox"/> Map medical services available through the government, NGO, and IO programmes in coordination with medical officers/ focal points.	<p>Keep this information up-to-date to facilitate speed of referrals and coordination.</p>

<input type="checkbox"/> Develop partnerships and cooperation protocols for inter-agency coordination.	<p>Establishing formal MoUs with government entities, medical facilities and other agencies, referral facilities (such as large university hospitals with multiple specialized units) and establishing policies regarding the safe and confidential transfer of patient information and medical records can significantly help with continuity of care and patient protection. It will also streamline coordination efforts, making patient referrals smoother and more efficient.</p>
<input type="checkbox"/> Check all medical treatment is voluntary and provided with a returnee's informed consent.	<p>In line with the principle of self-determination and participation, full effort should be made to inform returnees about all aspects of their medical care and conditions. This empowers beneficiaries to take charge of their health and recovery and allows them an opportunity to make the best informed decisions about their own needs and treatment. Medical support should only be provided following the informed decision of a returnee, or someone who can make legal decisions on their behalf in cases where the returnee cannot provide their own consent. For medical tests and treatment, informed consent should be provided in writing before any procedure occurs.</p>
<input type="checkbox"/> Help returnees navigate administrative barriers to obtaining health care including necessary documents, fees and transport.	<p>If services are available, efforts to connect returnees to care can include: connecting to providers and insurance, facilitating transport, coordinating appointments and supporting them to access information about their health. Accompanying returnees to appointments, if feasible and requested by the returnee, can be very useful for ensuring they are being treated well and receiving all necessary information regarding follow-up care. Connecting returnees to other local organizations or institutions that can support them after emergency care or during long-term care needs if they exist is also highly recommended.</p>
<input type="checkbox"/> Assess medical needs over time by medical practitioners.	<p>Medical needs can improve or deteriorate, significantly impacting a returnee's priorities, capacities, and motivations. If medical conditions are not improving or worsening over time, case managers should consider connecting the returnee to other providers or services for second opinions or added support. This is also valid for new medical or previously undetected conditions arising during the reintegration assistance process.</p>
<input type="checkbox"/> Consider the health impacts of disruptive events and accumulation of stressors.	<p>Life disruptions, violence, and extreme stressors can impact health in sometimes unexpected ways. If case managers are aware that a returnee has experienced a disproportionate burden of stress or disruption during their life, pay extra care to their health needs.</p>

## Sexual and reproductive health

Health care for returnees should also include comprehensive sexual and reproductive health care. Returnees require information about sexual and reproductive health that is age-appropriate and tailored to the level of education and understanding of the returnee, delivered with cultural and gender sensitivity. This includes information on available contraception and family planning options as well as information, voluntary testing, counselling and treatment of sexually transmitted infections, including HIV/AIDS and other blood-borne viruses. Adolescents and those who have not previously had access to this type of information might need education related to sexuality and reproduction.

Health care for returnees should consider any **risk factors for HIV/AIDS** (including prevalence rates in country of origin along with transit or host countries) and any previous experiences that might have increased their risk of HIV exposure (such as involvement in sex work, trafficking for the purposes of sexual exploitation, experience of gender-based violence or use of injectable drugs). If a returnee reports potential exposure to HIV within the previous 72 hours (including in the case of a sexual assault), health-care facilities should provide post-exposure prophylaxis (PEP) to prevent the transmission of HIV.

**Pregnancy** testing should be made available to all women and girls of reproductive age when requested and should be accompanied with information and referrals for antenatal care or for termination of pregnancy, where legal and available. Pregnant women and girls should be offered comprehensive antenatal care without discrimination based on their marital status, nationality, religion, age or any other reason.

Returnees who identify as LGBTI should be provided health care in a **non-discriminatory** way that respects their dignity, privacy and rights. This care environment should provide them with a safe space to disclose their status to allow for their health-care needs to be identified and met. This includes but is not limited to sexual and reproductive health-care needs.

The **risk of sexual violence, exploitation and abuse** for returnees should be acknowledged by health-care practitioners and should inform the provision of health care. Returnees might have been trafficked for purposes of sexual exploitation, been involved in sex work in their home country, along their migratory route or at their destination, or have been forced to trade sex for safe passage, promises of protection or other goods and services. Those who experienced abuse or torture while away from their home country may also have health-care needs specific to their experiences that providers should be sensitive to and aware of.



## Special consideration: Gender-based violence

Gender-based violence is an umbrella term for any harmful act perpetrated against a person based on socially determined gender differences that inflicts physical or mental harm or suffering, threats, coercion and other deprivations of liberty. Gender-based violence can occur in public or in private and can include (but is not limited to) acts of a sexual nature. Gender-based violence disproportionately affects women and girls. The table below outlines its many forms.

