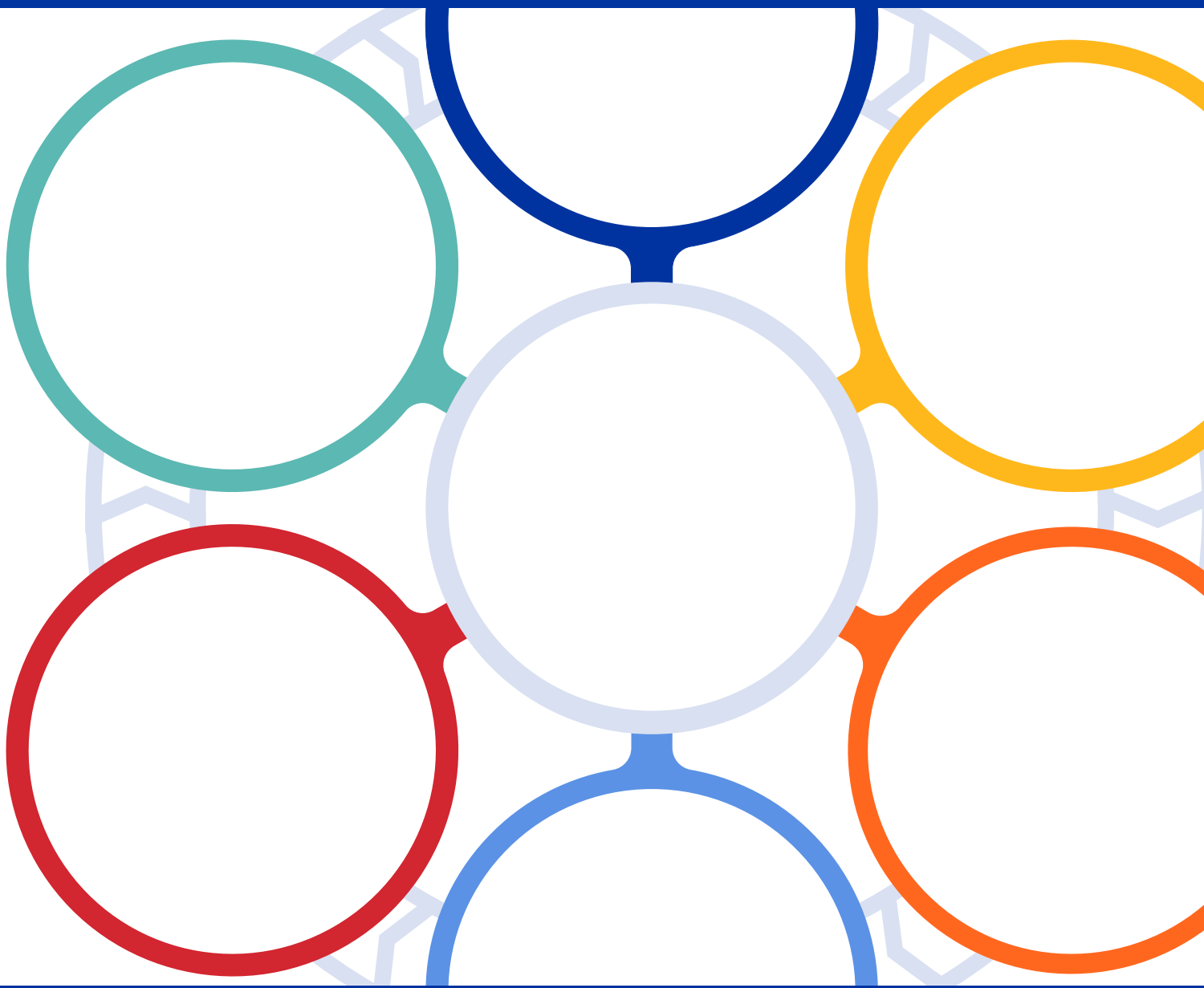


IOM CASE MANAGEMENT GUIDELINES



The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply expression of any opinion whatsoever on the part of IOM concerning legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

This publication was made possible through support provided by the Kingdom of the Netherlands, under the terms of the Cooperation on Migration and Partnerships to Achieve Sustainable Solutions initiative (COMPASS). The opinions expressed herein are those of the authors and do not necessarily reflect the views of Kingdom of the Netherlands or the United Nations.

Publisher: International Organization for Migration
17 route des Morillons
P.O. Box 17
1211 Geneva 19
Switzerland
Tel.: +41 22 717 9111
Fax: +41 22 798 6150
Email: hq@iom.int
Website: www.iom.int

Required Citation: International Organization for Migration (IOM) (2023). *IOM Case Management Guidelines*. IOM, Geneva.

ISBN 978-92-9268-719-9 (PDF)

© IOM 2023



Some rights reserved. This work is made available under the [Creative Commons Attribution-NonCommercial-NoDerivs 3.0 IGO License](https://creativecommons.org/licenses/by-nc-nd/3.0/igo/legalcode) (CC BY-NC-ND 3.0 IGO).*

For further specifications please see the [Copyright and Terms of Use](#).

This publication should not be used, published or redistributed for purposes primarily intended for or directed towards commercial advantage or monetary compensation, with the exception of educational purposes, e.g. to be included in textbooks.

Permissions: Requests for commercial use or further rights and licensing should be submitted to publications@iom.int.

* <https://creativecommons.org/licenses/by-nc-nd/3.0/igo/legalcode>

IOM CASE MANAGEMENT GUIDELINES



Ministry of Foreign Affairs



FOREWORD

We all know that migrants are among the most resilient of people. Undaunted by the challenges and setbacks they may encounter during their journeys, many persevere – although sometimes they need support to help them get on the right track, just like everyone else. IOM, along with governments and many other local and international organizations, endeavours to provide this support, in the form of shelter and safety, medical care and legal services, or assistance to return and reintegrate into a home community.

Many tools and resources already exist to support migrants. From IOM alone, these include a handbook on protecting and assisting migrants vulnerable to violence, exploitation and abuse; a reintegration handbook; a policy on return, readmission and reintegration; and guidance on response planning and on referral mechanisms. But what has been missing is a streamlined, straightforward guidance document covering only the essentials and bringing together these different tools in a practical, easy-to-use format that the people providing direct assistance to migrants – case managers and case workers – can use in their daily work.

The *IOM Case Management Guidelines* are intended to fill this gap. They aim to support the many case managers and case workers assisting migrants around the world, helping them to work with beneficiaries to find the services, support and solutions they need. The Guidelines also address the well-being of case managers and case workers, including the employer's duty of care.

Moreover, by assisting migrants who may struggle to find support elsewhere, these Guidelines, and case management more broadly, represent an important contribution to both the Global Compact for Safe, Orderly and Regular Migration and the 2030 Agenda for Sustainable Development, especially Sustainable Development Goal 10 (Reduce inequality within and among countries). Of particular importance is the fact that case management is recognized as an effective alternative to immigration detention, thereby contributing to Objective 13 of the Global Compact, whereby States commit to use immigration detention only as a measure of last resort and work towards alternatives to detention.

The *IOM Case Management Guidelines* were developed under the auspices of the COMPASS initiative, which is generously funded by the Ministry of Foreign Affairs of the Government of the Kingdom of the Netherlands.

Like the COMPASS initiative, the Guidelines focus on individuals and households and aim to build the capacity of case managers providing direct support and assistance to migrants and their families in need of a range of services, including humanitarian, health and medical, protection, return and reintegration assistance. A supplementary training programme, based on the Guidelines and targeting case managers implementing COMPASS initiative case management activities, has also been developed to ensure that case managers are fully equipped to provide quality and comprehensive assistance to migrants.

I am confident that these Guidelines will be a great new tool for the thousands of people around the world supporting migrants in need, helping them to help themselves and ensuring that they can live safe, dignified and productive lives.



Monica Goracci

Director

IOM Department of Programme Support and Migration Management

ACKNOWLEDGEMENTS

These Guidelines were drafted by Ann Strandoo, in her capacity as a consultant working for IOM. Part 4, on child protection case management, was drafted by Christine Mougne, also in her capacity as a consultant working for IOM. Overall coordination, guidance and input were provided by Lee Kanthoul (IOM).

The drafting team would like to thank the following IOM reviewers and staff members for their valuable guidance and input:

- Irina Todorova
- Rosilyne Borland
- Heather Komenda
- Davina Gounden
- Noëlle Darbellay
- Joy Paone
- Nahide Basri
- Christine Adam
- Gianna Sanchez
- Guglielmo Schininà
- Heide Rieder
- Anna Aisenbrey
- Stine Laursen
- Theogene Nshimiyimana
- Kashif Khan
- Gabriel Schirvar
- Catherine Meier
- Anna Iliopoulou
- Christie Bacal-Mayencourt
- Samantha Donkin

IOM could not have produced these Guidelines alone. The Organization worked closely with partners at the UNHCR, UNICEF, the United Nations Office on Drugs and Crime and Save the Children. IOM would also like to thank the following individuals who contributed to the Guidelines' development in their individual capacity:

- Mariaam Bhatti
- Coster Chinamatira
- Tamara Vucenovic (GIZ Serbia)
- Hyab Teklehaimanot Yohannes

IOM is also grateful for the support of the Ministry of Foreign Affairs of the Government of the Kingdom of the Netherlands.

Thanks also go to the colleagues who contributed to editing, layout and production, including:

- Susan Mutti
- Clio Hadjigeorgiou
- Valerie Hagger

PURPOSE AND SCOPE

These Guidelines are intended mainly for individual, non-clinical case managers providing direct support and assistance to migrants with protection and assistance needs, including children. Recognizing that case management for children requires specialized training and different approaches, there is a separate section on child protection case management. The Guidelines may also be useful for government officials, health-care providers, law enforcement officers and those working for service providers in the field of migrant protection and assistance. They can be applied in countries of origin, transit and destination. Given that countries face different challenges when it comes to migrant protection and assistance and have various capacities and service delivery models, it would be impossible to come up with a one-size-fits-all solution; the Guidelines are therefore intended to be incorporated into an organization's existing policies and procedures. They aim to provide general guidance and are not region – or country – specific.

The Guidelines focus specifically on the case management process for migrants and not on general protection programming. They are not intended for use with persons with international protection concerns.

The Guidelines were developed with assistance from the Government of the Netherlands as part of the COMPASS initiative. Under the auspices of the COMPASS initiative, IOM and partner organizations will provide a range of services directly to migrants and their families, including humanitarian assistance, comprehensive case management services for migrants with identified protection needs, return assistance and reintegration services.

The Guidelines draw on the IOM handbooks on protection and assistance for migrants vulnerable to violence, exploitation and abuse, and on reintegration, its policy on return, readmission and reintegration, and its guidance on response planning and on referral mechanisms.¹

1 For a full list of resources, see page 55.

CONTENTS

FOREWORD	iii
ACKNOWLEDGEMENTS	v
PURPOSE AND SCOPE	vii
ABBREVIATIONS AND ACRONYMS	xi
KEY TERMS AND DEFINITIONS: MIGRATION	xiii
KEY TERMS AND DEFINITIONS: SOCIAL WORK	xvii
PART 1: AN INTRODUCTION TO CASE MANAGEMENT	1
1.1 IOM protection framework	3
1.2 Case management workforce	7
1.2.1 Roles and responsibilities	7
1.2.2 Staff qualifications and knowledge	8
1.2.3 Supervision and workload sustainability	9
1.2.4 Well-being of case management workers	9
1.3 Institutional and operational considerations	11
1.3.1 Capacity	11
1.3.2 Case management delivery models	11
1.3.3 Eligibility criteria	13
1.3.4 Standard operating procedures	13
1.3.5 Coordination and capacity-building	13
1.3.6 Monitoring and evaluation.....	15
1.4 Information management	16
1.4.1 Data protection	16
PART 2: CASE MANAGEMENT CONCEPTS	21
2.1 Case management standards and principles	22
2.1.1 IOM principles of assistance.....	22
2.1.2 Case management standards	25
2.1.3 Complaint and feedback mechanisms.....	25
2.2 Case management approaches	26
2.2.1 Strengths-based approach.....	26
2.2.2 Rights-based approach	26
2.2.3 Trauma-informed care	26

PART 3: CASE MANAGEMENT IN PRACTICE	29
3.1 Case management practical skills	30
3.1.1 Interviewing skills	30
3.1.2 Case note documentation	32
3.1.3 Mental health and psychosocial support: the role of the case manager	33
3.2 The case management process.....	36
3.2.1 Identification and registration.....	36
3.2.2 Assessment.....	37
3.2.3 Case planning.....	41
3.2.4 Plan implementation	42
3.2.5 Follow-up and review.....	44
3.2.6 Case closure.....	44
PART 4: CHILD PROTECTION CASE MANAGEMENT	47
4.1 Working with children.....	48
4.2 Guiding principles for child protection case management	50
4.3 Child protection case management workflow.....	51
4.4 Interviewing children.....	54
LIST OF REFERENCES AND FURTHER READING.....	55
IOM ONLINE COURSES	62
ANNEXES	63
Annex 1: IOM Screening Form for Protection and Assistance.....	65
Annex 2: IOM Screening Form for Vulnerability to Violence, Exploitation and Abuse.....	79
Annex 3: IOM Rapid Screening Form for Vulnerability to Violence, Exploitation and Abuse.....	91
Annex 4: IOM Screening Form for Victims of Trafficking.....	101
Annex 5: IOM MHPSS Rapid Screening Form for Migrants on the Move.....	117
Annex 6: IOM Interview Consent Form for Adults.....	131
Annex 7: IOM Interview Consent Form for the Legal Guardian.....	133
Annex 8: IOM Protection and Assistance Intake Form.....	135
Annex 9: IOM External Referral Form.....	136
Annex 10: IOM Case Plan Form.....	140
Annex 11: IOM Services Provided Form	141
Annex 12: IOM Monitoring Form.....	144
Annex 13: IOM Case Closure Form.....	145
Annex 14: NASW Standards for Social Work Case Management.....	146

ABBREVIATIONS AND ACRONYMS

BIA	Best Interests Assessment
BID	Best Interests Determination
BIP	Best Interests Procedure
COMPASS initiative	Cooperation on Migration and Partnerships to Achieve Sustainable Solutions initiative
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
NASW	National Association of Social Workers
NGO	Non-governmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
SMART	Specific, measurable, achievable, realistic and time-bound
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

KEY TERMS AND DEFINITIONS: MIGRATION²

Abuse: an improper act by a person in a position of relative power causing harm to a person in a position of lesser power (physical abuse, sexual abuse, abuse of a position of power, psychological abuse).

Beneficiary: any person who receives assistance or benefits from a project implemented by IOM or another organization

Community: a number of persons who regularly interact with one another within a specific geographical territory and who tend to share, for example, common values, culture, beliefs and attitudes.

Exploitation: the unfair treatment of a person for someone else's benefit.

Migrant:³ an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people (see Box 1), such as migrant workers; persons whose particular types of movement are legally defined, such as smuggled migrants; and those whose status or means of movement are not specifically defined under international law, such as international students.

Box 1. Categories of migrants

In these Guidelines, the term migrant includes:

- Returnees
- Smuggled migrants
- Migrant workers
- Victims of trafficking

² Adapted from IOM (2019h and 2021b).

³ No universally accepted definition of "migrant" exists at the international level. The definition given here was developed by IOM for its own purposes and is not meant to imply or create any new legal category.

Migrant(s) vulnerable to violence, exploitation or abuse:⁴ a migrant or group of migrants exposed to or with experience of rights violations, violence, exploitation or abuse within the context of migration and with limited capability to avoid, resist, cope or recover, as a result of the unique interaction of individual, household/family, community and structural characteristics and conditions.

Need to know or need-to-know basis: the case-by-case granting or denying of authorized access to certain categories of personal data after careful deliberation.

Protection: all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. human rights law, international humanitarian law, refugee law) (IASC, 1999). The protection of migrants refers to the “obligation to respect, protect and fulfil the rights of individuals and obligation by States to do so in respect of all individuals on their territory or under their jurisdiction, regardless of their nationality, statelessness or migration status and without discrimination, in order to preserve in particular their safety, physical integrity and dignity. Protection is about securing rights.” (IOM, 2015b, para. 12⁵)

Protective factor: factors at the individual, household/family, community or structural level that decrease the likelihood that migrants will experience rights violations, violence, exploitation or abuse before, during or after migrating.

Refugee: according to the 1951 Convention relating to the Status of Refugees,⁶ a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of their nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country; or who, not having a nationality and being outside the country of their former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

Rejected asylum seeker: a person who, after due consideration of their asylum claim in fair procedures, is found not to qualify for refugee status, nor to be in need of international protection. Once their claims have been rejected, such persons are no longer authorized to stay in the host country unless they are granted permission to stay on other grounds.⁷

Resilience: in the context of humanitarian, development, peacebuilding and security policies and operations, the ability of individuals, households, communities, cities, institutions, systems and societies to prevent, resist, absorb, adapt, respond and recover positively, efficiently and effectively when faced with a wide range of risks, while maintaining an acceptable level of functioning and without compromising long-term prospects for sustainable development, peace and security, human rights and well-being for all.

Returns: in the context of international migration, persons returning to their country of origin after having moved away from their place of habitual residence and crossed an international border; in the context of internal migration, persons returning to their place of habitual residence after having moved away from it.⁸

4 Adapted from IOM (2019a).

5 See also IASC (2011), pp. 5 and 6.

6 Available at www.refworld.org/docid/3be01b964.html.

7 See UNHCR, *Master Glossary of Terms*.

8 The Guidelines focus specifically on the case management process for migrants and not on general protection programming. They are not intended for use with persons with international protection concerns.

Rights-based approach: a conceptual framework and methodological tool for developing programmes, policies and practices that integrate the rights, norms and standards derived from international law. The case management support that case managers provide should contribute to respect for, and protection and fulfilment of, the rights of migrants, e.g. the rights to liberty, to seek asylum, to return to their country of origin with due regard for the principle of non-refoulement, to consular assistance and access to justice, to information, to adequate shelter, to education and to just and favourable conditions of work.

Risk factor: factors at the individual, household/family, community or structural level that increase the likelihood that migrants will experience rights violations, violence, exploitation or abuse before, during or after migrating.

SOGIESC: an acronym for sexual orientation, gender identity, gender expression and sex characteristics.

People with diverse SOGIESC: umbrella term for all people whose sexual orientations, gender identities, gender expressions and/or sex characteristics place them outside culturally mainstream categories.⁹

Standard operating procedures: detailed, written instructions to achieve uniformity of the performance of a specific function.

Violence: the intentional use of physical force or power, threatened or actual, that either results in, or has a high likelihood of resulting in, injury, death or psychological harm.

⁹ See IOM (2021a and 2021b).

KEY TERMS AND DEFINITIONS: SOCIAL WORK¹⁰

Case conference/review: a more formal and comprehensive mechanism for considering progress that goes beyond the ongoing checking involved in monitoring. A review involves a meeting of all interested parties.

Case management: a person-centred process for providing protection and assistance to individuals with complex needs over the medium to long term. Case management involves the coordination of both formal and informal services with a wide range of stakeholders, including national authorities, NGOs, international organizations, family and community members.

Case manager: the key worker in a case who is responsible for the beneficiary from identification to case closure and supervises the case worker. In some instances, the case manager may also be the case worker.

Case worker: an individual worker who has the primary responsibility for a case that has been assigned to them by a case manager (Child Protection Working Group, 2014).

Supervision: in general terms, the overseeing of one person's work (or other activities) by another person. In social work, it has a particular connotation as an ongoing supervisory relationship between a social work student and practice assessor during training and between a social worker and their line manager after qualification. It involves setting time aside to discuss work without interruption. Kadushin's (1992) identification of the three functions of supervision has been widely used to describe the content of such supervision sessions: administrative – the promotion of good standards of work, coordination of practice with agency policies, maintaining an efficient work setting; educational – the professional development of each social worker; supportive – the provision of personal support and the maintenance of harmonious working relationships.

¹⁰ Adapted from Harris and White (2013).

AN INTRODUCTION TO CASE MANAGEMENT

PART 1

1.1 IOM PROTECTION FRAMEWORK

IOM's protection framework is grounded in the Universal Declaration of Human Rights. Human rights are **universal**, inherent to every individual without discrimination; **inalienable**, meaning that no one can take them away; **indivisible and interrelated**, with all rights having equal status and being necessary to protect human dignity. IOM implements a Protection Approach to achieve its vision on protection to place the rights and well-being of migrants, regardless of their status, at the centre of its operations. All migrants, should be afforded the protection and assistance services that they require (see Box 2).

The framework has five core commitments or overarching principles.

- a. **Accountability and inclusion:** identifying, understanding and supporting migrants' agency, capacities, protection needs and access to rights and assistance through meaningful engagement, participation and inclusion of all target beneficiaries regardless of their sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC), age, disability, race, religion, skin colour, nationality, immigration status, marital status, family structure, mental health status or any other characteristic, in all decisions and actions that have a direct impact on their lives.
- b. **Partnerships and coordination:** identifying, leveraging and strategizing complementary roles and responsibilities among IOM departments, divisions and missions, partners and service providers to contribute to protection of migrants' rights. Ensuring a whole-of-government and whole-of-society approach in all activities.
- c. **Protection mainstreaming:** incorporating key protection principles throughout all sectors of intervention. The Organization ensures that the "do no harm" principle, promoting non-discrimination, meaningful access, safety and dignity, participation, empowerment and accountability measures become an integral part of every response, which ultimately aim to support affected people in recovering from protection risks and claiming their rights. Protection mainstreaming is considered as a collective responsibility across all programmes and implies the implementation of mandatory actions.¹¹
- d. **Sustainability and systemic change:** inclusion of longer-term and strategic thinking in all protection programming so as to contribute to lasting impact and improvement on the ground and thereby help promote protection and improved access to rights for beneficiaries even after interventions are over.
- e. **Centrality of protection:** placing protection at the centre of humanitarian action and decision-making, ensuring that all actions are guided by this.

Working in partnership with other stakeholders, IOM's protection activities fall under one or more of the following six pillars.

- a. **Direct assistance:** providing support to protect and uphold the rights of migrants and addressing any vulnerabilities, including referrals to relevant agencies/service providers.
- b. **Training and capacity development:** providing theoretical and practical training to Member States and external stakeholders involved in protection and assistance activities, by various means (online, peer to peer, training of trainers, face to face, provision of equipment, improvement of structures, etc.); also includes investing in the longer-term strategic capacity development of staff.
- c. **Data, research and learning:** collecting, analysing and safely/securely disseminating data to improve understanding of relevant issues and sharing of good practices; informing evidence-based programming and policy through regular monitoring, evaluation and impact assessment; also includes contributions to knowledge management and to various platforms within IOM and across the United Nations system.
- d. **Convening and dialogue:** assembling relevant stakeholders, including Member States, to facilitate dialogue and sharing of experiences, information and lessons learnt to enhance access to rights by migrants including, but not limited to, through the United Nations Network on Migration.
- e. **Advocacy and communication:** advocating protection of the rights of migrants, the provision of timely assistance and the highest standards in protection and assistance support; producing and disseminating user-friendly messaging to highlight the needs of migrants and gaps in assistance; promoting respect for the rights of migrants .
- f. **Thematic guidance:** acting as the reference point for protection and assistance within IOM and for external partners and stakeholders by providing relevant guidelines and technical assistance.

¹¹ See IOM (2015c).

These Guidelines, for example, were produced under the thematic guidance pillar and the training and capacity development pillar; they also contribute to direct assistance.

Box 2. Key terms and definitions: protection and assistance



Protection

Refers to all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law. Protection involves activities that seek to directly secure individual or group rights. Protection activities aim to create a society in which individual and group rights are recognized and upheld.



Assistance

Covers all service activities that support individuals, families and communities. It includes structural interventions and support to governments as duty bearers. Individual/family interventions include meeting immediate, medium or long-term needs such as shelter/accommodation; health care; education and training; employment; income generation; family tracing, assessments and reunification; counselling; referrals; safe and dignified return and/or sustainable reintegration.

As defined earlier, **case management** is a person-centred process that provides **protection** and **assistance** to individuals with complex needs. It is a medium to long-term process that involves the coordination of both formal and informal services with a wide range of stakeholders, including national authorities, NGOs, other international organizations, and family and community members.

Moreover, case management has proven to be an effective alternative to immigration detention,¹² helping migrants through the process of status determination; ensuring access to services, reliable information and legal advice on all options, including assisted voluntary return and reintegration programmes; facilitating effective access/referral mechanisms for asylum procedures; helping migrants explore all options to remain in the country legally or to leave with dignity; and informing them of the consequences of non-compliance.

IOM provides protection and assistance to migrants, including victims of trafficking, smuggled migrants with protection needs, asylum-seekers, migrants in irregular situations, stranded migrants, unaccompanied and separated migrant children, and migrants subjected to violence, exploitation or abuse.

Every case management programme has several components: institutional, workforce, operational and information management, as illustrated in Figure 1.

¹² An evaluation of three pilot projects revealed that 97 per cent of the participants remained engaged with immigration procedures through case-management-based alternatives to detention in the community (see Sampson et al. (2015), pp. 9–11; Ohtani (2018), p. 26).

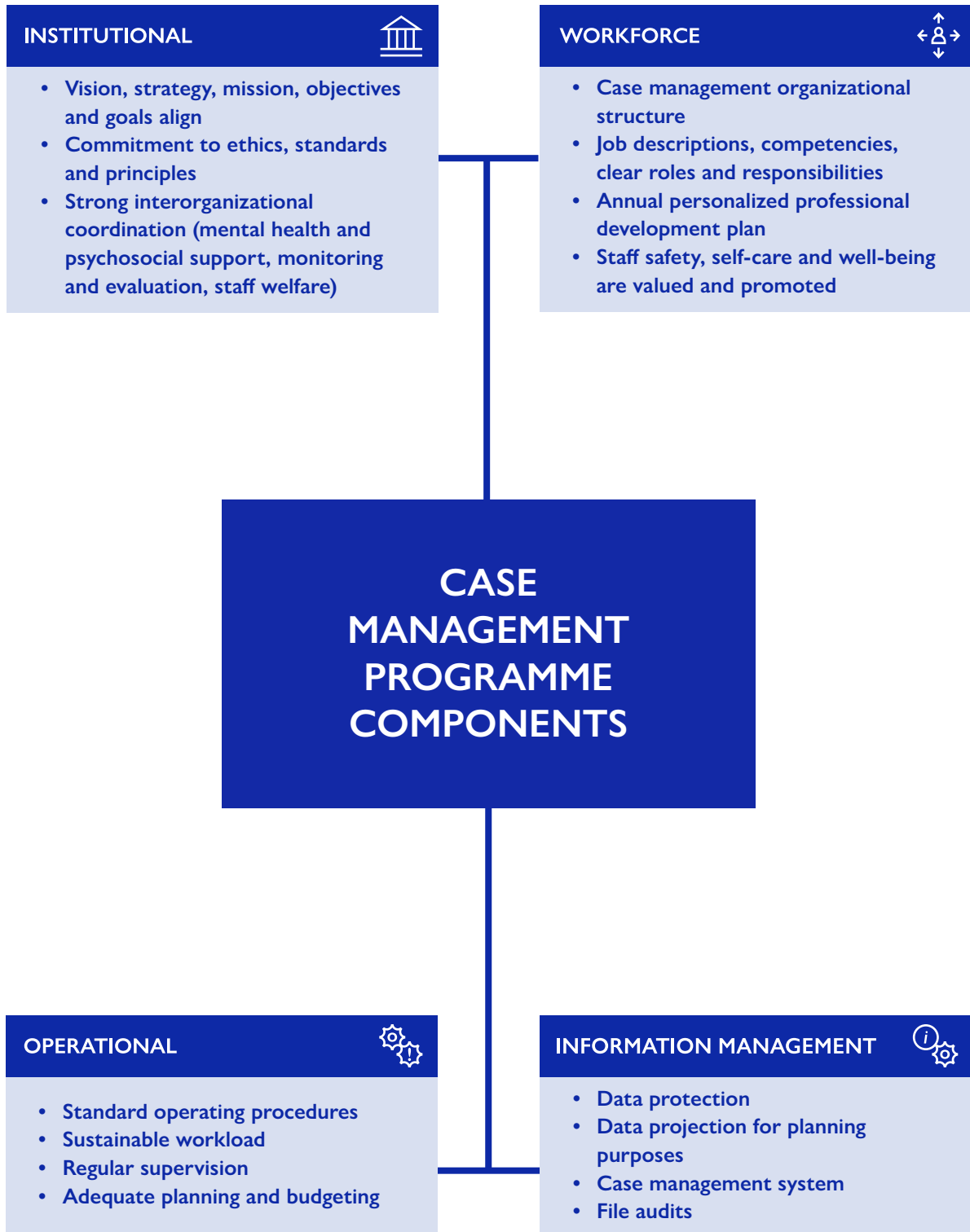


Figure 1. Case Management Programme Components

Institutional, workforce, operational and information management programme components establish the structures, goals and standards required for quality case management services.

Case management is a process for planning, seeking, advocating and monitoring services from different social services on behalf of a beneficiary (NASW, 2013). It has its roots in social work theory, which is in turn derived from the theories of psychology and human development. The IOM protection framework is based on the social work framework as it reflects person-centred, ecological and strengths-based perspectives.

The case management process is composed of several steps: identification and registration, assessment, case planning, plan implementation, follow-up and review, and case closure. Each step is briefly described in Figure 2.

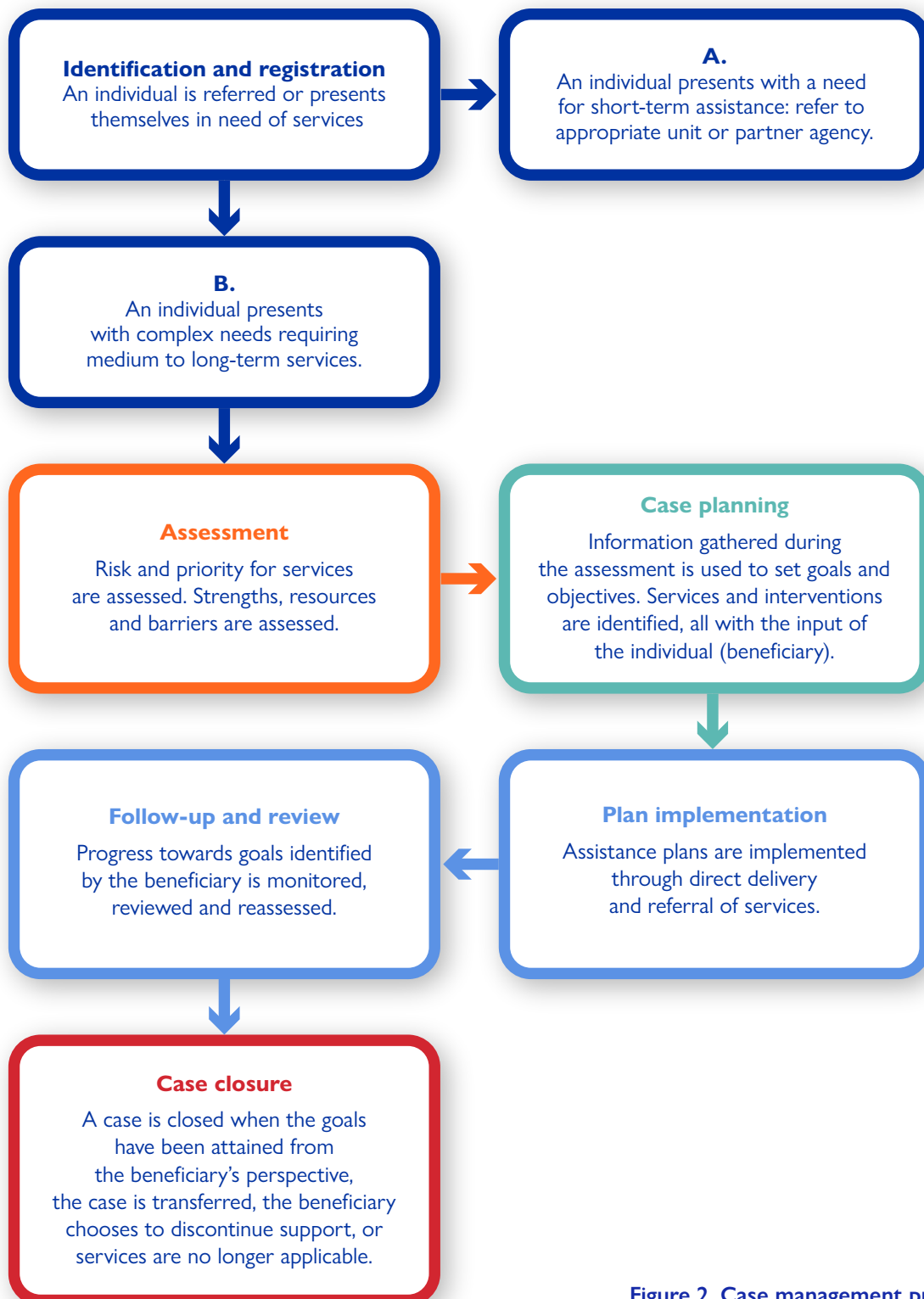


Figure 2. Case management process

1.2 CASE MANAGEMENT WORKFORCE

1.2.1 Roles and responsibilities

Case management staff work together with beneficiaries to assess their needs, identify goals, develop an assistance plan, organize delivery of the plan, and monitor and follow up on the effectiveness of the plan in meeting the identified goals. Case managers often work in close coordination with other service providers, both public and private, who have a role to play in meeting the protection and assistance needs of beneficiaries. Case management is typically delivered person to person by staff of government agencies, international organizations, United Nations agencies, NGOs or civil society organizations.

Inherent to case management is an understanding of what services are available, what the criteria are for accessing them, who offers them, any risks associated with their access, any barriers to access, and their quality and appropriateness. Case management can be adapted and applied to a wide range of situations and settings with beneficiaries. It is not an appropriate response in all settings. Specifically, it is not an appropriate response in settings that require one-time or short-term services. Box 3 lists the various services and types of support (formal, institutional, informal) that may be available in a given setting.

Box 3. Services and types of support

Informal supports

- Family
- Friends
- Community

Institutional supports

- Places of worship
- Schools
- Government

Formal supports (service providers)

- Legal assistance
- Resources for victims/survivors of gender-based violence
- Substance abuse counselling
- Resources for people with diverse sexual orientation, gender identity, gender expression and/or sex characteristics (SOGIESC)
- Food and clothing assistance
- Safety and security officials
- Shelter and housing
- Health-care services
- Employment programmes
- Mental health and psychosocial support services
- Transportation services
- Children's services
- Interpretation and translation services
- Resources for survivors of violence and torture
- Immigration assistance
- Family tracing services
- Disability support services

Case management services are typically delivered person to person, by case managers and service providers coming from different spheres: governmental, non-governmental and the private sector. They may be provided, for example, by government social workers, doctors in private practice or lawyers working for a non-profit organization.

The terms “case worker” and “case manager” are sometimes used interchangeably, but it is generally understood that a case manager has more responsibility and seniority. These Guidelines use the term “case manager” to refer to both case workers and case managers. The term “para-case manager/case worker” refers to someone who may not have the educational qualifications of a case manager or case worker but performs many of the same functions.

Figure 3 illustrates the various participants and sectors of intervention involved in providing individual assistance to beneficiaries.