**Table 2.6: Forms of gender-based violence**

Physical violence	<ul style="list-style-type: none"> <li>Slapping, shoving, pushing, punching, beating, scratching, choking, biting, grabbing, shaking, spitting, burning, twisting of body parts, forcing ingestion of unwanted substances;</li> <li>Preventing access to medical treatment or other support;</li> <li>Using objects as weapons to inflict injury.</li> </ul>
Sexual violence	<ul style="list-style-type: none"> <li>Vaginal or anal rape;</li> <li>Unwanted sexual touching;</li> <li>Sexual harassment and demand for sexual acts in exchange for something;</li> <li>Trafficking for the purposes of sexual exploitation;</li> <li>Forced exposure to pornography;</li> <li>Forced pregnancy, forced sterilization, forced abortion;</li> <li>Forced marriage, early/child marriage;</li> <li>Female genital mutilation/cutting;</li> <li>Virginity testing;</li> <li>Incest.</li> </ul>
Psychological/emotional violence	<ul style="list-style-type: none"> <li>Threats of violence or harm against someone or their friends or family through words or actions;</li> <li>Workplace harassment;</li> <li>Humiliation and insults;</li> <li>Isolation and restrictions on communication or movements;</li> <li>Use of children by a violent intimate partner as a means of control or coercion.</li> </ul>
Economic violence	<ul style="list-style-type: none"> <li>Prohibiting engagement in work;</li> <li>Exclusion from financial decision-making;</li> <li>Withholding money or financial information;</li> <li>Refusing to pay bills or provide resources for shared children;</li> <li>Destroying jointly owned assets or assets owned solely by the survivor.</li> </ul>

When a returnee discloses that they have experienced gender-based violence, they should be offered support, including a medical examination to identify and treat any health impacts (physical or psychological). They should be given a choice of male or female health-care providers, interpreters, escorts and any other relevant personnel.

All survivors of sexual assault should be offered PEP if available within 72 hours of an incident where transmission of HIV may have occurred. Where legal and available, women and girls should be offered emergency contraception within 72 hours of a sexual assault if there is a risk of unwanted pregnancy.

Mental health and psychosocial support should be available to all returnees that have survived gender-based violence and be provided by practitioners with specialized training and expertise (*see section 2.6*).

## Medical records and data management

All medical records as well as the names of returnees accessing health-care services are highly sensitive personal data. They should be kept confidential and should not be shared without prior consent, in accordance with privacy, data protection and confidentiality considerations. The “need-to-know” principle should apply so that within health-care facilities, personally identifiable information is only made available to those providers and staff who truly need to know.

Complete medical records should be made available to returnees at any time. This requires advance planning in order to obtain copies of medical records from health professionals before and after their return. Returnees should be informed of any risks to having copies of their own records so that they can make an informed choice about making or carrying copies.

When possible, health-care facilities should be set up in such a way as to protect confidentiality and privacy. Reception desks, waiting rooms and treatment rooms should all be arranged to prevent the possibility of others overhearing private conversations between returnees and their providers or with staff at the health-care site. If computers are used for storing or viewing patient data, monitors should not be positioned in ways that allow non-essential staff or other patients to easily see medical records, including personal data. Data security should also be adhered to so that all medical personal data are protected by reasonable and appropriate measures against unauthorized modification, tampering, unlawful destruction, accidental loss, improper disclosure or undue transfer.

### Whom to refer to health-care services?

- Returnees who return with existing disorders or conditions. This would ideally be known before arrival in the country of origin. Knowledge about existing services for treating and managing these conditions should have been part of the counselling provided pre-departure.
- Returnees who show signs of illness after their return and during the reintegration assistance period.
- Returnees who request health-care assistance.

For details of appropriate referral services, see the service mapping chart in [Annex 8](#).

## 2.5.6 Access to food and water

When returnees struggle to obtain enough food for themselves or their families, they might need help accessing food-related cash or voucher assistance if it is available. When connecting returnees to such services, pay attention to whether available food options meet any nutritional requirements or dietary restrictions (such as religion- or health-related) relevant to the returnee.

When it comes to food-based assistance, case managers should pay special attention when insufficient nutrition can have lasting and detrimental effects on health and well-being, such as with children, pregnant and breastfeeding women and older people. Returnees experiencing malnutrition have unique needs and trained health-care practitioners should be involved in designing a treatment plan to address nutrition deficiencies and malnutrition. Any required therapeutic interventions should be provided by specialists with this expertise and follow appropriate nutritional assessments.

Returnees need to have water available in sufficient amounts for drinking, cooking, cleaning and personal hygiene.