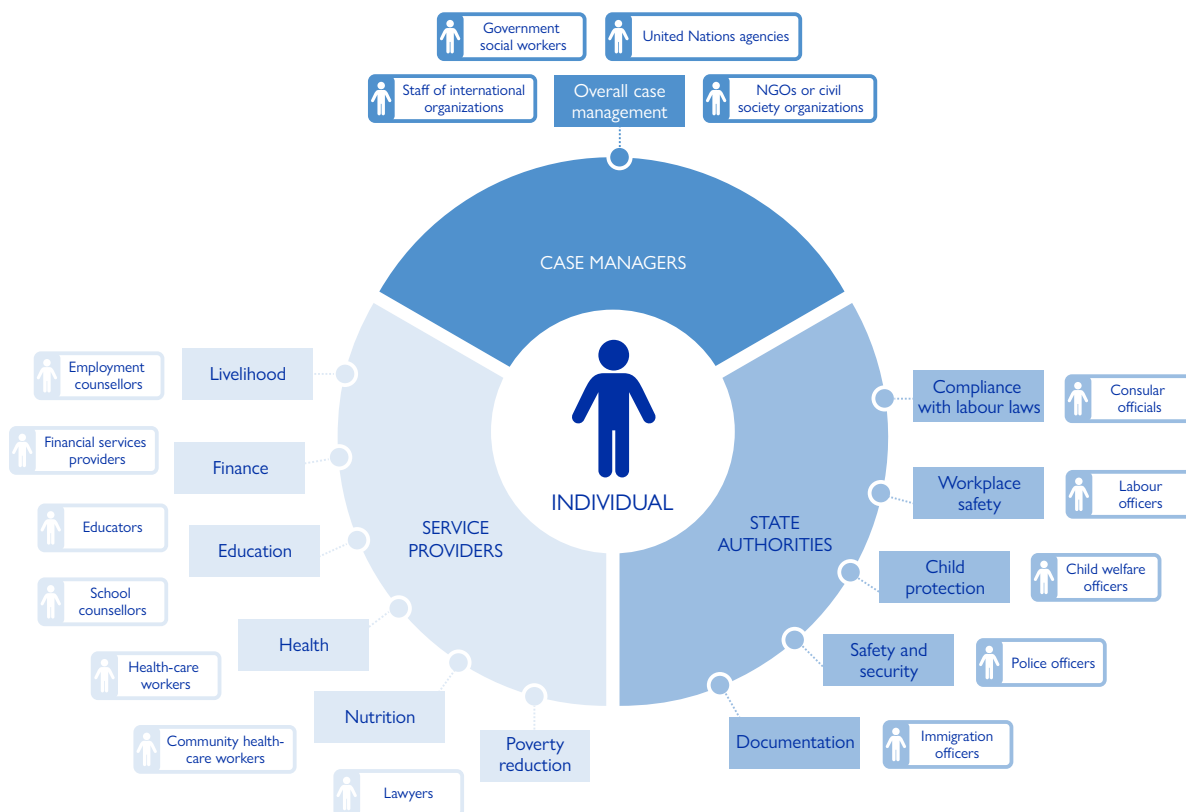


Figure 3. Those involved in providing individual assistance to beneficiaries

Source: IOM (2019a)

1.2.2 Staff qualifications and knowledge

Ideally, staff providing case management services to beneficiaries should have the requisite formal degree, training, skills and experience. They should be aware of current social work theory, policy and evidence-based practices. Since the reality is that in many operations this will not be the case, organizations should develop staff training plans to address training gaps. Case managers should have training and qualifications in social work or a related field and be skilled at engaging and supporting vulnerable people. They should follow the principles of assistance outlined in section 2.1.1 and abide by applicable laws, regulations and standards. They should be licensed or belong to relevant professional associations, where they exist.

Case managers should have knowledge about human behaviour, growth and development, and about cognitive, physiological and psychological processes and well-being at various stages of life. Understanding of behavioural health is important, including coping patterns, emotional resilience, and physical and mental health and well-being.

Case managers should be self-aware and recognize their own cultural, religious and philosophical beliefs and biases. They should appreciate the systemic or institutional power differences between themselves and the beneficiaries accessing their support and should maintain professional boundaries at all times.

Case managers should discourage personal or dependent relationships from forming between themselves and beneficiaries receiving their support, and instead support healthy relationships between the beneficiaries and their families and community.

Working with migrants requires specialized knowledge and training, including, in some cases, language skills, cultural knowledge, or previous experience working with migrant populations. Case managers should be knowledgeable about global and local migration trends, forced migration, international and local human rights, refugee and asylum laws and processes, and the impact of migration on vulnerability.

Case managers working with children, older people, survivors of torture or gender-based violence, trafficked persons, persons with disabilities, or other groups that may have unique needs or be particularly vulnerable, should have specialized training and expertise.

Importantly, case managers should be trained to recognize signs of abuse, neglect and exploitation, and be familiar with any reporting or referrals required in such cases (IOM, 2019a).

1.2.3 Supervision and workload sustainability

Scheduled supervision is a key component of case management and has a specific definition in the context of social work practice (see Key terms and definitions: social work). Case managers often have heavy workloads, handle complex cases with multiple needs and work in settings with limited resources. Supervision is critical to ensure effective and quality case services. A supervisor in case management settings provides regular, quality, supportive technical oversight to case management staff. Case managers ideally spend time each week preparing for supervision by using a basic form or template that helps prioritize the cases and questions to be discussed during the supervision session.

Staffing levels should ensure that case managers have appropriate workloads and are not overwhelmed by large and complex caseloads. The number of beneficiaries per case manager should reflect the complexity and resources required. An average caseload might, for example, be 25 cases, keeping in mind the need for flexibility and that each case requires a different level of attention. Ongoing communication and staff supervision will ensure that the staffing-to-caseload ratio is appropriate to the level of intensity of the case (see Box 4 for tips to ensure appropriate staffing levels).

Box 4. Tips to ensure appropriate staffing levels

- Careful planning and budgeting are required to ensure adequate staffing and supervisory levels.
- Regular, scheduled supervision helps managers remain aware of the complexity of cases and the capacity of staff to manage their caseloads.
- Annual staff training and professional development plans should be designed and monitored.

Case management staff should be trained in specialty areas of practice, such as working with children or victims of violence.

Organizations should set up internal supervision structures and build supervision capacity for the day-to-day functioning of case managers, thereby ensuring quality beneficiary outcomes.

Not all organizations will have the capacity to provide case supervision to case management staff on site. Global or regional staff can provide online case supervision. The use of contracted services specifically for in-person or online case management supervision is also a viable option.

For further guidance on supervision, see Social Work Accreditation and Advisory Board (2017).

1.2.4 Well-being of case management workers

Employer's duty of care

Employers should ensure that they fulfil their duty of care towards case managers and take all reasonable steps to protect the latter's health, safety and well-being; recognize the risks that they face as case managers; and put in place mitigation strategies and adequate risk monitoring systems. Examples of duty of care include promoting a culture where staff well-being is encouraged and supported by, inter alia, ensuring that case managers have access to other colleagues for confidential case consultations and to counsellors for support and stress management, and fostering a culture of self-care and limit-setting.

Staff safety and security should be paramount. Risk mitigation and monitoring involves establishing clear operating procedures for home or community-based visits that outline who is to accompany the staff member so that they are not going into beneficiaries' homes alone. It also involves clear social media policies that protect the identity and professional affiliation of staff, and the provision of work cell phones.

Compassion fatigue

Staff working with beneficiaries who have experienced trauma are at risk of what is known as compassion fatigue (Figley, 2002) or secondary traumatic stress (Figley, 1983, 3–20). Defined as the “emotional duress that results when an individual hears about the first-hand trauma experiences of another” (National Child Traumatic Stress Network, 2011), secondary traumatic stress or compassion fatigue can lead to chronic fatigue, disturbing thoughts, poor concentration, emotional detachment and exhaustion, avoidance, absenteeism and physical illness. Front-line staff experiencing these symptoms may struggle to provide high-quality care to beneficiaries and may experience burnout, leading to staff turnover – which can create a negative feedback loop that intensifies similar feelings in remaining employees. Many in the “helping professions” may have their own personal trauma histories, which may be exacerbated by working with others who have experienced trauma.

Preventing secondary traumatic stress can increase staff morale, allow staff to function optimally, and reduce the expense of frequently hiring and training new employees. Strategies to prevent secondary traumatic stress in staff include:

- Providing training that raises awareness of compassion fatigue;
- Ensuring that staff are trained to access the resources available to them internally (if available) or externally, and the development/implementation of a well-being plan;
- Supporting reflective supervision, in which a service provider and supervisor meet regularly to address feelings regarding patient interactions;
- Encouraging and incentivizing physical activity, yoga and meditation;
- Allowing “mental health days” for staff (Menschner and Maul, 2016).

IOM personnel can directly contact a member of the IOM Staff Welfare Office at swow@iom.int.¹³

¹³ See also IOM Staff Welfare Office resources at <https://www.iom.int/my-wellbeing>.

1.3 INSTITUTIONAL AND OPERATIONAL CONSIDERATIONS

1.3.1 Capacity

Case management services are staff- and time-intensive and are not an appropriate response in all settings. An internal and external analysis should be conducted before case management services are implemented, to consider the organization's internal capacity ("internal analysis") and carefully examine the existing systems and services in the country to avoid duplication of efforts ("external analysis") (see Box 5). The internal analysis should carefully examine the administrative, financial and staffing considerations of undertaking case management. Without a proper organizational and contextual analysis or established criteria, an operation could be overwhelmed by the number of beneficiaries seeking support. For many beneficiaries, short-term specific assistance activities will be more appropriate.

Box 5. What to consider before implementing case management services

- What are the existing processes and services in the country of operation?
- What formal services exist?
- What informal community services exist?
- Is there a need for case management services versus short-term emergency assistance?

1.3.2 Case management delivery models

Case management delivery models should be fit for purpose and acceptable to the beneficiary accessing support. The model selected will be determined by the safety and security of beneficiaries and case managers, the preferences of beneficiaries, the size and scope of the organization providing case management, the available resources, and the possibilities for physical access and proximity to target populations. Generally, individual case managers are assigned to beneficiaries and/or their families on a one-to-one basis. Service delivery models should be adapted to fit the needs of the context. Depending on the setting, it may be more appropriate and improve support to have a model of shared responsibility, an outreach model, a mobile service delivery model or a virtual model. Case managers may be based in community settings, resource centres or in transit settings such as shelters.

The **outreach model** is useful when populations do not wish to be identified and potentially stigmatized by going to a recognizable centre or office. With an outreach model, case managers visit beneficiaries in their place of residence, temporary accommodation or detention facility, or in a convenient location in the beneficiary's community.

The **mobile service delivery model**, may be best when beneficiaries are in insecure or remote locations or where the case manager does not have an office or resource centre in the community. It may be useful when beneficiaries' locations are changing and dynamic or for informal or spontaneous settlements of migrants. The mobile model can comprise multiple services, such as health, nutrition and child protection, or a single service (for example, periodic and, ideally, regular visits by the case manager).

The **virtual (or remote) model**, where support and information are provided via telephone or Internet communications, may be useful where beneficiaries are on the move, crossing international borders, cannot or do not want to access support face to face with a case manager and/or the movements of both beneficiaries and the organizations providing support are restricted.

In a **community-based care model**, case managers are based in the beneficiaries' communities. This model allows for more direct access to the target population and enhanced knowledge of available services. Case managers can be permanently based in the community or be co-located with other available services and resources on a part-time basis. This can make it easier for beneficiaries to meet with case managers and remove barriers to support such as transportation and other costs. (See Box 6 for a description of community-based care as an effective alternative to immigration detention.)

Case managers can be based in resource centres where information is shared about various services and where multiple organizations can be co-located for convenience and to remove barriers to access. This is usually best for semi-permanent settlements of migrants, or along a known migratory pathway. Resource centres or similar centralized service delivery models may not be appropriate where fear and stigma are attached to accessing resources or being identified as an irregular migrant.

Box 6. Case management in the community as an effective alternative to immigration detention

Especially in countries where immigration detention is still used, effective case management options led or supported by IOM are a good means for applying alternatives to detention in the community, and therefore of achieving Objective 13 of the Global Compact for Migration. Case managers can engage with migrants who are living in the community and who are at risk of being detained or in an irregular situation, in order to work towards a permanent or temporary migration outcome, such as status regularization, a visa or voluntary return to the country of origin.

Case managers should first assess the needs of the individual and seek to understand their situation, so that support needs and potential barriers to case resolution can be identified and overcome. Case managers can support migrants in various ways, most importantly by connecting them with services and support, including legal advice, medical care and community activities. Case managers can also help stabilize individuals who are highly anxious and stressed, to prevent their disengagement and absconding.

Case management in the community is rights-based and has positive effects on the individual's ability to participate in informed decision-making and capacity to work towards case resolution. Individuals assisted by case managers usually comply with the conditions set by the authorities, stay engaged in migration processes, become less vulnerable and develop greater trust in the migration system. Case management has, for example, encouraged long-term irregular migrants to re-engage with the authorities with a view to regularizing their status.

Case management in detention

Case managers are sometimes called on to provide support to beneficiaries who have been detained by local authorities in connection with their immigration status, criminal activity, or a deportation or removal order. In such situations, case managers should strive to uphold the person-centred approach, but the fact that the beneficiary does not have freedom of movement will inevitably be a challenge.

Case managers should map the services available specifically for detained persons, advocate for protection of their rights while detained and for their release or alternatives to detention if appropriate, coordinate with others working in detention facilities, and help develop a release and (re)integration plan that includes addressing specific vulnerabilities caused by detention. Where detention monitoring programmes exist, the case manager should coordinate with them and support monitoring efforts as appropriate.

Detention monitoring is a stand-alone activity that should not be delegated to case managers.

It is important for case managers working with detained persons to understand the impact that detention can have on an individual, families and communities, and to carry out regular assessments to determine if additional support or services are required.

1.3.3 Eligibility criteria

Eligibility is the defining basis for decisions regarding which individuals and groups receive services and supports. The criteria will vary depending on the organization providing case management services, any existing system-wide protocols or procedures, the funding source, the programme parameters, and the availability of case managers to allocate to the potential beneficiary.

The criterion of eligibility is critical in order to identify those who are most vulnerable and in need of case management services versus short-term assistance. It can both define the intended beneficiaries and provide a means of managing demand with finite resources. Service eligibility can be considered in relation to three related terms: entitlement, availability and accessibility.

Eligibility for case management should be determined according to operational capacity and the answers to specific questions:

- Does the beneficiary require medium-to-long-term services?
- Is the beneficiary at medium-to-high risk of violence, exploitation or risk?

1.3.4 Standard operating procedures¹⁴

Standard operating procedures are “established or prescribed methods to be followed routinely for the performance of designated operations or in designated situations” (Merriam-Webster, 2022). They are operational documents. As such, they should use clear and precise language to ensure that the procedures are carried out correctly. They can be reviewed annually and modified if necessary.

The development of standard operating procedures for case management with beneficiaries involves a number of steps:¹⁵

- (a) **Decide how the procedure will be presented.** The layout will be influenced by the kind of information the referral mechanism members want to display. Templates from various sectors and industries can be found online.
- (b) **Capture all the steps in the procedure.** All the steps should be captured from start to finish. Potential problems can also be assessed at this point, and referral mechanism members can discuss whether to add or remove anything. The language used should be clear and actionable.
- (c) **Test the process.** To make sure the procedures documented are the most effective and are properly described, test them with referral mechanism members using them daily.
- (d) **Obtain approval or endorsement.** The standard operating procedures will likely be developed by technical staff from referral mechanism member organizations and may need to be approved or endorsed by senior officials.
- (e) **Finalize and implement the procedure.**
- (f) **Review and update the procedure** on a quarterly basis with the case management staff.

1.3.5 Coordination and capacity-building¹⁶

The State has overall responsibility for the protection and assistance of all persons on its territory. Civil society entities such as NGOs or initiative groups/associations can support local government efforts to act as the primary duty bearers by participating in planning and providing services to migrants. International organizations can complement this by using a capacity-development approach to strengthen systems providing support to migrants. An intervention should serve to develop capacity, not to replace it.

¹⁴ This section has been adapted from IOM (2019c) and IOM/UNHCR (2020).

¹⁵ Adapted from Henshall (n.d.).

¹⁶ This section has been adapted from IOM (2019c).

Referral mechanisms

In operational contexts, referral mechanisms are referral pathways that serve to link individuals with the protection and assistance services and support they require. Additionally, they identify and close gaps between existing protection systems. To that end, all types of protection available and their providers should be mapped, included in referral pathways and integrated into the case management approach for beneficiaries.

Referral mechanisms are necessary because many beneficiaries have a wide array of needs that cut across sectors and providers; it is unlikely that any one government entity or organization can meet them all. Multiple and overlapping protection systems might exist in a specific context, with multiple organizations, each with a different mandate, providing different services. Coordination is thus essential to ensure that beneficiaries get the protection and assistance they need and to avoid fragmentation in service delivery. Referral mechanisms also promote effective use of resources (by helping to avoid duplication of roles and responsibilities) and accountability (by making it easier to hold stakeholders to account for providing the protection and assistance needed by beneficiaries).

Referral pathways commonly exist in fields, such as reintegration services, that provide protection and assistance to returning migrants, children and families in vulnerable situations, survivors of gender-based violence, refugees and asylum-seekers, and trafficked persons. They are sometimes referred to as national referral mechanisms. Existing pathways should be used to access available protection and services when they are accessible and suitable for beneficiaries. Further, it is advisable to agree on standard operating procedures when different agencies may be involved in identifying persons in need of protection and assistance and specific protection and assistance services are incumbent on different providers.

Role of the State

It is the State's responsibility to ensure that all people, including migrants, benefit from protection under international law. In so doing, the State can rely on various systems established to mitigate the risks faced by individuals and their families and/or respond if individuals experience harm, violence, neglect, exploitation, abuse or other rights violations. These systems use combinations of laws, regulations, policies and programmes that can be delivered by the State, international organizations, non-governmental agents, the community and/or individuals themselves. The aim of these systems, regardless of who actually implements them, is to ensure that the individuals concerned benefit from the rights guaranteed at international level.

Service (or resource) mapping¹⁷

Service (or resource) mapping is the systematic identification and recording of providers and services. It details what local services are available to local populations and migrants; the criteria for accessing those services; who offers them; the quality of the services; and any risks associated with accessing them. A resource map can be used to identify gaps in services and facilitate collaborative and integrated strategic planning (O'Leary and Squire, 2009).

Service mapping is a preliminary step in assessing the communities in which migrants reside or to which they return, since it helps identify not only gaps in service provision but also potential strategic and operational partners. At the individual level, it can build on existing mapping and be tailored to the individual service plan.

Service mapping should also identify barriers to access (such as eligibility or intake criteria that exclude certain migrants, the location and distance of service delivery, safety and security concerns, time and financial constraints, and documentation requirements) or where services are lacking. Such barriers should be noted so that they can be addressed as part of the case planning.

¹⁷ Adapted from IOM (2019b), section 1.4.2 (pp. 24–25), section 2.5 (pp. 72–85) and Annex 8 (pp. 337–339).

1.3.6 Monitoring and evaluation

Monitoring and evaluation are two distinct but interrelated and complementary functions.

Monitoring refers to continuous or ongoing internal oversight, the aim of which is to track the quality of implementation and to assess whether a given programme, project or initiative is on track to achieve its anticipated results, in both operational and financial terms (IOM, 2021c:7). Monitoring provides timely information regarding whether the case management process is following expected standards regarding quality of services. This includes ensuring respect for the rights of beneficiaries and inclusivity, and ensuring that ethical standards are observed throughout the process. Monitoring specifically tracks whether:

- Assistance is provided according to expected standards and in a timely manner;
- There are gaps and inconsistencies in the case management process;
- Resources are being used efficiently;
- The most vulnerable beneficiaries have equitable access to the actual services.

Evaluation is the systematic and objective assessment of an ongoing or completed intervention, including a project, programme, strategy or policy, its design, implementation and results (IOM, 2021c:9). The primary function of evaluation is, ultimately, to ascertain whether the intervention is bringing about the desired change among beneficiaries or whether it is addressing the beneficiaries' unmet needs identified at the time of beneficiary enrolment in the programme. The evaluation uses a rigorous and systematic methodology to identify which intervention components are leading to what results, by how much and in what contexts. More specifically, evaluation:

- Allows for a more rigorous and objective analysis of the implementation of an intervention, revealing what works for whom and why; it thereby facilitates the identification of services that are most valuable for beneficiaries so that they can be maintained or scaled up, while removing any services found to be less valuable for beneficiaries;
- Allows for the identification of unintended (negative or positive) effects and the factors that led to them, and deduces lessons and/or good practices to inform the consolidation of case management processes.

Case managers play an important role in the monitoring and evaluation of the case management process through coordination with the monitoring and evaluation team. They are responsible for carefully documenting the progress of each case (in accordance with the standard operating procedures). Reporting on beneficiary outcomes provides the organization with important information that is essential for further analysis of programme effectiveness. It is therefore important to document the priority needs to be addressed and intervention end goals when the beneficiary enrolls in the programme, so as to set a baseline against which the merit, worth or value of the service provided can be assessed during the evaluation. At the end of the case management process, during the case closure phase, the case manager should document whether the needs identified during the needs assessment at the time of the enrolment have been addressed.

Whereas monitoring is expected to be conducted by the team directly involved in implementation, evaluation is the responsibility of staff within IOM who have good knowledge of evaluations and are not directly involved with the case management process, or of an external evaluator, to ensure objectivity and to minimize bias and reactivity as per the United Nations Evaluation Group Norms and Standards for Evaluation.¹⁸ The primary purpose of any evaluation is to:

- Ascertain whether the beneficiaries have realized the desired outcomes (i.e. the initial unmet needs identified at the time of enrolment);
- Identify the components of the service package that were more effective and those that were not (this information is useful for strengthening evidence-based case management practices);
- Identify any unintended (both negative and positive) changes and how they came about (such information is useful for consolidating the design of the intervention and theory of change).

The evaluation may be conducted once a year. It does not have to be a stand-alone evaluation of case management but may be part of the broader programme evaluation, focusing on case management processes and their effects on the target beneficiaries.

¹⁸ Available at www.betterevaluation.org/en/resources/example/JNEG-evaluation-standards-2016.

1.4 INFORMATION MANAGEMENT

The way in which case management activities are tracked and information is stored varies from case management software systems to paper files that are kept in a locked, secured location, depending on organizational capabilities and resources.

Case management data are highly sensitive and classified. It is recommended to use an enterprise tool (such as IOM's Migrant Management Operational System Application, or MiMOSA) to store case management data on all cases. If there is no other option but to use paper-based tools for case management, it is recommended to transfer all the data to the enterprise tool and to discard the paper forms, as per the standard operating procedures.

The case manager is responsible for documenting all case management activities in the appropriate case file record as determined by the organization's standard operating procedures, which should clearly establish the procedures for storing data and archiving cases.

Case files should be audited for organizational compliance. See Annexes 1–13 for sample case file forms that can be used.

1.4.1 Data protection

Data protection is the systematic application of a set of institutional, technical and physical safeguards that preserve the right to privacy with respect to the collection, storage, use and disclosure of personal data (IOM, 2010a). Personal data is any information relating to an identified or identifiable data subject that is recorded by electronic means or on paper (see Box 7).

Box 7. Personal data*

Personal data include (but are not limited to) the following:

- Biographical data such as name, date of birth, marital status, address or last place of residence, employment, contact details, age, language, sex, gender, sexual orientation, race, ethnic or social origin, nationality, religion, culture, political opinions or other beliefs, membership of a particular group, physical or mental disability and health status;
- Biometric and genetic data such as fingerprints, iris scans, hand patterns, facial image, voice recognition and DNA samples;
- Background data such as family and household history, relationships with relatives, community members and close associates;
- Material circumstances such as experience of human rights violations and transit details, including route taken, education, employment history, work address, as well as names and contact details of an organization's staff or individuals representing authorized third parties that conduct interviews and collect personal data;
- Images and recordings (e.g. pictures or photographs, television images, videos, voice and digital recordings, medical X-rays, ultrasound and other medical images);
- Corroborating materials such as medical reports, psychological reports, hotline reports, police or other official and unofficial reports;
- Sensitive personal documents such as health records, financial records, bank details and criminal records;
- Documents such as originals or copies of passports, identity cards, social security cards, birth certificates, temporary permits, driver's licences, visas, marriage certificates, school diplomas, university records, medical certificates, property deeds and employment contracts or recruitment offers.

It is important to note that an unusual combination of data points can also become potential identifiers. In other words, data that are otherwise harmless can, when taken together, identify an individual. It may be necessary to use anonymization, which is the process of removing all personal identifiers and codes in such a way that there is no reasonable likelihood that data subjects can be identified or traced.

* Adapted from IOM (2010a).

The right to data protection is closely linked to the right to private life. The right to private life is now widely considered as a fundamental human right and is enshrined in the principal international human rights treaties, such as the Universal Declaration of Human Rights (Article 12)¹⁹ and the International Covenant on Civil and Political Rights (Article 17)²⁰. While the right to personal data protection initially emerged as a derivative of the right to private life, it has evolved into a right on its own in the light of growing digitalization. For example, the right to personal data protection is in some ways broader than the right to private life since it protects any information that qualifies as personal data, regardless of the impact of this information on the individual's private life.

The 2009 IOM Data Protection Principles²¹ apply to the processing of IOM beneficiaries' personal data²² and provide institutional safeguards for handling such data. They provide a mandatory framework that should be applied systematically throughout the Organization. They also provide beneficiaries with a set of rights, such as the right to access, correct or delete their personal data, in order to respect and ensure the informational self-determination of IOM beneficiaries. Other organizations should have similar principles and protocols in place.

Confidentiality

Confidentiality is an important part of data protection and is key to building trust with beneficiaries and establishing a professional, disciplined workplace culture. Information on, for example, a beneficiary's location, health and well-being, or on their participation in any services, should be considered confidential. In fact, no personal data of any kind should be shared without the beneficiary's prior knowledge and informed consent. Where beneficiaries are accessing various services and their care and support would benefit from sharing of information, appropriate information-sharing protocols, such as data-sharing agreements with service providers, should be put in place. However, at no point should a beneficiary's access to services be conditional on their consent to the collection and/or other processing of their personal data. Consent should be a free, voluntary and informed decision.

Any information obtained directly or indirectly while providing a service should be considered confidential. Any disclosure of personal data, including a beneficiary's confidential information, should clearly state how long such information can be retained by the party/parties receiving it. It should also be clear that it will not be shared beyond the indicated period, subject to previously specified and mutually agreed exceptions.

Confidentiality of personal data must be respected and applied at all stages of data collection and processing and should be guaranteed in writing. IOM personnel and third parties engaged in the case management process may not share or disclose any information they know or are aware of during the case management process with any entity whatsoever without the prior permission of the beneficiary. The following points must also be respected:

- Confidential information should be disclosed without consent only to prevent serious, foreseeable and imminent harm to a beneficiary or another person. When this is necessary, the least amount of confidential information should be disclosed and only to the relevant persons, organizations or authorities. The beneficiary should be informed before the information is shared, unless this is clearly unfeasible.
- In some jurisdictions and in certain circumstances, service providers may find themselves under a legal obligation to disclose a beneficiary's personal information to the authorities without the beneficiary's consent. These obligations should be met as long as they do not cause harm, as determined through protection monitoring, risk assessment and/or any other case-specific assessments. Beneficiaries should be made aware of these requirements before accessing services.²³
- Beneficiaries should be granted access, on request, to their personal data, including information on the delivery of protection and assistance services. They should have the opportunity to amend, add or correct their data, subject to limited exceptions.
- The aforementioned rights and rules, which are designed to respect the beneficiary's confidentiality and privacy, usually continue to apply after the beneficiary's death.

19 Available at www.ohchr.org/en/human-rights/universal-declaration/translations/english.

20 Available at www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights.

21 See IOM (2010a).

22 "Processing of data" includes any operation performed on personal data, such as collection, use or storage.

23 It is important to note that international organizations such as IOM are granted certain privileges and immunities under public international law that render national laws inapplicable. See "Sharing personal data" below for further information.

Measures to protect personal data

Case managers should ensure that both physical personal data (such as paper records) and digital (or electronic) personal data are secure. The safeguards that should be put in place to protect physical data are described in Box 8.

Box 8. Examples of measures to ensure the protection of physical personal data*

- Classify records according to the appropriate level of sensitivity.
- Restrict access to buildings, offices and shelters to authorized staff with a legitimate duty need.
- Secure access to storage by requesting identification cards.
- Ensure that paper records are stored in locked safes, shelves, drawers, filing cabinets or rooms, and returned to secure locations after use.
- Monitor the printers used to produce personal data and ensure that appropriate methods of disposal are used to destroy printed copies, such as shredding or burning.
- Separate personal from non-personal data, to the extent possible and feasible.
- Keep a minimum number of backup copies in fire-rated safes and store them in a separate location from where they can be easily transported in the event of evacuation or relocation.
- Ensure that electronic records are stored in safe locations and limit access to authorized staff.
- Store archived files in a safe location and limit access to authorized staff.
- Protect the combination code of safes by restricting access and changing the code at regular intervals.

* Adapted from IOM (2010a).

The safeguards that should be put in place to protect electronic data are described in Box 9.

Box 9. Examples of measures to ensure the protection of electronic personal data*

- Only transmit and store personal data on computer systems and database applications that are protected against security risks.
- Use the login procedures and minimum requirements for password protection as required by your organization.
- Use the automatic lock computer or logoff actions and ensure that all browsers are closed if workstations are unattended, especially in situations where computers are shared by several users.
- Highlight all emails containing personal data as “confidential”, to identify the sensitivity of the email.
- Limit email recipients to authorized individuals only.
- Substitute codes for identifiers when storing and transmitting personal data, particularly when handling categories of highly sensitive personal data.
- Always encrypt the transmission of emails and attachments containing personal data.
- Use partial encryption to protect electronic storage areas and ensure that personal data are securely stored in encrypted or password-protected folders.
- Secure portable media and report the loss or theft of electronic equipment without undue delay.
- Ensure that backup procedures are applied to all electronic records.
- Avoid accessing your organization’s server via unsecure Internet outlets or wireless connections to retrieve, exchange, transmit or transfer personal data.

* Adapted from IOM (2010a).

Note: Data controllers should coordinate with the relevant information technology personnel to ensure that the highest level of encryption is used for transfers to third parties outside the organization.

Sharing personal data

Case managers should also ensure that appropriate safeguards are put in place when sharing personal data with third parties.

International organizations such as IOM are not subject to national legislation, including national and/or regional data protection laws, owing to the privileges and immunities they enjoy under public international law. They therefore apply their own internal policies on data protection. This will not be the case, however, for NGOs, governments and other third parties such as service providers, which are subject to the jurisdiction in which they are placed and are bound by the applicable domestic data protection laws. International organizations should carefully consider the national data protection laws/regulations that apply to these entities before sharing personal data with them. The safeguards that international organizations should implement before sharing personal data with third parties are described in Box 10.

Box 10. Guidance on sharing personal data with third parties*

- Assess the national data protection laws and regulations that apply to the third party with which the personal data will be shared, and practice in the country in which it is based, including in terms of respect for human rights and the safety of data subjects.
- Consider whether it is necessary to share personal data or whether anonymous aggregate data^a will serve the same purpose.
- Provide an exhaustive list of the personal data which will be shared, ensuring that the amount and categories thereof are limited to what is necessary to achieve the specified purpose of the data-sharing agreement.
- Identify the method of sharing and specify the conditions, ensuring that the sharing process is safe and secure by using inter alia password-protected emails and encryption.
- Include confidentiality and/or data protection clauses in data-sharing agreements and stipulate that the 2009 IOM Data Protection Principles form an integral part of such agreements and are appended thereto.
- Only disclose personal data and/or confidential information to authorized persons and limit further use and disclosure vis-à-vis third parties that are not included in the data-sharing agreement.
- Ensure that personal data are retained only for as long as is necessary to fulfil the specific purpose for which the data were shared, indicating a retention period in the data-sharing agreement and specifying the method of destruction to be used once this purpose has been fulfilled.
- Reiterate IOM's privileges and immunities vis-à-vis the third party, for instance by including relevant clauses in the data-sharing agreement.
- Only reveal personal data on a "need-to-know" basis after careful deliberation.
- Maintain a record of the kinds of personal data that have been disclosed and to whom.

* Adapted from IOM (2010a).

a Under the 2009 IOM Data Protection Principles, anonymous data refer to data sets from which all the personal identifiable factors have been removed in such a way that there is no reasonable likelihood that the data subject could be identified or traced.

CASE MANAGEMENT CONCEPTS

PART 2

2.1 CASE MANAGEMENT STANDARDS AND PRINCIPLES

Ethical decision-making and professional excellence in case management are guided by individual and professional values, standards and principles. IOM's principles of assistance should be followed by all those working with beneficiaries. Case management standards can be used to develop indicators that measure the effectiveness of a case management programme.

2.1.1 IOM principles of assistance²⁴

Rights-based approach: A conceptual framework and methodological tool for developing programmes, policies and practices that integrate the rights, norms and standards derived from international law. In practice, activities grounded in a rights-based approach consciously and systematically incorporate rights and rights principles into all stages of the project cycle. A rights-based approach to migration programming aims to empower rights-holders to enjoy and claim their rights, and to strengthen the capacity of duty-bearers to respect, protect and fulfill those rights.

Do no harm: Organizations providing assistance should assess the potential for harm of any proposed action. Assistance should not be provided or it should be deferred if there is reason to believe that it might leave beneficiaries worse off than before. Support for beneficiaries should cause no harm to the wider community, including migrant communities and host communities. (See Box 11 for the application of this principle in cases of dual loyalty.)

Non-discrimination: Assistance should be provided to beneficiaries without discrimination or prejudice based on nationality, age, gender identity, sexual orientation, sex characteristics, ability, race, ethnicity, religion, language, social status or any other status.

Self-determination and participation: Beneficiaries are entitled to make choices and participate in decision-making regarding their protection and assistance, and this right should be respected and supported. Services should be delivered in collaboration with beneficiaries, whose autonomy and agency should be reinforced and encouraged by the individuals and organizations providing protection and assistance.

Individualized assistance: Migrants have unique experiences, vulnerabilities and needs, and the services they receive should be tailored accordingly, to the extent possible. This includes ensuring that services are age-, gender- and culture-sensitive, provided in the beneficiary's preferred language, and appropriate in the circumstances and the context.

Accountability: Beneficiaries who are accessing services should play an active role in efforts to measure the quality of those services. Their views should be solicited and used to adapt and improve services. Effective complaints systems and procedures should be included in all service delivery programming and safeguards should be put in place to ensure that no harm is done to beneficiaries through their use of services (see also section 2.1.3 Complaint and feedback mechanisms).

Continuum of assistance: A holistic approach to assistance includes ensuring comprehensive service delivery where all identified needs are met. This is contingent on a strong case management system where assistance services are mapped and service delivery is tracked and monitored throughout the time the beneficiary is accessing services. It is particularly important if beneficiaries move to different locations, be it back to their countries of origin, to third countries or elsewhere (see also section 3.2.6 Case closure: Continuity of care).

Informed consent (adults) (for informed consent regarding children, see Part 4 Child protection case management): Beneficiaries should freely and voluntarily give their permission for a specific purpose when receiving assistance or accessing services. Consent can also be given in full or in part, and access to one service should not be contingent on consenting to others. Beneficiaries can refuse to consent to receive assistance. It is also important to bear in mind that consent is not static and should be evaluated throughout the time beneficiaries are accessing support.

²⁴ Adapted from IOM (2019a).

Consent should be informed and provided with the awareness of the possible risks and benefits of the activity being consented to. It is a process that includes providing information to beneficiaries, giving them the opportunity to ask questions, ascertaining that the information is complete and understood, clarifying and restating information as needed, and documenting consent. Consent forms provide one means of recording consent but may not be appropriate for beneficiaries with low literacy levels and/or those without the capacity to give consent. Consent can also be given verbally but should be recorded in a secure and confidential manner.²⁵

Case managers should be alert to and carefully consider potential challenges to obtaining informed consent. These include language barriers that hamper communication; cultural, social and gender norms that limit the ability to ask questions or articulate misunderstandings; and the characteristics of the person requesting consent, i.e. their gender, age, profession, etc.

Case managers and all service providers should use clear and understandable language to inform beneficiaries of the nature and purpose of any services, the known risks of using them, the criteria for accessing them, limits to services and programmes, and alternatives to accessing services. Beneficiaries should also understand that they have a right to refuse or withdraw consent at any time. For this reason, it is essential that approved consent forms and/or any other modality, such as verbal consent, are used to obtain the consent of beneficiaries, and that the standards described in these Guidelines and the 2009 IOM Data Protection Principles are followed.

The capacity to give consent is affected by the beneficiaries' age, physical and psychological state, cognitive ability, and the impact of their experiences and pathway to interacting with a service provider. For instance, arrest or detention can render them reluctant to consent to providing identifying information about themselves or others. Appropriate measures should be taken to determine whether a vulnerable beneficiary is able to give consent. If they are deemed incapable, appropriate guardianship authorities should be involved. However, the beneficiary should remain involved in any decisions regarding assistance in any case. For more details on informed consent regarding data protection, see IOM (2010a).