When working to secure housing or shelter for returnees, the lead reintegration organization must consider the availability of water at the potential house or shelter. Issues surrounding limited mobility or safety must be considered when determining the accessibility of a water source. Whatever water source is available should be in line with local health regulations and international standards. If questions arise regarding the safety of a water source, case managers should consider contacting relevant authorities to make sure that water is drinkable. In some cases, they may need to connect returnees with sources of water that can be trucked in, stored, bottled or otherwise filtered.

## 2.5.7 Access to justice and rights

International law provides baseline guidance on what justice and legal protections should be afforded to all humans, which includes migrants at any stage of the migration process. These rights include: the presumption of innocence and the right to fair, public and impartial hearings; entitlement to being present at their own trial and to a competent defence for anyone charged with a criminal offence; and the right to a remedy for those who are victims of human rights violations or a crime.

### → Assessing legal needs

Returnees can be involved with the justice system for a variety of reasons. Case managers should include legal needs in their initial needs-driven assessment, which may include the need to report a crime that has been committed against the returnee; the need for legal aid and advice to engage with the justice system as a victim or witness; the need for legal representation if they have been accused, charged or convicted of a crime; the need to have their rights upheld in cases like property restitution or compensation; or civil support in the case of divorce, custody or guardianship issues.

Referrals for returnees with legal needs should be made to specialist organizations or people focused on providing legal aid who can do a more in-depth analysis of legal needs and appropriate responses. Depending on the context and type of legal aid required, legal aid services can be provided by State institutions, UN agencies, NGOs or CSOs. Any potential legal assistance costs should ideally be accounted for in reintegration planning.

### → Accessing justice

Access to justice is a basic principle of the rule of law that allows people to exercise their rights and promotes accountability. Accessing justice can include both formal and informal systems of justice.

- Formal justice systems include both criminal and civil justice and often include law enforcement agencies (such as police forces and immigration agencies), the judiciary (such as courts and legal representation), corrections systems (such as prisons and probation systems), human rights' institutions (such as national human rights commissions and offices of ombudspersons) and grievance mechanisms (such as labour grievance processes).
- Informal justice systems are those that are established and maintained by communities. These include social norms and traditions derived from religious institutions and practices or indigenous governance systems.

If returnees wish to report a crime committed against them, including violations of relevant labour laws, options in the available formal and informal reporting systems should be explored. Returnees should be informed about how to report a crime and any known benefits (such as the potential for compensation or special protection) and risks (such as having to be named publicly).

Returnees should be informed of any judicial processes that exist specifically for migrants, if any, or of processes for reporting specific crimes – for instance, specialized hotlines or reporting processes for gender-based violence or human trafficking. Migrants should be supported when they wish to participate in mediation or other non-criminal responses to disputes and conflicts, such as restorative justice.<sup>26</sup>

Returnees might be able to access civil remedies, which are designed to provide monetary compensation to someone for harm suffered. If returnees wish to pursue civil legal remedies through civil courts, tribunals or dispute resolution boards, they should be referred to appropriate legal representation. Returnees should be supported in filing appropriate summons or complaints and in accessing available specialist services for support through the process of civil proceedings.

Legal frameworks that could be utilized to pursue civil remedies may include laws against violence (including physical, sexual and emotional violence and abuse, exploitation and harassment) as well as breach of contract, tenancy or residential laws, unfair recruitment and unlawful employment conditions.

### → Cooperation with the criminal justice system

Due to the possibility that some returnees may be victims of crime, including of human trafficking, returnees and the agencies that provide them protection and assistance could be involved with law enforcement agencies. Where possible, this should be guided by signed MoUs, formalized referral systems or protocols that set out the processes of cooperation, outline what cooperation entails and support the protection of the returnee and any others involved who could be at risk.

Involvement with law enforcement agencies may include the following: pressing charges or filing police reports; providing information and intelligence to contribute to cases against smugglers, traffickers or unlawful employers; providing information and intelligence that can be used to provide protection and assistance to other migrants; participation as a witness in a criminal case; or receiving compensation for being the victim of a crime.

Where a returnee participates in a criminal case as a witness, the country of origin is responsible for providing all protection necessary for their safety and security and for preventing any retributions against them and their family. Case managers can assist this process by helping the returnee assess their risk. Risk assessments inform the support provided to returnees as they decide whether and how to participate in investigations and court proceedings. The case manager can also help returnees access information on the outcome of investigations, trials or convictions for which they have provided information, including information on incarceration or release of the perpetrator.

### → Involvement with the justice system

In some instances, returnees will be implicated in, accused, charged or convicted of crimes. If this is the case, returnees should be connected to legal aid without discrimination. Practical considerations should be made for returnees to check they are treated fairly and without discrimination and are able to exercise their rights. These may include the provision of information at a level equivalent to their education and literacy level, and in a format that is comprehensible. Overall, returnees need to be assured that best interests can be represented in any and all legal processes.