Barrier-free access: Services provided to beneficiaries should be available in sufficient quantity and quality, be culturally and socially relevant and be physically accessible. Services should not present any safety or security concerns. Beneficiaries should be aware of what services are available to them, and any barriers to access should be identified and rectified, including physical, financial, social and security barriers.

Gender-sensitivity: The impact of gender on experiences, vulnerabilities and needs should be explicitly acknowledged and appropriately addressed throughout the delivery of assistance. This approach acknowledges gender-based discrimination and promotes gender equality through the provision of services. This may include having a case manager of the same gender, providing gender-specific services, or providing services that seek to address gender inequality and discrimination.

Confidentiality, privacy and data protection:²⁶ Information regarding a beneficiary's location, health and well-being, and participation in any services should be considered confidential and should not be shared without the beneficiary's prior knowledge and informed consent. Where beneficiaries are accessing various services and their care and support would benefit from sharing of information, appropriate information-sharing protocols should be put in place, and the beneficiaries should be informed of and consent to their information being shared. Any information obtained directly or indirectly during service provision should be considered confidential. This includes, but is not limited to, the beneficiary's sexual orientation, gender identity, gender expression and sex characteristics.

Confidential information should never be disclosed without consent unless to prevent serious, foreseeable and imminent harm to a beneficiary or another person. When this is necessary, the least amount of confidential information should be disclosed and only to the relevant persons, organizations or authorities. The beneficiary should be informed before the information is shared, unless this is clearly unfeasible.

In some jurisdictions, service providers may be legally obliged to disclose information without consent; they should meet those obligations as long as doing so does not cause harm. Beneficiaries should be made aware of these

25 IOM employees can obtain the relevant forms from the IOM intranet. They can also contact the IOM Department of Legal Affairs for guidance on how to proceed in situations where consent is to be obtained verbally, for example from a beneficiary with low literacy levels.

26 See also section 1.4.1 Data protection and IOM (2010a).

requirements before accessing services.

Beneficiaries should be granted access, on request, to any information stored regarding their personal data and the delivery of protection and assistance services to them. They should have the opportunity to amend, add or correct their data, subject to limited exceptions.

The right to private life and the right to data protection of all beneficiaries should be respected. In particular, personal and/or sensitive information, including on the beneficiaries' location, health and well-being, and participation in any services, should not be discussed in public spaces or shared electronically, unless on secure data-sharing platforms. Such data should be stored in secure electronic and physical locations, such as in password-protected computers, servers and locked drawers, that are not left unattended.

Written and electronic records should be transferred or destroyed within an appropriate amount of time when no longer needed or as required by relevant laws and/or regulations. Confidentiality and privacy also apply in the event of the death of a beneficiary.

Child-centred assistance: In the case of children under the age of 18, the above principles should be considered in conjunction with other relevant procedures. Services for children should be age-appropriate, follow best practices in child protection and be child-friendly (i.e. the approach should be accessible and appropriate for children). Wherever possible, specialized agencies should provide protection and assistance to children using a child-centred approach in which the child's or children's needs and best interests are central to service delivery. Generally, this requires preserving family unity, unless it is unsafe to do so and/or presents a risk to a child or children involved in the family unit. Agencies providing protection or assistance to children should have adequate child safeguarding²⁷ or protection policies and procedures in place. In particular, staff working directly with children should have specialized training and qualifications.

In the case of unaccompanied or separated children, the national authority where the child is located always has overall responsibility. For more detailed information on child protection case management, see Part 4.

Box 11. Dual loyalty

“Dual loyalty” occurs when two ethical obligations stand in contradiction to each other. It is commonly known as an ethical dilemma.

Examples of ethical dilemmas include when legal child safeguarding or protection-reporting requirements identify a family or group that has irregular immigration status and heighten the risk of detention or deportation, or when a survivor of a sexual assault must undergo a mandatory forensic exam in order to report the crime to the police and receive health care. In these instances, health-care practitioners have a responsibility to their patient, to professional bodies and to the wider community. They and others involved in case management must be guided by the “do no harm” principle; they should collectively search for solutions that preserve the beneficiary's confidentiality, privacy and right to give informed consent. Their decisions may be usefully informed with advice from senior management, organizations specializing in advocacy or victim's rights, or professional bodies. Beneficiaries should be made aware of decisions and advice throughout the process.

Source: IOM (2019a).

²⁷ The term “child safeguarding” refers to protecting all children from harm or abuse arising from contact with any organizations or service providers providing assistance to children. Safeguarding children is operationalized through organizations at all levels. Any concerns about children's safety within programmes and operations must be reported through the appropriate channels. For more information on child safeguarding, see Keeping Children Safe (2020).

2.1.2 Case management standards

Case management standards are used to develop indicators that measure the effectiveness of a case management programme. The National Association of Social Workers (NASW) is an American professional association of social workers and a global leader in setting standards of care in case management. The 2013 NASW Standards for Social Work Case Management are reprinted by permission (see Annex 14).

2.1.3 Complaint and feedback mechanisms

It is crucial that organizations have a clear and transparent process for beneficiaries to report service complaints. For complaint and feedback mechanisms to be considered formal, the following must be in place:²⁸

- Written protocols for recording complaints and feedback;
- A written system and a referral structure for processing complaints (clear reporting lines are crucial when processing complaints about the organization's assistance and services, and in referring those that are unrelated to the organization);
- A clear scope and objectives that take into account operational capacities and resources from the outset, in order to avoid raising the expectations of or frustrating the people who are being assisted.

Complaint and feedback mechanisms should be designed in consultation with the communities concerned and developed according to context and existing capacities. It is important to ask individuals and communities how they would like to complain or give feedback, and to explore what complaint and feedback mechanisms are already in place and what the security and logistical conditions are, to facilitate a safe environment for giving complaints and feedback.

Complaint and feedback mechanisms must be handled confidentially and must be conflict-sensitive.

For more guidance on **complaints and feedback mechanisms about services provided to beneficiaries**, see IOM (2020a).

In terms of **complaints involving staff misconduct**, reporting mechanisms should be part of the initial orientation on services that takes place during the screening and assessment phase. Beneficiaries should be provided with reporting contact details. The IOM Office of the Inspector General (OIG) handles all reports and allegations of misconduct by IOM personnel, which should be reported via the OIG intake inbox (oigintake@iom.int) or the IOM misconduct reporting platform, We Are All In (<https://weareallin.iom.int/>). Reports of retaliation should be reported to the IOM Ethics and Conduct Unit (ECO) via the IOM misconduct reporting platform, We Are All In (<https://weareallin.iom.int/>) or the ECO inbox (ECO@iom.int). Other organizations should have similar principles and protocols in place.

The complaint protocol and contact information should be publicly displayed around the office and in areas where beneficiaries might receive assistance, in the language(s) most widely used by them.

²⁸ Adapted from IOM (2020a).

2.2 CASE MANAGEMENT APPROACHES

2.2.1 Strengths-based approach

Strengths-based practice and thinking does not require practitioners to ignore the problems of individuals/families or to ask beneficiaries to forget their problems and pains. It refers to the realization that interventions are based on the positive and possible rather than on deficiencies or problems (de Jong and Berg, 2002).

The strengths-based approach recognizes that all individuals and families have strengths, resources or assets that they can draw on to overcome challenges. While this approach does not ignore the vulnerabilities and challenges involved, it differs from a deficit-focused approach, which focuses on problems and limitations. It is akin to the self-directed approach, which helps individuals and families make their own decisions and plan their own way forward, with the support of social protection agencies and service providers. The strengths-based approach supports empowerment, participation and self-determination.

2.2.2 Rights-based approach

All migrants have rights, and steps can be taken to support their efforts to understand, claim and exercise their rights, and to increase the ability and accountability of the duty bearers responsible for respecting, protecting and fulfilling them. Case managers should help ensure that the rights of migrants are upheld and that they receive support in that regard.²⁹ For this, case managers are encouraged to think about how rights issues come into play in their activities and to promote the incorporation of rights principles into all stages of the project or programming process. The case management support that case managers provide should contribute to the respect, protection and fulfilment of the rights of migrants, e.g. the rights to liberty, to seek asylum, to return to their country of origin in line with the principle of non-refoulement, to consular assistance and access to justice, to information, to adequate shelter, to education and to just and favourable conditions of work.

2.2.3 Trauma-informed care³⁰

Because migrants may have experienced traumatic events or highly distressful situations, all service providers should aim to provide care that is aware of the negative psychological reactions that those events and situations can provoke. Possibly traumatizing events often involve a sudden threat to life or physical integrity. Highly distressful situations may extend beyond a single event and, while not necessarily life-threatening, can exhaust the emotional and psychological resources of those affected. All stressors affect people in different ways, and what may be traumatic or highly distressful for one person may not be so for another. Post-traumatic reactions are characterized by intrusive thoughts, flashbacks, nightmares and startle responses related to past events. High levels of distress can make it difficult to concentrate and absorb information, relate with others and attend to daily routines. High levels of stress, whether of traumatic nature or not, can result in distrust, anxiety, fear, reluctance to engage with services, and lack of commitment to treatment and other care processes. They can influence the way that migrants interact with service providers.

²⁹ For more information on the rights-based approach in IOM activities, see IOM (2015a).

³⁰ These Guidelines use the term "trauma-informed care" to describe the approach that service providers should take when working with people who have been exposed to adversity. However, more recently, the term "psychosocially informed care" has been introduced in order to encompass trauma responses while also describing a broader range of consequences of adversity. This latter term is the preferred term for IOM programming.

DO

- ✓ Train staff about the psychosocial implications of migration, trafficking, abuse and exploitation on individuals and families, especially in relation to the “do no harm” principle.
- ✓ Ensure that the environment for receiving beneficiaries is welcoming and avoids suggestions of stressors from the past.
- ✓ Provide information to beneficiaries in their preferred format (i.e. written or verbally) and language, using interpreters if necessary.
- ✓ Make sure interpreters are trained in trauma-informed care.
- ✓ Ensure that staff are able to provide psychological first aid and know how to support a vulnerable migrant in great distress, during or after the interview.
- ✓ Recognize that every interaction can have a positive or negative impact on beneficiaries.
- ✓ Ensure that staff themselves are mentally fit to receive beneficiaries for interviews, respect the “do no harm” principle and protect their own mental health.
- ✓ Fully explain and implement measures to protect confidentiality.
- ✓ Ensure that the informed consent of beneficiaries is obtained when necessary.
- ✓ Provide opportunities for beneficiaries to ask questions and raise concerns about their care.
- ✓ Ensure that all mandatory reporting procedures are fully understood by beneficiaries, including those relating to suicide, harm to others, and child safeguarding or protection.
- ✓ Seek opportunities to empower beneficiaries by focusing on their strengths and resources, including in decision-making about their care.
- ✓ Explain any procedures, exams or treatment fully before beginning and ensure that beneficiaries provide informed consent.
- ✓ Respect beneficiaries’ wishes to stop an interview or meeting at any time.
- ✓ Recognize and take into account the potential for re-traumatization or increased distress when recounting experiences or events.
- ✓ Ensure that all staff are aware of the mental health-care support and services available and accessible to beneficiaries, so that they can make appropriate referrals.

DON'T

- ✗ Probe unnecessarily for information on painful experiences from the past.
- ✗ Use judgmental language or exacerbate the shame and stigma surrounding the beneficiaries’ history, experiences or health-care concerns.
- ✗ Make assumptions about the impact of past disruptive events on an individual.
- ✗ Use jargon or technical language that could be difficult to understand.
- ✗ Expect beneficiaries to want to discuss or receive psychological treatment.
- ✗ Assume that distress, traumatic or not, is due only to the experience of migration or was experienced on a migratory journey.

CASE MANAGEMENT IN PRACTICE

PART 3

3.1 CASE MANAGEMENT PRACTICAL SKILLS

3.1.1 Interviewing skills

Case managers should use beneficiary-centred interviewing skills and methods to engage with beneficiaries, identify their strengths and priorities, and discuss their concerns.

Those skills and methods include the following:

- Create a welcoming environment that is private, safe and comfortable.
- Use the beneficiary's name, preferred pronouns and an appropriate form of greeting.
- Build rapport, such as by engaging in small talk in order to put beneficiaries at ease.
- Confirm that the person understands the purpose of the interview and possible outcomes.
- Begin the assessment when the beneficiary is ready and comfortable.
- Indicate how long the assessment is likely to take.
- Outline the assessment process and format.
- Inquire if the beneficiary has any specific issues they would like to cover during the assessment.
- Use open-ended questions.
- Use simple language and avoid terminology and jargon that is unfamiliar or unclear to the beneficiary.
- Sequence questions in a way that builds trust and ask more sensitive questions later in the interview process.
- Use active listening and ensure that the beneficiary has sufficient time to respond to questions and express themselves.
- Use non-verbal cues to encourage the beneficiary to answer questions.
- Demonstrate empathy and compassion in the face of distressing experiences or events.
- Take breaks, stop or delay questioning that is distressing.
- Ask clarifying questions when the information presented is unclear or requires more context.
- Summarize the conclusions of the assessment and offer the beneficiary the opportunity to correct or clarify information.
- Offer the beneficiary an opportunity at the end of the interview to discuss anything not covered during the assessment.
- Share information on services, including if services are not available.
- Focus on the minimum information needed, unless the beneficiary wishes to say more, as beneficiaries can be re-traumatized or experience increased distress if made to tell their story multiple times.
- Prepare for initial meetings by reading the intake or any pre-screening documentation.
- Provide privacy and appropriate interpretation always.

Box 12 provides tips for preparing for a case management interview with a beneficiary.

Box 12. Preparing for a case management Interview



Be prepared

Read registration/referral documents before the first meeting together with the beneficiary. Case managers can confirm information, ask clarifying questions and avoid repetitious and possibly traumatic re-telling of information. Create a folder and upload or print the forms you will be using.



Create a safe environment

Your meeting room should be prepared in advance; be private and confidential; make allowances for gender and ability; and make available enough space, including for an interpreter. Describe the safe space concept and assure the beneficiary that what they say will be considered confidential.



Build trust

Greet the person. Make small talk. Taking the time to establish a rapport will put the beneficiary more at ease. When people feel more comfortable, they will work with the interviewer and the interview will go more smoothly. Use open-ended questions and active listening skills.



Use a script or checklist

Do not be afraid to use a script to help you remember to ask the key questions and capture all the necessary information in order.



Introduce the meeting objective

After welcoming the beneficiary, start the meeting by explaining its purpose and reviewing the previous meeting (if there was one). When people know what to expect, they are more at ease and engaged.



Describe next steps

Close the meeting by summarizing and rephrasing the main points in the beneficiary's own words. Set a date and time for the next meeting. Confirm contact information. Beneficiaries should leave knowing what will happen next.

Cultural competence and linguistic skills

Case managers should be matched to beneficiaries in collaboration with the beneficiary wherever possible, and the case manager's characteristics, such as age, gender and ethnicity, should be considered and be acceptable to the beneficiary. The case manager provides and facilitates access to culturally and linguistically appropriate services.

Cultural competence can be described as “[t]he process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions and other diversity factors [including, but not limited to, gender identity and expression, sexual orientation, and family status] in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each” (NASW, 2013: 16).

Although case management can be classified as a “Western” model of assistance (see Box 13), programmes should integrate local perspectives into their approach to working with beneficiaries (IOM, 2013).

Box 13. Western-centric models of assistance*

Most of the methods described in these Guidelines have proved very effective in the Western world, however some economic and sociocultural factors inhibit the use of some of the principles and techniques they entail. Although social problems abound, seeking help outside the family and other community structures to solve problems is still alien to many people in the country. Another issue is that there exist many ethnic groups with distinct cultural and religious practices – what works in one group may not work in another.

* Adapted from Chukwu et al. (2017).

3.1.2 Case note documentation

Barker (2003) defines recording as “the process of putting in writing and keeping on file relevant information about the beneficiary, the problem, the prognosis, the intervention plan, the progress of treatment, the social, economic and health factors that contribute to the situation and the procedures for termination or referral”.

Details of the support provided by the case manager should be documented in a timely, accurate and secure manner. The records should include the contact details of all those involved, information on assessments, the assistance plan, information on the plan’s monitoring, outcomes of communications with the beneficiary and service providers involved in the assistance plan, feedback from the beneficiary and any other pertinent and necessary information. Protocols should be drawn up stipulating who has access to records, which should be determined on a strict need-to-know basis. Records are subject to the principles of confidentiality, privacy and data protection.

The administrative requirements of the case management procedures should not outweigh the actual time spent supporting and working with families (Child Protection Working Group, 2014).

A case note is a brief description of the interaction with the beneficiary and any relevant details and updates.

Tips on putting together case notes are provided below.

DO

- ✓ Organize notes chronologically, with most recent notes starting first.
- ✓ Be clear and concise – more is not necessarily better.
- ✓ Focus on the information that is relevant to the beneficiary’s goals for case management.
- ✓ Complete or upload case notes the same day as the interaction.
- ✓ Follow data protection protocols, such as:
 - a. Protect personal data in your written records;
 - b. Keep laptops secure, for example by never leaving the screen unlocked when unattended, especially when working outside your office.

DON'T

- ✗ Do not use jargon or abbreviations that compromise clarity.
- ✗ Do not use biased, prejudicial or negative language.
- ✗ Do not reference an unverified medical diagnosis.
- ✗ Do not make generalizations.

3.1.3 Mental health and psychosocial support: the role of the case manager³¹

These Guidelines are intended for use by non-clinical case managers to provide psychosocial non-clinical support. Case managers do not make mental health diagnoses or provide specialized mental health treatment, but they do play an important role in providing non-specialized support to beneficiaries and making the appropriate referrals for focused and/or specialized mental health care. They should be trained in trauma-informed care, psychological first aid and de-escalation techniques.

While disruptive events experienced by beneficiaries can exacerbate existing mental health disorders or trigger negative psychological reactions, not all individuals who experience distressing events will develop psychological problems. It is important that reactions to disruptive experiences be normalized to a certain extent, and while they should not be unnecessarily pathologized, it is also important for case managers not to make any diagnosis but instead to refer the beneficiary to appropriate mental health experts.