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<sup>26</sup> Restorative justice is a model of justice that brings together those harmed by a crime and those responsible for the crime to promote empowerment of those affected and accountability for those responsible.

**Table 2.7: Facilitating access to justice and rights**

<p>Support returnees needing to participate in legal proceedings to obtain all the information they need about their legal procedures.</p>	<p>Legal proceedings can be overwhelming and confusing and, as a result, disempowering. Individuals already in vulnerable situations can become more so without understanding decisions that impact their lives. By making sure the returnee is accurately and thoroughly informed, case managers can help them to be a better advocate for themselves in legal proceedings and be sure that they understand their own rights in the process. Part of this includes helping the returnee access updates to their case regularly.</p>
<p>Obtain and check informed consent throughout legal processes.</p>	<p>Any legal action involving the returnee should only occur following informed consent. Through informed consent, returnees should understand any risks or repercussions that may come from participation in legal action, any way in which their personal data may be shared with others and any time and financial commitments and expectations associated with the legal process.</p>
<p>Assist returnees in finding legal representation. Also support them in being accompanied to legal proceedings either via a legal advocate or via the case manager.</p>	<p>Use established service maps to identify legal counsel familiar with issues specific to the returnee's needs and sensitive to migrant issues. Accompaniment to legal proceedings can also be an important source of support for returnees and can be a good way to understand if they are being treated fairly and without discrimination during legal processes.</p>
<p>Assess if any type of protection or witness protection efforts are required, especially for victims of trafficking and gender-based violence.</p>	<p>In cases when any legal involvement could put the returnee at further risk, advocate for steps to support protection from additional harm as much as possible.</p>
<p>Work to make trained and sensitized male and female interpreters available if necessary during all legal proceedings.</p>	<p>Interpreters should be skilled in translating sensitive and confidential information. They should be prepared to discuss difficult or upsetting topics and be aware of how to deliver information in ways that are free of judgement and empathic. Returnees should be able to choose whether they prefer male or female interpreters.</p>

## 2.6 Psychosocial reintegration assistance

Psychosocial assistance at the individual level supports returnees' psychological states (including emotional, behavioural and cultural aspects) and their ability to (re)form positive social relationships and networks and cope with (re)migration drivers. Individual psychosocial assistance is provided mainly through counselling interventions, although clinical referrals should be considered in some cases. Psychosocial counselling can be appropriate for returnees even if they do not have clinical needs, because positive coping mechanisms and a healthy social life, networks and connections are crucial for sustainable reintegration.

The migration process brings changes to migrants' emotions, feelings, thoughts, memories and beliefs and to their relations with others. This process of change includes the reasons why the migrant decided to leave their own country, the experiences lived during the journey, the way they were received in the host country and how they were able to adapt and integrate, and their return and re-adaptation to the country of origin. This experience can affect the way returnees perceive the world, their culture (including gender norms), their behaviour and the way they function in their old and new contexts. These changes can be positive or negative, major and minor, conscious or unconscious. They usually happen in an organic, smooth way, but, at times, they can be disruptive, especially when migration is forced or involves dangerous conditions or exploitation, when the return is forced on the migrant or when return was the result of tough choices with few alternatives. Understanding these elements and considering them during the delivery of assistance can facilitate returnees' reintegration.

The interrelation of the above-mentioned elements determines a person's psychosocial well-being upon return. Shame, guilt, negative self-perception, sense of failure, sense of loss and other deep negative psychological reactions might come with the difficulty of being accepted or to reestablish links with family and friends, challenges creating a livelihood, and uncertainties of facing a new life in a country that has changed during their absence (or that returnees perceive very differently after their migratory experience). Attention to the psychosocial dimension of reintegration and the psychological, social and cultural challenges reintegration presents is an essential part of supporting migrants towards sustainable reintegration.

Psychosocial assistance to support individual reintegration is important to complement other interventions. This is especially true of livelihoods' support, because psychological states characterized by toxic levels of stress, deep anxieties and social stigma make it difficult for an individual to engage in livelihoods programmes or benefit from livelihood opportunities. Such a psychological state can even make it difficult to make coherent decisions about the future.

Besides allocating appropriate assistance and referrals as needed, a case manager is central to providing direct assistance and support to returnees in the psychosocial dimension of their reintegration. It is important to consider the psychosocial dimension in any interactions with returnees. The role of the case manager in relation to psychosocial reintegration should therefore be focused on:

- Understanding the psychological, relational and cultural dimensions of return migration;
- Providing reintegration counselling that is empathic and supportive and accounts for the psychosocial needs and tensions of the individual;
- Providing first-line emotional support to migrants who are particularly stressed during counselling;
- Referring migrants in need for psychological counselling or other psychosocial services; and
- Understanding that creating community-based psychosocial support systems can help returning migrants in the reintegration process.

When case managers address the psychosocial dimension of reintegration (from the first contact before travelling, upon arrival and through follow-up meetings during counselling), they can strengthen returnees' ability to succeed in their reintegration and the ability of the family and community to contribute to this success (*see section 3.4 for more on community-level psychosocial assistance*). Considering the psychosocial dimension during the reintegration process makes the case manager's intervention more effective in both dealing with the emotional complexity of the return and designing and implementing reintegration plans.

This chapter presents a detailed overview of the following types of psychosocial assistance typically recommended for consideration in a reintegration plan at the individual level, supported by further guidance in the annexes::

- 2.6.1 Counselling for psychosocial well-being
- 2.6.2 Counselling with returnee and family
- 2.6.3 Devising a referral plan for mental and psychosocial support

## 2.6.1 Counselling for psychosocial well-being

In addition to providing reintegration counselling (*see section 2.1*), case managers might need to support a returnee through their psychosocial difficulties. Supporting a returnee's psychosocial well-being therefore permeates many other aspects of the case manager's task and can be essential to making the beneficiary feel motivated, involved and supported.

Psychosocial counselling in the context of reintegration assistance is a support intervention based on listening, proper questioning and information sharing, aiming to help returnees:

- Be aware of their situation;
- Be aware of the opportunities and the challenges of reintegration;
- Reduce the sense of guilt;
- Increase self-esteem;
- Reduce the feeling of stigma;
- Integrate into the community.



*Annex 1* provides more detail on counselling techniques to provide individual psychosocial support. Specifically, *1.D* and *1.E* guide case managers through assisting, counselling or communicating with a migrant suffering from a mental disorder such as PTSD, depression, psychotic disorder, or even through an acute psychotic crisis.



Case managers can play an important role in stabilizing or reducing the emotional suffering of returnees. All the communication techniques recommended for counselling (*see Annex 1.A*), together with the basic knowledge of signs and symptoms of mental disorders, are useful in creating a climate of safety and trust and guiding the returnee with or without a diagnosed mental disorder towards sustainable reintegration.

At the same time, case managers should always be aware of their limits and not try to do everything by themselves. For people in need of a more focused support, a referral to a counsellor or psychologist fully dedicated to mental health is essential. For those in need of specialized clinical care, referral to a mental health specialist is necessary. The case manager should explain with simple words the reason for the referral and the kind of support the returnee would receive and ask the opinion of the returnees (the stigma around mental health issues should always be kept in mind).

### Understanding coping mechanisms

Reintegration is often more successful and sustainable if returnees think of return migration, as with any life experience, as *both* positive *and* negative rather than *either* positive *or* negative. To support this way of thinking, case managers can use Renos Papadopoulos' grid of outcomes of disruptive events, which differentiates three categories of responses to disruption experiences. This grid can guide the case manager in understanding the return experience and perspective of the different groups (individual, family, communities and society). It can organize the returnee's experience by sorting positive and supportive qualities and negative and counterproductive elements.



Identifying negative responses to the challenge of the migration experience helps in understanding current psychological needs and envisaging a possible way of addressing them through referral to the appropriate level of care. Identifying the positive qualities of the returnee and developments deriving from the migration experience helps tailor the reintegration plan to the psychosocial needs of the returnee.

**Table 2.8: Framework of outcomes of disruptive events**

	SUFFERING	RESILIENCE	ACTIVATED DEVELOPMENT
INDIVIDUAL			
FAMILY			
COMMUNITIES			
SOCIETY			

Source: Papadopoulos, 2002.

- **Suffering** is a normal negative response to a challenge and includes the effects that are often perceived, such as pain, loss, disorientation and confusion, as well as the various types of psychological and even psychiatric manifestations and deficits that migrants experience.
- **Resilience** refers to individual qualities, behaviours, relationships and habits that allow the returnee to withstand pressures. These positive qualities (such as optimism, irony and self-irony, self-awareness), functions (such as practicing acceptance) and abilities (such as problem solving and personal characteristics) are retained from the times before the person was exposed to the challenge, despite that exposure. It means that a returnee might have undergone hardships, violence or perilous journeys and used existing qualities to withstand those challenges.
- **Adversity-activated development** is a positive response to a challenge. In addition to resilience, every person who is exposed to stressful experiences also gains something. The saying in most languages and cultures along the lines of “whatever does not kill you, makes you stronger” conveys the reality that the experience of disruptive events also has a transformative power. It can make people change their vision of the world, their priorities in life, their values and beliefs and so on. These responses are called “adversity-activated developments” because they refer to those positive transformative aspects that are activated specifically by exposure to disruptive experiences. The migrant might learn new skills and languages, discover new qualities and attitudes and explore new cultures, all things that can help themselves and their family. These elements can be relied on upon return and can also help returnees gain back and reinforce a social role within their community. Although the returnee may focus their narrative on the negative aspects of returning, it is useful and important to help them reflect on their adversity-activated developments and how they can be used during reintegration into their country of origin.