In the mental health and psychosocial support model, specialized services will be required by relatively few members of a community with moderate or severe mental disorders, who will require consultation and treatment from psychiatrists or clinical psychologists. Where psychiatrists and clinical psychologists are not present, services can be provided by trained primary and general health-care professionals. Those providing this type of mental health care should have specialized training and recognize that approaches to and understanding of mental health and mental health disorders vary between cultures and communities. In addition, IOM requires that psychiatric service providers are deemed appropriate following a WHO QualityRights assessment.³² Focused services are provided to a larger number of people, who are facing stressors that affect their daily functioning or experience mild psychological problems, in the form of counselling and problem-based support groups.

Psychological first aid

Psychological first aid is a humane, supportive response to the suffering of other people who may need support. It does not necessarily involve a discussion or recounting of distress-causing events, but it can prevent additional harm from such events. Psychological first aid involves giving beneficiaries the opportunity to discuss their situation, but not making that discussion compulsory or necessary. It should be practiced by all case managers and any service providers furnishing protection and assistance to migrants (IOM, 2019a: 64). Importantly, all case managers should be trained to provide psychological first aid and supervised for a time before doing so on their own. An explanation of what constitutes – or does not constitute – psychological first aid is provided in Box 14.

Box 14. Psychological first aid*

Psychological first aid is:

- Practiced by all case managers, not just by mental health and psychosocial support staff;
- About comforting people and helping them to feel calm;
- Listening and being present for someone;
- Protecting people from further harm, for example by not asking triggering questions about past traumatic experiences;
- Helping connect people to support, information and services.

Psychological first aid is not:

- Professional counselling;
- A psychiatric or clinical intervention;
- About getting people to talk if they do not want to;
- About getting details of what happened;
- Analysing people or the event.

Once trained and supervised, all case managers can practise psychological first aid.

* Adapted from WHO (2013).

³¹ See also IOM (2021d).

³² See WHO (2012).

The following contains guidance on referrals for more specialized care:

When to refer a beneficiary	
<ul style="list-style-type: none"> • The person is suicidal, talks about suicide or is self-harming. • The person is violent and could be a danger to others. • The person is under the influence of alcohol or another substance. • The person has previously sought mental health treatment and does not take the medication prescribed or follow the treatment protocol. 	<ul style="list-style-type: none"> • The person is unable to attend to daily routines. • The person is unable to state simple facts (name, country of origin, age, what they ate last). • The person sees things, hears voices or believes in circumstances that are not part of reality.
What to do before making the referral	
<ul style="list-style-type: none"> • Confirm that services are available locally and that service providers are taking referrals. • Broach the subject gently with the beneficiary. • Explain clearly to the beneficiary the role of case manager and service provider. 	<ul style="list-style-type: none"> • Humanize the service provider. Describe who they are and how they can help. • Provide information about the process and next steps – this can reduce anxiety!

De-escalation

Certain stressful or frustrating situations will prompt people to exhibit aggressive behaviour. How staff react in such cases is critical, and all staff should therefore be trained in de-escalation techniques and how to respond to aggressive beneficiaries.

- Case managers should follow the operation's safety protocols and call for assistance **immediately** if a beneficiary is suspected of being under the influence of alcohol or another substance, or of being in a state of great distress.
- After any de-escalation incident, case managers should discuss what happened with their supervisor in the regular coordination meeting. Alternatively, they can talk with a staff counsellor or colleague who is willing to listen. It is important that they be allowed to express their feelings and to provide space and time for this.

Case managers are likely to feel upset and/or emotional after a confrontation with an aggressive person and it will take them some moments to recover. They must take breaks regularly and set aside time in their work day to review the events of the day with their supervisor or colleagues. It is essential that they be allowed to "vent" – bottled-up feelings have a way of expressing themselves at inappropriate times.

Box 15 provides useful guidance on how to recognize when engagement is not viable and security protocols should be enacted.

Box 15. When to de-escalate*

It is not possible to reason with a very angry person. The first objective of de-escalation is the case manager's safety. A secondary objective is to reduce the level of anger so that discussion becomes possible; if this is not possible, the discussion must be postponed to another day, when the beneficiary has calmed down.

De-escalation techniques do not come naturally. It is human nature to fight, flee or freeze when confronted by a very angry person. Case managers must therefore practise de-escalation techniques before they are needed, until they become "second nature".

Safety is priority #1

- Maintain a distance of two arm's lengths from the other person.
- Do not become cornered in a closed-off space.
- STOP, breathe and reassess.
- If de-escalation is not working, call for help immediately.
- Be ready to activate the crisis plan at any given moment.

Do not act defensively and do not argue

- Do not be defensive. Even if the comments or insults are directed at you, they are not about you. Do not defend yourself or anyone else from insults, curses or misconceptions about their roles. Do not argue or try to convince, as this can further inflame the situation.

Show respect and dignity

- Be very respectful even when firmly setting limits or calling for help. The other individual is very sensitive to feelings of shame and disrespect.

Choices are empowering

- Give choices where possible, with both alternatives being safe (e.g. Would you like to continue our discussion calmly or would you prefer to stop now and talk tomorrow when things can be more relaxed?).

Try to speak calmly and slowly

- Do not shout or speak over the person.

Do not analyse the other person's feelings

- Do not ask or analyse how the other person is feeling. Use "Help me understand" instead of "Tell me how you're feeling".

Physical stance

- Keep the hands open. Do not smile, as this can be interpreted as mockery. Do not touch. Break eye contact. Stand at an angle. Never turn your back to the person.

* Adapted from Skolnik-Acker (n.d.).

3.2 THE CASE MANAGEMENT PROCESS

As previously mentioned, the case management process comprises several steps: identification and registration, assessment, case planning, plan implementation, follow-up and review, and case closure. This section looks at each step in more detail. Box 16 lists the forms and documents that go with each step.

Box 16. Case management forms and documentation



Identification and registration

- Informed consent
- Bio-data
- Rapid screening
- Risk assessment
- Consent to services
- Release of information
- Interpreter agreement
- Monitoring and evaluation declaration



Assessment

- Assessment
- Complementary tools (e.g. Ecomap)
- Goal-setting forms



Case planning

- Consent for case management services
- Resource map
- Case plan



Plan implementation

- Case notes
- Monthly progress report



Follow-up and review

- Case notes
- Progress notes
- Monthly report
- Release of information
- Case conference or formal review minutes



Case closure

- Case transfer form
- Release of information
- Data-sharing agreement
- Case closure form

3.2.1 Identification and registration³³

Migrants in need of case management services are identified via a variety of entry points, including other agencies, partner organizations, community and State referrals (see section 1.3.5 Coordination and capacity-building), and self-referrals.

Initial screening

Once an individual has been identified as being in need of services and consents to a meeting to determine those needs, their case should be screened so as to determine whether or not the individual might benefit from the support of a case manager.

The individual must be informed before the screening why they are being asked questions, what services might be available to them and the possible outcomes of the screening. They must also give written consent to the screening.

³³ See also IOM (2019b).

When determining whether the case requires the support of a case manager, the following general considerations should be borne in mind:

- What are the eligibility requirements?
- Are any documents required?
- Is the process sensitive to issues of gender/ability and is it culturally competent?
- Is there clear guidance for individuals who do not meet the eligibility criteria? How is that communicated to them?
- Community buy-in being essential, the eligibility criteria must be communicated to, and understood by, the community where the operation takes place (Child Protection Working Group, 2014).
- Any outside information or reports from the intake and case management assessment phases.
- The individual's communication needs must be fully assessed to ensure their active participation in the planning meeting and, if needed, appropriate interpreter services must be provided.
- The individual must know the purpose and context of the planning process. Good service planning ensures that they have time to consider what they want to achieve. The location and duration of the meeting must be clearly communicated.
- Depending on the complexity and intensity of the case, it might be of benefit to all involved to break the planning meeting into separate meetings.

Practical tip – the first meeting following the referral for services is a good opportunity for the case manager to provide the individual with information on a number of points:

- The organization;
- The case manager's roles and responsibilities;
- The beneficiary's rights and responsibilities;
- Confidentiality and information-sharing protocols;
- Mechanisms for reporting misconduct;
- Contact details and hours of operation/access to the case manager.

See section 3.1.3 if a referral for mental health services is immediately required.

3.2.2 Assessment

The beneficiary's priorities and goals are determined thanks to a thorough biopsychosocial assessment that focuses on their strengths and abilities. Together, the beneficiary and the case manager will reassess the information collected during the initial intake period and update the case plan accordingly. Assessment is not limited to the case manager and the beneficiary – it can involve family members, community members or other stakeholders, as appropriate (and agreed by the beneficiary).

Assessment is an ongoing activity, not a one-time event (see Figure 4) .

During the assessment stage, the case manager will:

- Identify the beneficiary's key problems, strengths and supports;
- Determine the expected care goals and target outcomes;
- Develop a comprehensive case management plan that addresses the problems and needs through careful planning and goal-setting;
- Estimate the level of support the case will require and plan the service timeline accordingly.

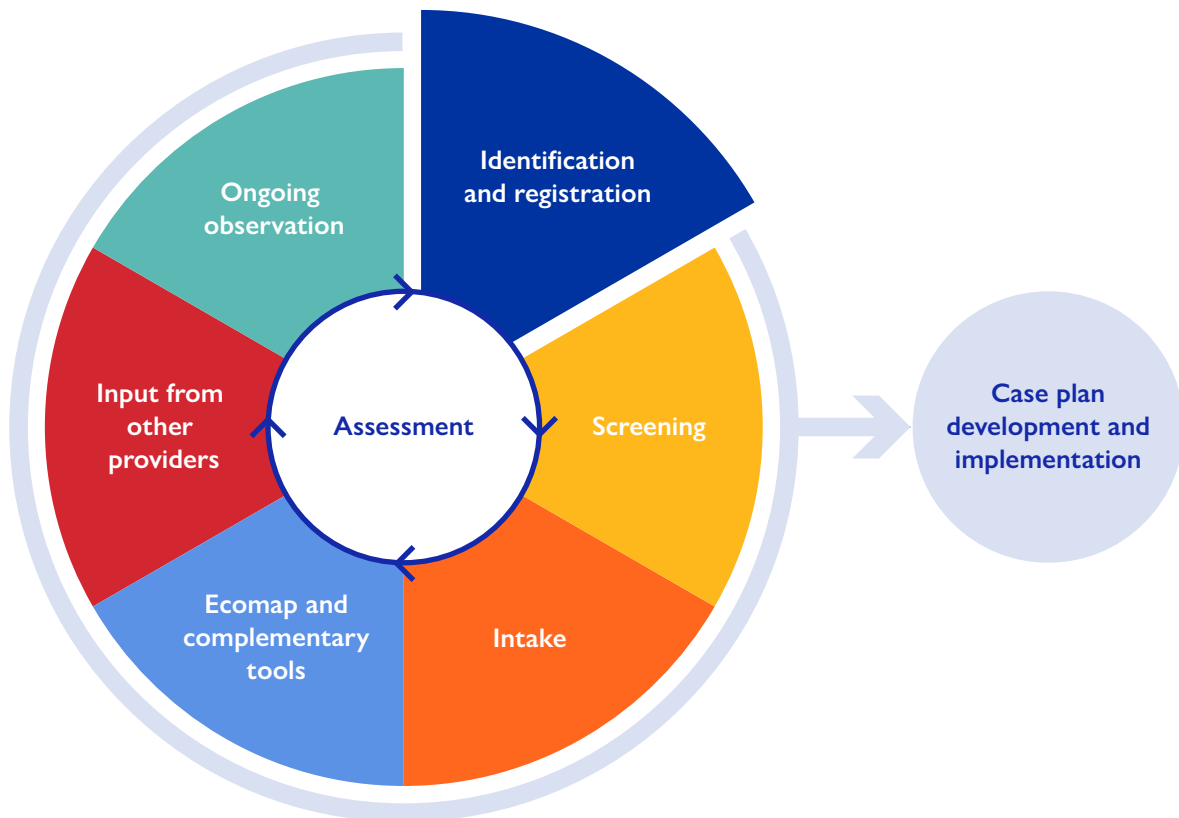


Figure 4. The assessment stage

The assessment tool

An assessment tool should be designed that fits the needs of the organization and the people it serves. An assessment can take many shapes, from basic text forms to visual mapping tools. Culturagrams, ecomaps and personal SWOT (strengths, weaknesses, opportunities and threats) analyses are just a few of the tools employed by social workers during the assessment process. The information to be compiled at the assessment interview stage includes, but is not limited to, the following information on the beneficiary:

- Country of origin/citizenship
- Age
- Communication abilities
- Migration status
- Family profile
- Community profile
- Migration history
- Reasons for migrating
- Clarity of migration plans
- Physical and psychosocial health situation
- Personal support networks
- Educational background
- Financial situation
- Sheltered status
- Race, ethnicity, religion
- Sex, gender identity and sexual orientation
- History of accessing services

Risk and protective factors

Migrants and the households/families, communities and groups to which they belong are all situated in a broader social environment. Both resilience and vulnerability are determined by the presence, absence and interaction of risk and protective factors at different levels: individual, household/family, community and structural. Each factor, at each level, is considered to be either a risk or a protective factor, depending on the context. For example, at the level of the individual, being a member of a particular racialized group may be a protective factor in some contexts (if that group is dominant or privileged), but a risk factor in others (if that group is marginalized or oppressed). Other individual factors may be broadly considered to always be risk factors or protective factors. For example, literacy is almost always a protective factor, while illiteracy is almost always a risk factor. (See Box 17 for examples of risk and protective factors.)

Box 17. Risk and protective factors: examples



For individuals

Risk factors

- History of violent victimization
- Low level of education and/or cognitive abilities
- Substance abuse
- Exposure to family conflict
- Membership of a marginalized group

Protective factors

- Literacy
- Education
- Social supports
- Identification documents
- Positive self-esteem



For communities

Risk factors

- High rates of violence and crime
- Natural hazards such as landslides or flooding
- Transitions/high mobility
- Food insecurity
- Housing shortages

Protective factors

- Quality, accessible education
- Access to health care
- Functioning social welfare system



For households and families

Risk factors

- Domestic violence
- Illicit activity in the home
- Single-parent or child-headed household
- History of unsafe migration

Protective factors

- Supportive home environment
- Equitable distribution of resources and opportunities between genders
- Financial resources for both basic needs and the main aspirations of all family members



At the structural level

Risk factors

- Systemic marginalization and discrimination
- Conflict and instability
- Poor governance
- No accountability mechanisms
- Weak rule of law

Protective factors

- Peace and security
- Good governance
- Respect for human rights
- Equitable development

Migrants may face considerable risks to their safety and security, including contact with migrant smugglers or traffickers, unsafe means of transportation or border crossings, or involvement in criminal cases against smugglers or traffickers. Risks can include threats and intimidation, harassment, discrimination, violence and abuse. They can be faced by migrants or, in some cases, their families and community members. The duty of care to those in receipt of assistance and the staff involved in delivery thereof falls to the organization providing the service or support and, ultimately, to the State.

Risk assessment

Assessing risk and developing a safety plan (if required) is a regular and ongoing activity of case management. A risk assessment should be completed at the initial screening and regularly updated with the information collected during interviews with beneficiaries about their current and past situations. Additional information might include service provider feedback, contextual security assessments (see Box 18) and analysis of security data (e.g. police data, crime statistics, or logs of security-related incidents kept by community members, NGOs or others).

Once a risk has been identified, an individualized safety plan should be developed in close coordination with the beneficiary. In some cases, the case manager's assessment will suffice. Others require additional knowledge and expertise, and – if the beneficiary consents – a specialist organization may be involved in the assessment and planning. Depending on the context and suitability, such organizations can be law enforcement agencies or coordinating bodies, embassies or consulates, United Nations agencies, international organizations or NGOs.

Box 18. Contextual security assessments

A contextual security assessment is a general overview of the risks and threats to personal safety and security in a specific location. During a contextual security assessment, the risks typically faced by beneficiaries should be identified and analysed, and the findings used to inform the design and delivery of protection and assistance. Contextual security assessments should also identify and analyse risks to the organization, its staff and others involved in providing assistance to beneficiaries.

Safety planning

A safety plan is a set of actions that can help lower a beneficiary's risk of being hurt by an abusive partner or someone else. It is drawn up with the beneficiary and includes information specific to the beneficiary that can increase safety. A safety plan identifies resources, ways to escape, means to avoid harm and places a person can run to for safety. Safety planning empowers the survivor to have some control over a situation that is usually victimizing and demeaning.³⁴ (See Box 19 for further information.)

Box 19. Safety plans

When to draw up a safety plan

At the time of intake/risk assessment or at any subsequent point during the service period.

Questions to ask when drawing up a safety plan

- What phone numbers do you need to memorize in case of an emergency?
- Whom do you trust if you need help?
- Are there places you can go in an emergency (relative, neighbour or community leader)?
- What important documents do you have and/or may need to copy for you (and your children)?
- If you are in danger and need to leave, is there a safe place to go?
- If you need to leave, what is the plan for your children?
- Does the country have protection orders that bar the perpetrator from coming near you?

Safe storage

The safety plan should be kept in an accessible but secure location (for example, in the case file.) It must always follow data protection principles and may only be divulged to others with the beneficiary's consent.

³⁴ See GBV Responders, *Case Action Planning: Safety Planning*. Accessed 22 March 2022.

3.2.3 Case planning

The case plan is a comprehensive roadmap developed by the beneficiary and the case manager. It guides them towards achievement of a sustainable long-term solution. It defines the beneficiary's goals, needs, priorities, strengths and challenges using the information collected during the assessment; lays out the strategies and interventions to be used to address the needs identified; and identifies specific, measurable and time-bound goals (see Box 20 on how to set SMART goals).

Box 20. Setting SMART goals

S	SPECIFIC	Plan effectively with specific targets in mind.
M	MEASURABLE	Define goals in a measurable way.
A	ATTAINABLE	Set realistic goals.
R	RELEVANT	Ensure goals are relevant.
T	TIME-BOUND	Specify a deadline, monitor progress and re-evaluate.

Planning is a continuous and fluid process that explores the ongoing and changing needs of a person each time they engage with a case manager. It is flexible and person-centred, incorporating what is important to and for the person. Planning considers the person's familial, environmental, cultural, economic and social circumstances along with their formal service needs. The emphasis is on greater independence, valued status and overcoming barriers to active participation in community life. This involves going beyond formal services and considering how to recognize and build on informal and natural supports that can create and sustain the life a person seeks (New South Wales, 2010).