## Supporting functional coping mechanisms

Returnees can use different ways of coping that have developed during their entire life, including during migration. Functional coping mechanisms can help reduce feelings of distress and can help the returnee directly tackle the situation that caused stress. Functional coping mechanisms can also activate developments to help returnees take steps forward and to envisage a positive change. This is very important when it comes to reintegration, which entails the psychosocial challenge of a new adjustment. The following coping mechanisms could be encouraged, among others:

- **The need for and the search for social support**, whether among other migrants or within the community, is an important resilience factor.
- **Faith and praying** are resilience factors migrants can use to reduce feelings of hopelessness.
- **The sense of being responsible for others** is a resilience factor to reduce the risk of adopting a passive attitude and the risk of feeling hopeless, which impair any steps towards reintegration.
- The experience of migration, though tough, may activate developments in the form of **learning a language or a skill**.



### Case Study 7: “New Life Beginning” in Ethiopia

Long stays abroad combined with a rapidly evolving context of the country of origin often exacerbate feelings of estrangement and uncertainty among returnees. To address this, IOM Ethiopia, in close coordination with the NGO Women in Self Employment (WISE), designed a two-day “New Life Beginning” orientation package that allows returnees to start viewing their reintegration as a new chapter of their lives. New Life Beginning helps them find ways to reconnect with their country of origin.

The orientation sessions help beneficiaries build trust in their own abilities to reintegrate by exploring their strengths, skills and experience. The sessions reinforce their understanding of opportunities available upon return. Through interactive dialogues and role plays, returnees share their experiences, build self-confidence and discuss ways to mitigate potential reintegration challenges. They also receive practical information on how to look for information on income-generating activities, education, vocational training and other services useful for reintegration. Furthermore, upon screening from IOM, returnees may be referred to another five-day basic business-skills’ training, facilitated by WISE.

To maximize the audience, these orientation activities take place in transit centres located in Addis Ababa, the capital, before beneficiaries return to their communities of origin. Orientation is conducted in local languages and returnees receive a manual in their local language that they can refer to after they leave the transit centre.

After the orientation, the IOM reintegration team follows up with the beneficiaries in their communities to define and implement their reintegration plan.



#### Tips for success:

- Target areas where returns to different remote areas occur simultaneously.
- Focus on beneficiaries who spent a significant amount of time abroad or feel disconnected from their communities of origin.

## 2.6.2 Counselling with the returnee's family

Individual suffering, resilience and activated development cannot be detached from that of the family, the household and the community at large. In particular, the family can be an element of support when it helps the returnee to cope with the challenges of reintegration. Yet families can also reinforce suffering, for example when they have difficulty accepting their own relative returning from abroad because they see that person as a burden.

Whenever possible, collaboration with the family is desirable in supporting the daily well-being of a returnee. Family counselling could represent a first step towards establishing this support. Counselling a family can empower the family as a group, Counselling can reinforce family cohesion and activate the internal and external resources that can help the reintegration process of the returning migrant or an entire returning family.

Family counselling upon return should be based on the family assessment. The returnee should let the case manager know if they wish the case manager to carry out the family counselling session and whether they wish to be part of it.

- In the case of a **family unit returning**, the return may have reinforced the unity or deteriorated the relationships within it. The reintegration case manager should explore all the possibilities that can help the family face a new future in the community of origin. However, it is not the reintegration case manager's task to fix the family relational problems. They can support the returning family to move forward by designing with them a reintegration plan that considers the psychosocial risks and opportunities they have to face in the country of origin. Questions that can guide this discussion include:
  - Were your children born abroad?
  - Do your children speak the language of the country?
  - What school level have your children reached?
  - Did you and your spouse learn a job abroad?
  - What are your priorities now?
  - Did you keep in touch with your families? Are they willing to support you?
  - Did you keep in contact with friends and other members of your community?
- **If the family stayed behind**, family members could have ambivalent feelings towards the returning relative, in particular after having made a financial investment in helping them leave and now needing to support them on return. Often the family is unable or unwilling to understand why someone who has lived abroad now returns "empty-handed". Feelings of distrust and disappointment can result in relatives being unwilling to support returnees with basic needs. For this reason, it is essential to ask about the expectations and the feelings of those who stayed behind. Questions to explore these feelings include:<sup>27</sup>
  - How do you feel about the return of your relative?
  - Do you see this as a failure or as an opportunity?
  - Do you consider your relative a burden?
  - How do you think you can transform the return of your relative into a resource for the family?