The following are the minimum items to be recorded at the beneficiary's case plan meeting:³⁵

- Date, location and participants present at the meeting;
- Description of the beneficiary's strengths, goals and hoped-for outcomes;
- Potential risk factors and strategies for prevention/mitigation;
- Mutually agreed interventions, either formal or informal, discussed during the meeting;
- Timeframes, roles and responsibilities of all involved in the plan;
- Strategies for ensuring that the person's cultural, social and linguistic circumstances are respected;
- Recognition that the case plan will be flexible and updated as needed;
- Any information releases reviewed and signed;
- Both parties' rights and responsibilities;
- Information on the complaint mechanisms and how to report misconduct and the fact that the beneficiary has been informed accordingly;
- Contact information for all involved;
- Signatures (or thumb prints) of all involved in the plan;
- The agreed review date for the plan;
- Case closure criteria and procedures.

Note that the case file can also include resource allocations and a budget for relevant costs.

³⁵ See also IOM (2019b), Annex 3: Reintegration Plan Template, pp. 305–308.

3.2.4 Plan implementation

Once agreed between the case manager, appropriate supervisor or authority, and the beneficiary, the case plan should be implemented through direct delivery of services, as appropriate, and referrals to other service providers or partners, whether State or non-State. Support should be provided to the beneficiary to help them complete the procedures for accessing services (e.g. administrative processes, attending appointments, any follow-up required). Case plans should be regularly reviewed with the beneficiary and adapted as necessary, and the beneficiary should always have access to an updated copy.

Coordination with service providers and other partners

The case manager is typically the main point of contact and information for the beneficiary; if it is more suitable for another service provider or other partner to take on case management tasks, this should be agreed by all parties and the sharing of information clearly detailed in the release(s) of information signed by the beneficiary and the case manager.

Case conference (or case review)

Case plans are likely to involve multiple service providers, as a single service provider can rarely meet all needs. Coordination is therefore essential to ensure continuity of service and a holistic approach to addressing needs. Effective coordination reduces service duplication and fragmentation and can identify gaps in service delivery. The case manager (or another member of the care team) can schedule a case conference (also known as a case review) that brings together all the members of the care team providing services to the beneficiary. Case conferences are common in the care of children or vulnerable adults (Harris and White, 2013).

Case management when services are unavailable

In some situations, no services will be available, or those that are will not be appropriate or accessible for beneficiaries or will not meet all identified needs. In these cases, the case manager still has an important role to play.

As the main point of contact, case managers provide direct support to beneficiaries and, in some cases, psychological first aid (see section 3.1.3). They can sometimes meet immediate and urgent needs. Involvement in any service, including case management, provides a degree of protection and assistance to beneficiaries.

When there is a gap in the services required, case managers can advocate the establishment of suitable services or the inclusion of beneficiaries in what services there are, if this would be appropriate, not exacerbate the beneficiary's vulnerability and not introduce risks to or harm the wider population accessing the service. For example, it may be possible for a trafficked woman to access a shelter for women who have experienced intimate partner violence.

Service mapping (see section 1.3.5) is a critical component of case management. It is ongoing and should be updated to reflect other services and providers that are accessible and appropriate.

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

Complementary case management activities³⁶

Reintegration programming aims, among other objectives, to develop inclusiveness by counteracting potential stigma and connecting beneficiaries with community activities that strengthen social networks and foster acceptance (see Box 21).³⁷

³⁶ Adapted from IOM (2019b), 3.5.2 Peer Support Mechanisms, pp. 126–128.

³⁷ While the activities detailed here are directed at returnees, case managers can adapt them for their work with other migrants in different contexts. Consideration should be given to whether the activity is appropriate and whether it would be preferable to have mixed- or single-gender groups.

Peer support mechanisms use resources and capacities within the local community (including returnees) to build support networks to deal with reintegration or other challenges. Because they rely on existing resources, the support provided is not only locally appropriate but likely to last beyond the timeline of the programme.

Mentoring is based on a supportive relationship between two peers with similar experiences, for example a newly arrived returnee and a former returnee from the same location. It is an empowering form of psychosocial support that is learned through organized training activities.

Returnees who have been particularly successful in their reintegration, those with experience in community engagement, or those with specific backgrounds (such as social workers or teachers) can act as mentors, a kind of informal support network for newly arrived returnees. They can help the returnees navigate the difficulties of return or just function as a point of reference. A network of mentors can be established, formalized and supported through a screening and training programme.

Peer support groups constitute a social, emotional, physical and tangible support network and can help returnees feel part of a group, overcome feelings of social isolation and build a bridge towards the community. Depending on the context, due consideration should be given to whether it is appropriate or preferable to have mixed- or single-gender groups.

Community networks³⁸

Cultural, artistic and physical expression can do much to help returnees and communities establish or improve social ties and combat social stigma during the reintegration process. The related interventions recognize that the returnees' culture, experiences, knowledge and skills have changed as a result of the migration experience; sharing this can assist in building more supportive community networks. Storytelling, theatre, visual art, music, dance and sport can all be powerful vehicles for sharing. They can have a strong potential impact on reintegration, social cohesion and the well-being of individuals.

At the individual level, such activities help release stress and anxiety and promote self-awareness and confidence. Within a group of people, they can create strong bonds and break down barriers as difficult issues are discussed through metaphors and in a safe place. At the community level, they can produce positive images and heighten understanding of returnees.

It is therefore important for case managers to do the following:

- Identify and map existing formal and informal theatre, visual art, music, dance, sports and other related collectives and groups;
- Alert these groups and stakeholders using information on the needs and creative resources that returnees may bring;
- Identify any returnees with possible creative interests during counselling;
- Refer the returnees to these groups, based on their interests;
- Identify support for creative initiatives that are inclusive of returnees.

Box 21. Community and peer support mechanisms*

Mentorship	Mentoring is based on a supportive relationship between two peers with similar experiences.
Peer support groups	Peer support groups are a form of group support in which individuals having similar migration experiences interact and form helping connections.
Creative arts	Cultural, artistic and physical expression can do much to help migrants.
Sports	Sports and games involving both migrants and non-migrants can bring together not only the players but also the community to watch and participate.

* See also IOM (2019b), pp. 124–131, and IOM (2021d).

38 Adapted from IOM (2019b), 3.5.3 Community Networks, pp. 124–131. See also footnote 37.

3.2.5 Follow-up and review

Case managers regularly monitor the case plan once it has been implemented to confirm the beneficiaries' satisfaction. The frequency of monitoring visits and sessions and their duration will depend on the beneficiary's situation, but the review should be built into the case plan (as mentioned above) with a timeline.

When following up and reviewing a case plan, case managers should:

- Maintain a rapport and communication with the beneficiary per the meeting times as established in the case plan;
- Assess progress towards the beneficiary's goals and whether the person (or family) requires any further support or information;
- Always involve the beneficiary and solicit their feedback in setting new goals, actions and techniques to monitor progress;
- Continuously update the case file with progress notes and file a monthly progress report;
- Maintain ongoing communication with all stakeholders involved in the case plan to ensure progress against agreed case plan activities;
- Adjust services, support and interventions to meet the needs of the beneficiary and where interventions have not proceeded as expected or have not been effective.

Monitoring should be regular and involve measurement against quantitative or qualitative outcome indicators. Beneficiary feedback on case management should be incorporated into the support they receive and the case manager, communication frequency or type, or support provided changed accordingly and as feasible.

Flexibility is key. If the monitoring indicates the need for changes to the plan, such changes should be made through regular communication with the beneficiary, information-sharing with the service providers and ongoing assessments.

Case management staff and the beneficiary can meet for a formal review to evaluate the case plan, especially if there have been significant changes to circumstances or the plan. A review that involves other stakeholders working with the beneficiary is also known as a "case conference". Changes made to the plan should be signed by the beneficiary.

3.2.6 Case closure³⁹

Success, as defined by beneficiaries, case managers and organizations alike, is most likely when "consonance ... among the case manager's preferred approach, the value set and experiences of [beneficiaries], and the culture of the sponsoring organization" exists (NASW, 2013: 11–12).

All support provided to beneficiaries should begin with case closure in mind. Case plans should therefore include strategies comprising long-term plans for return and reintegration, integration, third-country relocation or onward migration.

Beneficiaries should be involved in the decision to pursue their preferred option. They should be given all available information on opportunities and limitations to return and reintegration, integration, third-country relocation and onward migration. As each option will likely involve administrative processes and decisions, information on the duration of such processes, the likelihood of a favourable decision and any challenges inherent in each option should be shared in an unbiased, timely and transparent manner. While the beneficiary's preferred option should be pursued where possible, case managers should plan for the other possible options in consultation with the beneficiary.

Any transfer of information to other service providers on behalf of the beneficiaries should only be made with their explicit consent and through secure communication channels.

All case closure support should be aligned with the principles of assistance outlined in section 2.1.1. Case management may be terminated because the support has ended, the beneficiaries no longer meet the criteria for case management support, they choose to stop receiving support, or they leave the area.

Before closing a case, the assistance plan should be reviewed to determine if needs were met and to identify any unmet or emerging needs. This should be done, wherever possible, with the participation of the beneficiary.

³⁹ See also IOM (2019b), pp. 94–95, and IOM (2019a), pp. 85–91.

The case manager should prepare the beneficiary, as best as possible, for any transition and coordinate with other service providers to ensure all necessary steps are taken. Where possible, referrals should be made to other organizations if continued case manager support would be beneficial.

Preparing to close the case

- Review the case plan together with the beneficiary and acknowledge achievements.
- Plan for ongoing needs and how to address them, including referral to internal or external supports (either formal or informal).

When to close a case

- When the goals have been attained from the beneficiary's perspective or the beneficiary has stated that they no longer need case management support.
- When contact cannot be made after a period of time as determined in the operation's standard operating procedures (standard timeline is 60 to 90 days).
- When there are concerns of any kind for the safety of the beneficiary or the safety of others in contact with them.
- When the beneficiary is deceased.

What to do when closing a case

- The rationale for closing the case should be recorded in the case file.
- Relevant releases of information should be created/updated to provide information to other parties if the case is to be referred or transferred to another location or operation.
- A case note recording the date the case was closed and how the information was shared with the beneficiary should be included in the case file.
- The file should be physically stored per the operation's timeline and guidance according to its standard operating procedures on archived files.

Continuity of care

Beneficiaries who will remain in their current location should be referred to appropriate service providers in a timely manner. Beneficiaries who will be engaging in onward migration should be helped to identify the services that will be available along the way or at destination and provided with information on how to access them. In cases where beneficiaries will benefit from reintegration support on return to their country of origin, procedures on reintegration case management should be closely followed, including the sharing of information and transfer of case file information.

- When transferring caseloads to another agency and/or the government, the process should include following the steps for case closure to ensure that the beneficiary is involved in all decision-making involving their case.
- Standard operating procedures that detail the process for sharing beneficiaries' personal data and information should be followed. Information should only be shared with other service providers on a need-to-know-basis, with the signed consent of the beneficiary and in accordance with organizational data-sharing protocols.

Cross-border (or transnational) case management is the transfer or referral of services from one case management provider to another organization or the national authorities across borders.⁴⁰ Case managers might refer beneficiaries for services across borders and still continue to provide case management services in preparation for return. Cross-border case management may be more prevalent in operations providing case management services to children and families (see Part 4 Child protection case management).

Cooperation can include the exchange of information, family tracing and assessment, documentation requests and case planning for return purposes.

⁴⁰ The Global Compact for Safe, Orderly and Regular Migration advocates cross-border cooperation as a key information exchange and law enforcement strategy to strengthen the transnational response to smuggling of migrants and vulnerable populations, including children.

CHILD PROTECTION CASE MANAGEMENT

PART 4

Part 4 of these Guidelines should be read together with Part 6 of the 2019 IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse.

4.1 WORKING WITH CHILDREN⁴¹

In the context of migration, children face multiple risks and challenges, whether they are travelling with their family, with other caregivers or alone. Mixed movement settings include children who are fleeing conflict or persecution either alone or with parents who may have a well-founded fear of persecution. In order to identify and respond to those risks and challenges, it is important to develop a child-centred approach to case management that reflects the principles of the Convention on the Rights of the Child, Article 3 of which emphasizes the overwhelming importance of placing the best interests of the child at the heart of all actions involving children. It is important to note that the best interests of the child is a substantive right, legal principle and rule of procedure, as defined in General Comment 14 of the Convention on the Rights of the Child.

UNHCR originally developed the Best Interests Procedure, or BIP, for refugee children for whom specific protection concerns tended to shape the approach. It did so against the backdrop of the development of the Convention on the Rights of the Child, which was adopted and opened to signature in 1989. BIP therefore represented a contemporary effort to operationalize the concept of the best interests of the child. BIP has subsequently been extended and adapted to address the situation of non-refugee children, in particular unaccompanied and separated migrant children, in accordance with General Comment 14 of the Convention on the Rights of the Child.⁴² Children who are travelling alone, or with adults who are not their parents or legal or customary caregivers, are at particular risk; their immediate needs must be assessed and their protection ensured. For unaccompanied and separated migrant children who have crossed international borders, BIP requires cross-border coordination. The procedure should therefore be multi-country, to ensure that the necessary mechanisms exist in the place from which unaccompanied and separated migrant children originate.

Caution should be exercised, as children who have fled conflict or persecution may be at risk. These children may not be able to articulate this when first identified, and it may be revealed at a later stage in the case management process. Staff need to pay attention and ensure timely referrals are made to UNHCR. It is the responsibility of all concerned to ensure the child has access to claim asylum. And where there is doubt, consult UNHCR.

Best Interests Assessments, or BIAs, are part of BIP and should be conducted mainly for unaccompanied and separated children. In some cases, however, BIP may also be required for accompanied children (e.g. if an abusive relationship has been identified or if family members risk separation during forced returns carried out by States). However, all migrant children, whether accompanied or not, should be assessed so as to identify their assistance needs. The BIA will identify any medical, mental health or legal issues requiring immediate intervention and will evaluate the child's care arrangements. If child protection issues are identified, whether in respect of the parents, extended family members or other caregivers, it is necessary to conduct what is known as a Best Interests Determination, or BID.⁴³ This is a formal procedure for making decisions that will have a significant impact on the child's life. A BID is also needed for unaccompanied or separated migrant children in order to identify a sustainable solution, whether this is to reunite the child with family members in a third country, to settle the child locally, or to return and reintegrate the child in the country of origin. The BIA and BID constitute the foundation for durable/sustainable solutions for vulnerable children while addressing their most urgent needs.

It is therefore essential to trace and assess a child's family in order to identify any issues of concern in terms of child protection. For example, if there is evidence that a child has been subjected to domestic violence or has been trafficked with the knowledge and cooperation of the parents, then this information needs to be verified and considered during the family assessment so that it can be taken into account by the BID panel or committee.⁴⁴ In such cases, alternative care arrangements might need to be identified.⁴⁵ More commonly, though, problems identified

⁴¹ Part 4 is based on the approach to child protection set out by UNICEF in Chapter 6 of IOM (2019a).

⁴² They form part, for example, of the child protection tools adapted from UNHCR tools and developed jointly by IOM and UNICEF.

⁴³ For more information on BIAs and BIDs, refer to Chapter 6 of IOM (2019a).

⁴⁴ This panel should be composed of members representing different entities and coming from multidisciplinary backgrounds, all with child rights and/or development knowledge and/or experience.

⁴⁵ See United Nations General Assembly resolution 64/142 on guidelines for the alternative care of children (18 December 2009).

by the assessment can be addressed or mitigated by counselling or practical assistance. It is essential to address the drivers of migration if reintegration is to be sustainable, whether in the form of counselling and/or assistance.

In cases where the child protection issues identified outweigh the potential benefits of returning the child to their family, alternative care arrangements with extended family members or foster families, as feasible, must be identified. Recommendations regarding such interventions – including any assistance required by the child, the family and/or the community – should be included in the assessment report sent to the BID panel in the country where the child is currently located.

In principle, all unaccompanied and separated migrant children should undergo a BID (informed by a BIA), given their exceptional vulnerability and the significant protection risks they face. While the goal is to have inclusive services tailored for children of all genders, where caseworker resources are limited, priority should be given to girls and children of a diverse gender identity or expression, given their particular vulnerability. That being said, many adolescent boys experience abuse and trauma while migrating and every effort should therefore be made to include children of all genders in the procedure.

Where child protection issues are identified in respect of a separated or accompanied migrant child, efforts should be made to work with the child and parent/caregiver to address the issues wherever possible. The engagement of counselling services (UNICEF, 2018) will be of critical importance in such cases. Similarly, for children who have travelled alone and who eventually return to their family following a BID, counselling support is often needed to address any family conflict or tension associated with the child's departure, absence and/or long separation.

For refugee and asylum-seeking children, for whom national child protection systems are neither accessible nor appropriate, the 2021 UNHCR Best Interests Procedure Guidelines should be followed and timely referrals should be ensured.

4.2 GUIDING PRINCIPLES FOR CHILD PROTECTION CASE MANAGEMENT

A number of specific case management considerations must be taken into account when working with children (Child Protection Working Group, 2014). In addition, staff engaged in child protection case management must comply with a core set of principles guiding their behaviour and interaction with children and their families.

Do no harm

Efforts/initiatives taken to protect and/or support vulnerable individuals must minimize possible negative effects and maximize possible benefits. The potential consequences must be considered before action is taken.

The best interests of the child

“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”

Convention on the Rights of the Child, Article 3

Non-discrimination

“States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or [the] parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”

Convention on the Rights of the Child, Article 2

Self-determination and participation

“States Parties shall assure to the child who is capable of forming [their] own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”

Convention on the Rights of the Child, Article 12

Safety and protection

It must be ensured that the child’s immediate well-being is protected and secured. Where the child is experiencing abuse or is at risk of further abuse, steps must be taken immediately to protect the child’s survival and long-term development.

Informed consent

In recognition of their unique position as vulnerable persons, children are not able to provide effective consent. In the absence of a parent or legal or customary caregiver, a designated guardian may consent on behalf of a child. In addition, the child should be provided with age-appropriate information when seeking the guardian’s consent to whatever action is proposed on the child’s behalf. It is important to also obtain the assent of the child, provided that they can demonstrate a reasonable degree of maturity and age.