<sup>27</sup> The case manager should seek the returnee's consent before asking these questions to family members.

→ In case the individual returnee or one member of the returning family has a **health (including mental health) condition**, it is important to evaluate the capacity of the family to deal with the affected relative.

Questions to better understand this issue can include:

- Do you know about your relative's mental disorder?
- Do you think you can deal with it? Do you have financial resources to buy medication?
- What do you think you can do to reduce your relative's suffering?
- Do you know where to get support for your relative?
- In your opinion, what does your community think about mental health conditions?
- Do you think that your community can support you in dealing with your relative's mental disorder?



All that has been described previously for individual counselling in terms of effective communication and setting is valid also for families (*Annex 1.A*), with some differences. Techniques of effective listening must be seriously respected: the counsellor must keep a balance between listening to the adult members of the family and also allowing children to express themselves. Balance is also important in listening to all adult members of the family, to make sure that all perspectives are presented. In some cases, it might be useful to listen to individuals separately so that all can adequately express themselves.

### 2.6.3 Devising a referral plan for mental and psychosocial support

As explained in *section 2.3.2*, effective referrals benefit from advance preparation. Case managers should ideally be informed about each returnee's physical and mental health needs before the returnee arrives in the country of origin.

For mental health and psychosocial support, case managers should know about the manifestations of common disorders, how to communicate with people manifesting these disorders, and how to provide first-line emotional support (*see Annex 1.D and 1.E*). Referral mechanisms should have efficient lines of communication and clearly outlined referral pathways and procedures, with clear and simple sequential steps (*see section 4.1.3*).

In terms of referral services, it is necessary to differentiate between:

1. Immediate lifesaving referral, to psychiatric, clinical psychological or, if not available, general health services;
2. Referral to psychological counselling or psychotherapy; and
3. Referral to generic psychosocial support.

This section details which returnees should be referred to these categories of care. The services provided in each category of care are listed in *Annex 8*. All the referral services listed, from specialized psychiatric care to generic psychosocial support, focus on returnees' mental health and well-being, a cornerstone to sustainable reintegration. These services complement and reinforce the reintegration case manager's work by providing formal and informal advice on tailoring individual reintegration plans.

## Referral to psychiatric and clinical psychological care

Returnees suffering from serious disorders should be referred to professional assistance in a timely manner. These are returnees who:

- Report having tried to commit suicide and still have the intention to try again, or are threatening suicide;
- Are particularly aggressive and can harm themselves or the case managers or the people present in the premises of the organization;
- Are alcohol and substance users;
- Are so confused that they can't remember very simple facts of their life (such as their name) and can't attend to basic tasks (such as eating);
- Are in distress and can't be calmed down using the relaxation techniques described at the end of this chapter;
- Report an existing psychiatric condition, especially if they have not had access to drugs for a prolonged period of time;
- Are known to return with a diagnosed mental health condition; and
- Ask for psychiatric care.

## Referral to psychological counselling and psychotherapy

Returnees to refer for psychological counselling and psychotherapy include those who:

- Are seen to remain isolated or withdrawn most of the time and show no overt interest in the activities going on around them;
- On being approached, break into an irritated outburst or start weeping;
- Show extreme reluctance to communicate when approached;
- Appear extremely distressed;
- Are grieving, or communicate during the interview that they are having intrusive thoughts of past events; and
- Report having experienced protracted detention, personal violence or having witnessed tragic deaths.

## Referral to psychosocial support

Returnees who should be referred to additional psychosocial support include those who are facing emotional, psychological or social difficulties or who request this type of support.

For returnees in any of the above categories, case managers can and should continue providing or coordinating all other aspects of their reintegration plan, including reintegration counselling and follow up.

The feasibility grid for identification and referral to psychosocial, psychological or clinical service providers can be found in [Annex 5](#).

## 2.7 Case closure

Case management can be terminated because the duration of support has ended, the returnee no longer meets the criteria for case management support, the returnee chooses to stop receiving support, they leave the area or they die. Planning and preparing for the time when support comes to an end is an important part of reintegration assistance.

Ideally, case management closure will be anticipated, desirable and in the best interests of the returnee and their family. However, there may be instances when assistance comes to a sudden stop. For instance, a returnee might abruptly exit services for a number of reasons: he or she no longer wants to receive reintegration assistance; is experiencing a major barrier to access; the type of reintegration assistance is no longer desirable or suitable; they are aggressive or threatening with case managers or staff; or there are real or perceived negative repercussions to the returnee for receiving support. These repercussions stem from stigma for accessing services or other logistical burdens associated with receiving services. Returnees also exit services if they choose to re-migrate or because they feel like the costs associated with receiving services outweigh their benefits.

When returnees express an interest in ending their involvement in reintegration assistance early or express an interest in re-migrating soon after their return, it can be useful to explore the reasons why and determine if any changes can be made to the available services to make them more accessible and appropriate.

Sometimes termination of involvement in reintegration provision is involuntary. When service providers (notably organizations) depend on external sources of funding, services could be terminated due to lack of budgetary support. Security or other contextual factors can also force services to close if the risks in providing reintegration assistance are deemed unacceptably high. Involuntary termination also includes situations where the returnee does not meet requirements of the reintegration assistance, which could include minimum levels of participation or standards of behaviour.

- The case manager should prepare returnees for any transition out of services, if possible. Continuity of care should be the aim of case closure. Where possible, available additional services for protection and assistance should be identified and referrals made in a timely manner to allow for sufficient transition. Case managers can only make referrals and transfer information with the explicit consent of the returnee and through secure communication channels. Coordinating with future service providers helps to provide a “warm handoff” so that transitions are eased and the burden of responsibility for any continuum of care does not fall solely on the returnee.
- Case managers should provide information on other relevant services or referrals to other programmes with sufficient lead time to prevent major gaps in service delivery. This is particularly important when gaps in services could be detrimental to the health and well-being of the migrant or their family, for example in the case of physical and mental health care or children’s education.
- Whenever possible, prior to closing a case, the reintegration plan should be reviewed to determine whether it met the returnee’s needs. Such a review can also identify any unmet or emerging needs. The returnee should participate in this review. Returnees should also have an exit interview and closing assessment. This can contribute to their successful transition out of reintegration services and provide useful insights to improve assistance for others in the future.



All support provided to returnees should begin with case closure in mind. Therefore, assistance plans should include long-term strategies for reintegration. In the case of unaccompanied and separated children, decisions and planning regarding case closure are implicit in the process of best interest assessment and best interest determination.

### Death of a returnee while accessing reintegration assistance

In the unfortunate event that a returnee dies, from any cause, while accessing reintegration support, the case manager has an important role to play.

The case manager should notify relevant authorities and family members (if they were not already aware) where safe and appropriate and while respecting the dignity of the deceased returnee. Other service-providing agencies involved in the returnee's reintegration should also be notified.

If there is an investigation following the death of a returnee, including criminal investigations by law enforcement agencies, a case manager may be required to share known information on the deceased returnee and the support they were provided. This should be done following agreed MoUs and data and information sharing protocols between law enforcement and the case management agencies.

All files and information on the provision of reintegration assistance to the deceased returnee should be archived appropriately.

The death of a returnee will likely cause distress for those involved in their assistance. Case managers and other service providers should receive support, including from supervisors and their employers, for their own self-care.

## USEFUL RESOURCES

### International Labour Organization (ILO)

- 2017 *How to Design, Plan, Implement and Evaluate an Employment Fair: Manual for Public Employment Service Offices and Local Career Guidance Taskforces in Egypt*. ILO, Geneva. Case study from Egypt.

### International Organization for Migration (IOM)

- 2017 *Access to Microcredit Opportunities for Returned Migrants During and Beyond IOM Support*. IOM, Geneva. Provides an overview of the conditions and use cases of microcredit for return migrants, including AVRR entrepreneurs.
- 2019 *IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse*. IOM, Geneva. Introduces IOM's programmatic approach to protecting and assisting migrants vulnerable to violence, exploitation and abuse. It discusses the model's operationalization and its application at different stages of migration and in countries of origin, transit and destination.

### United Nations High Commissioner for Refugees (UNHCR)

- 2017 *Cash Delivery Mechanism Assessment Tool*. UNHCR, Geneva. Aimed at practitioners and programme managers, it provides a dynamic tool to assess the adequacy of various cash delivery mechanisms tailored to structural and local contexts and programme specificities, including business development support.

### Inter-agency Network for Education in Emergencies (INEE)

- 2012 *Minimum Standards for Education: Preparedness, Response, Recovery*. INEE, New York. A global tool that articulates the minimum level of educational quality and access in emergencies through to recovery.

### Samuel Hall/IOM

- 2017 *Setting Standards for an Integrated Approach to Reintegration*. IOM, Geneva, funded by DFID. Outlines recommendations to support sustainable reintegration of migrants who return to their home countries within the framework of AVRR programmes.