Confidentiality, privacy and data protection⁴⁶

Identities and information should be disclosed on a need-to-know basis; records should be kept in a secure place that is accessible only to authorized persons – this is of particular importance for especially vulnerable individuals such as children. In addition, interviews should be conducted in a location where identities and information are protected and which is child-friendly.

⁴⁶ See also section 1.4.1 Data protection, section 2.1.1 IOM principles of assistance, and IOM (2010a), where these principles are discussed in greater detail.

4.3 CHILD PROTECTION CASE MANAGEMENT WORKFLOW

Section 4.3 of these Guidelines should be read together with Part 6 of the 2019 IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse.

The BIP has three distinct stages, as follows:

- Best Interests Assessment (BIA)
- Family tracing and assessment
- Best Interests Determination (BID)

Best Interests Assessment (BIA): As soon as possible after the identification of an unaccompanied migrant child, the child should be placed in supervised alternative care arrangements, whether in foster care or in a temporary child protection care facility. Caseworkers should conduct a BIA early in the procedure, as soon as the child is willing to talk and appropriate consent has been received from the legal guardian. The BIA may be conducted over several days. It will highlight immediate needs (medical, psychosocial, legal) and provide information that can facilitate family tracing, whether in the country of origin, the country where the child has been identified or a third country. The national child protection authorities should be informed of the presence of all migrant children found to be without parental, legal or customary care, and they should assign a guardian.⁴⁷

BIAs should also be conducted for separated migrant children in the care of adults who are not their parent or legal or customary caregiver, as well as for children who are accompanied by a parent or legal or customary caregiver in the event that a risk is identified. In addition to identifying the immediate needs mentioned earlier, the BIA will examine the relationship of the child with the parent or caregiver so as to identify any child protection concerns. Where concerns are identified, such as indications of physical, emotional or sexual abuse, a BID is needed to consider alternative care arrangements.

While conducting the BIA, it may be revealed that the child has fled conflict or persecution. If this is the case, then referral to UNHCR is essential.

Family tracing and assessment:⁴⁸ For migrant children who are unaccompanied or separated, tracing information is shared with the competent authorities in the relevant country. Once the family has been found, a family assessment is conducted to identify any child protection issues, including the family's willingness to reintegrate the child into the household and to gauge potential assistance needs. The family assessment report, including recommendations, is then forwarded to the country in which the child is currently living. In cases where a child's family is dispersed over different countries, including the country of origin, multiple family assessments should be conducted so as to consider the available options. Of particular importance is to verify the child's relationship with each relative as well as their capacity to care – and above all, willingness to care – for the child.

The socioeconomic status of the household, and any assistance that might be needed to address the drivers of the child's migration and to enhance the sustainability of (re)integration, are also assessed and relevant recommendations included in the family tracing and assessment report. Recommendations on assistance should address the needs of the community, the family and the child. Of particular importance for the child is access/return to school or vocational training, and such arrangements should be explored during the assessment. Where child protection issues are identified that might put the child at risk if returned to the family, alternative care arrangements need to be identified, preferably with extended family members.

⁴⁷ United Nations, Committee on the Rights of the Child, General Comment No. 6 (2005), Treatment of Unaccompanied and Separated Children Outside Their Country of Origin (CRC/GC/2005/6), paras 33–38.

⁴⁸ Family unity is a right under international migration law, as recognized inter alia in the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Civil and Political Rights, and the 1989 Convention on the Rights of the Child. It is from the protection of a child's right to family unity that obligations to conduct family tracing arise.

Best Interests Determination (BID): While all migrant children require a BIA, the BID is required specifically for unaccompanied and separated children, and for accompanied children who have been found to be at risk from their parents or legal or customary caregivers and for whom alternative care arrangements need to be identified. Once the caseworker responsible for a particular child receives the family tracing and assessment report(s), they prepare the BID report and recommendations based on the findings and submit them to the BID panel. Where there is a team of caseworkers, it is helpful to conduct peer reviews of BID reports and recommendations before they are finalized. The child protection authorities in the country where the migrant child is located should chair the BID panel, which should be multidisciplinary and comprise a variety of professionals with experience in child protection from relevant ministries (social welfare, health, education, justice, interior), international organizations and NGOs working with and for children.

The BID files should be shared with members of the panel before they meet, to enable comprehensive discussion of the options in each case with a view to reaching a consensus on the solution that is in the best interests of the child. Recommendations should include a minimum of two options for the panel's consideration, to ensure that different aspects are fully taken into account. The BID procedure requires the firm engagement of the government authorities not only in the country where the child is located, but also in the country of origin or any third countries where the child might have family members, especially in terms of family tracing and assessment; it also requires the provision of assistance and follow up. The workflow for child protection case management is summed up in Figure 5.

The steps described in this figure apply to all unaccompanied or separated children and for accompanied children with protection risks.

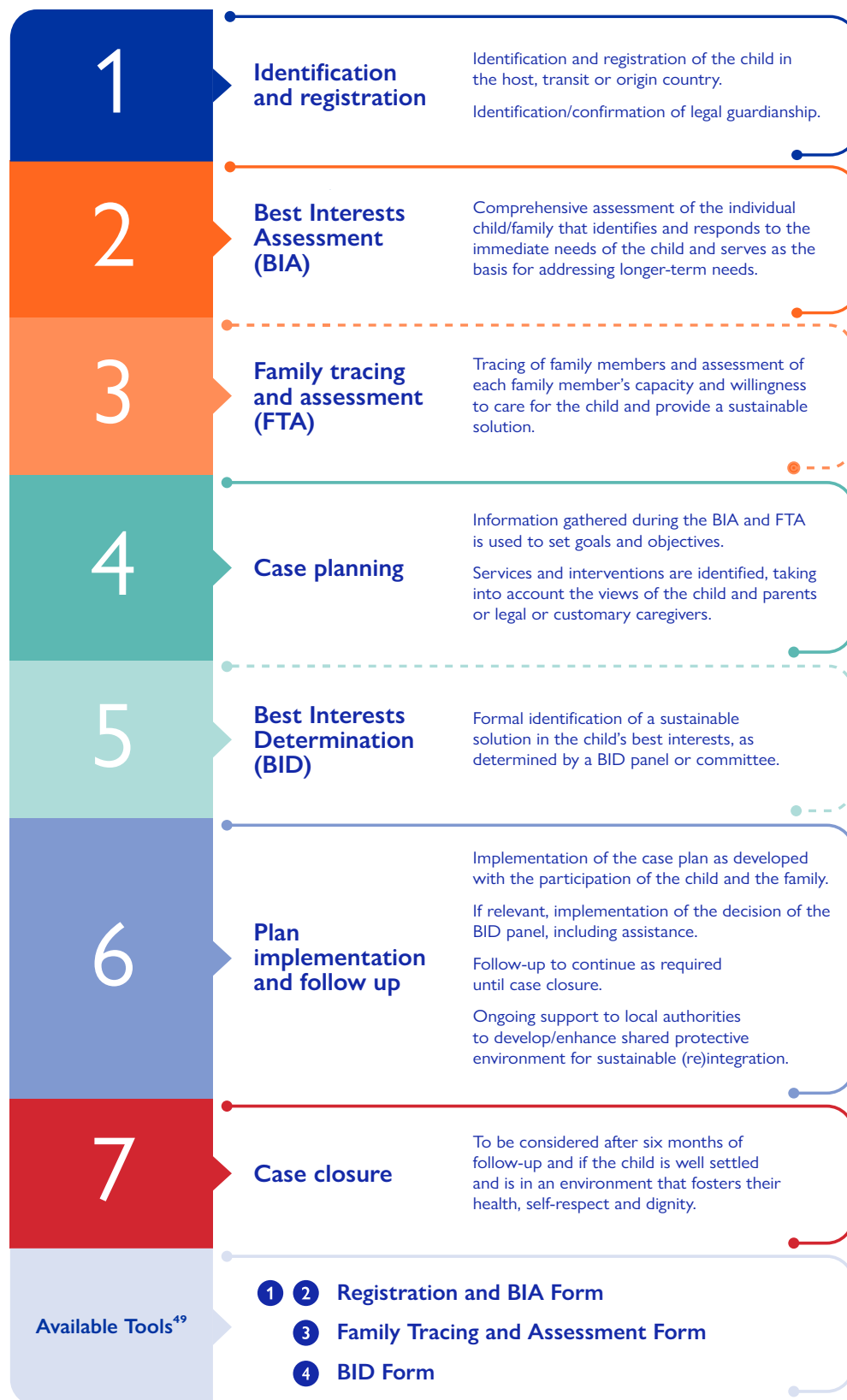


Figure 5. Child protection case management workflow

Note: This figure should be read closely with the text from section 4.3.

49 See IOM/UNICEF (2022).

4.4 INTERVIEWING CHILDREN

Communication is a **two-way process**, involving a message giver and a receiver who either gives feedback or listens. It also involves verbal communication, non-verbal communication or body language (gestures, eye contact, tone of voice) and active listening.

Children communicate differently than adults. They may:

- Show feelings of boredom or frustration;
- Feel afraid or isolated during an interview;
- Have a short attention span, meaning that the process may need to take place over several sessions – interviews should stop as soon as the child shows signs of fatigue or distress;
- Be easily distracted;
- Use limited vocabulary depending on age/development;
- Need time to express themselves using several methods;
- Have different ways of expressing themselves, including in more creative ways such as drawing or playing rather than through interviews.⁴⁹

In view of the above, case workers interviewing children should use all their communication skills, verbal and non-verbal. They should:

- Use their bodies – sit face-to-face with the child, with no obstacles, leaning forwards;
- Use their eyes – read the child’s body language and posture;
- Use their ears – listen carefully to what the child says and rephrase to make sure they have understood;
- Use their mind – concentrate on the child, show interest and avoid distractions;
- Use their heart – be patient, empathetic and worthy of trust.

When interviewing a child, it is important **not** to do the following:

- Apportion blame;
- Undermine or minimize what the child says;
- Give advice or propose solutions (instead, listen to the child’s solutions and ideas);
- Immediately tell a story of a similar experience;
- Lie or tell half-truths;
- Promise things that cannot be delivered (this will undermine the child’s trust);
- Discipline the child and/or use an intimidating voice;
- Interpret what the child says without clarifying it.

In conclusion, establishing a relationship of trust with migrant children is a fundamental requisite for an effective case management process. Children who do not feel safe and do not trust the caseworker will not share information and it will therefore not be possible to determine their best interests.

⁴⁹ See also IOM Kingdom of the Netherlands, [Toolkit for Voluntary Return with Children](#); UNICEF Uganda, [Key practice: Play and communication with children](#); Affinity Education Group, Lifelong Learning Centres, [Communicating through play](#) (27 August 2019).

LIST OF REFERENCES AND FURTHER READING

LIST OF REFERENCES AND FURTHER READING*

Alliance for Child Protection in Humanitarian Action

- 2020 *Minimum Standards for Child Protection in Humanitarian Action*, 2019 edition.
- 2018 *Case Management Supervision and Coaching Training Package*. Case Management Task Force.
- n.d. *Toolkit on Unaccompanied and Separated Children*. Inter-agency Working Group on Unaccompanied and Separated Children.
- n.d. *Field Handbook on Unaccompanied and Separated Children*. Inter-agency Working Group on Unaccompanied and Separated Children.

Barker, R.L.

- 2003 The social work dictionary, 5th edition. NASW Press, Washington, D.C.

Bedell, J.R., N.L. Cohen and A. Sullivan

- 2000 Case Management: The Current Best Practices and the Next Generation of Innovation. *Community Mental Health Journal*, 36(2):179–94.

Child Protection Working Group

- 2014 *Inter Agency Guidelines for Case Management & Child Protection*.

Chukwu, N., N.N. Chukwu and N. Nwadike

- 2017 Methods of Social Practice. In: *Social work in Nigeria: Book of readings* (U. Okoye, N. Chukwu and P. Agwu, eds). University of Nigeria Press Ltd., Nsukka.

de Jong, P. and I.K. Berg

- 2002 *Interviewing for Solutions*. Brooks/Cole, Pacific Grove, California.

Figley, C. (ed.)

- 1983 Catastrophes: An overview of family reactions. In: *Stress and the Family: Volume II: Coping with Catastrophe* (C.R. Figley and H.I. McCubbin, eds). Brunner/Mazel, New York.
- 2002 *Treating compassion fatigue*. Brunner-Routledge, New York.

* All hyperlinks were working at the time of writing these guidelines.

Gender-based Violence Information Management System (GBVIMS)

- 2017 *Inter-Agency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings*, first edition.

Harris, J. and V. White

- 2013 *A Dictionary of Social Work and Social Care*. Oxford University Press, Oxford.

Henshall, A.

- n.d. 20 Free SoP Templates to Make Recording Processes Quick and Painless. Retrieved from www.process.st/sop-templates/ in November 2018.

Inter-Agency Standing Committee (IASC)

- 1999 *Protection of Internally Displaced Persons*, Policy Paper. New York.
- 2011 *IASC Operational Guidelines on the Protection of Persons in Situations of Natural Disasters*. The Brookings – Bern Project on Internal Displacement.
- 2014 *Mental Health and Psychosocial Support in Emergency Settings: What Should Camp Coordination and Camp Management Actors Know?*
- 2015 *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Health, Thematic Area Guide*.

International Detention Coalition/European Alternatives to Detention Network/Platform for International Cooperation on Undocumented Migrants (PICUM)

- 2020 *Implementing Case Management Based Alternatives to Detention in Europe*.

International Justice Mission

- 2020 *Trauma-Informed Care Training Manual*.

International Organization for Migration (IOM)

- 2007 *IOM Handbook on Direct Assistance for Victims of Trafficking*. Geneva.
- 2010a *IOM Data Protection Manual*. Geneva.
- 2010b *Guidelines for Border Management and Detention Procedures Involving Migrants: A Public Health Perspective*. Brussels.
- 2013 *Migration and development within the South: New evidence from African, Caribbean and Pacific countries*. Migration Research Series 46. Geneva.
- 2015a *IOM Rights-based Approach to Programming*. Geneva.

- 2015b *IOM Policy on Protection* (C/106/INF/9). Geneva.
- 2015c *IOM's Humanitarian Policy – Principles for Humanitarian Action* (C/106/CRP/20).
- 2017 *IOM's Comprehensive Approach to Counter Migrant Smuggling* (S/20/3). Geneva.
- 2018 *Institutional Framework for Addressing Gender-Based Violence in Crises*. Geneva.
- 2019a *IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse*. Geneva.
- 2019b *IOM Reintegration Handbook: Practical Guidance on the Design, Implementation and Monitoring of Reintegration Assistance*. Geneva.
- 2019c *IOM Guidance on Referral Mechanisms for the Protection and Assistance of Migrants Vulnerable to Violence, Exploitation and Abuse and Victims of Trafficking*. Geneva.
- 2019d *IOM Guidance on Response Planning for Migrants Vulnerable to Violence, Exploitation and Abuse*. Geneva.
- 2019e *IOM Road Map on Alternatives to Detention*, Tools Series No. 1. Geneva.
- 2019f *Strategic Vision: Setting a Course for IOM*. Geneva.
- 2019g *Protection in Humanitarian Action Framework*. Geneva.
- 2019h *Glossary on Migration*, third edition. International Migration Law No. 34. Geneva.
- 2019i *Reintegration Counselling: A Psychosocial Approach*. Dakar.
- 2020a *Accountability to Affected Populations Framework*. Geneva.
- 2020b *Annual Report for 2019* (C/111/5). Geneva.
- 2021a *International Standards on the Protection of People with Diverse Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC) in the Context of Migration*, International Migration Law Information Note. Geneva.
- 2021b *SOGIESC Glossary of Terms*. Geneva.
- 2021c *IOM Monitoring and Evaluation Guidelines*. Geneva.
- 2021d *IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement*. Second edition. Geneva.
- 2022a *Return Counselling Toolkit*. Geneva.
- 2022b *Migrant protection and assistance* webpage (accessed 26 July 2022).
- n.d. *Protection* webpage (accessed 26 July 2022).
- n.d. *EU–IOM Joint Initiative for Migrant Protection and Reintegration*.
- n.d. *IOM's Policy on the Full Spectrum of Return, Readmission and Reintegration*.

International Organization for Migration (IOM)/Office of the United Nations High Commissioner for Refugees (UNHCR)

- 2020 Framework Document: Developing standard operating procedures to facilitate the identification and protection of victims of trafficking.
- 2021 2021 SOCIESC and Migration Training Package. Geneva.

International Organization for Migration (IOM)/United Nations Children’s Fund (UNICEF)

- 2022 Complementary Tools to the Reintegration Handbook Module 6 (“Child Rights Approach to the Sustainable Reintegration of Migrant Children and Families”). Geneva.

Kadushin, A.

- 1992 *Supervision in Social Work*, 3rd edition. Columbia University Press, New York.

Keeping Children Safe

- 2020 *The International Child Safeguarding Standards*. London, United Kingdom.

Menschner, C. and A. Maul

- 2016 *Key Ingredients for Successful Trauma-Informed Care Implementation*. Issue Brief. Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services.

Merriam-Webster

- 2022 Merriam-Webster online dictionary.

National Association of Social Workers (NASW)

- 2013 *NASW Standards for Social Worker Case Management*. Washington, D.C.

National Child Traumatic Stress Network

- 2011 *Secondary traumatic stress: A fact sheet for child-serving professionals*. Secondary Traumatic Stress Committee, Los Angeles CA and Durham NC.

New South Wales, Department of Human Services

- 2010 *Community Access Ageing, Disability and Home Care*.

Office of the United Nations High Commissioner for Human Rights (OHCHR)

- 2002 Recommended Principles and Guidelines on Human Rights and Human Trafficking, addendum to the report of the United Nations High Commissioner for Human Rights (E/2002/68/Add. 1).
- 2014 Recommended Principles and Guidelines on Human Rights at International Borders.

Office of the United Nations High Commissioner for Human Rights (OHCHR)/ Global Migration Group

- n.d. Principles and Guidelines, supported by practical guidance, on the human rights protection of migrants in vulnerable situations.

Office of the United Nations High Commissioner for Refugees (UNHCR)

- 2021 Best Interests Procedure Guidelines: Assessing and Determining the Best Interests of the Child.

Office of the United Nations High Commissioner for Refugees (UNHCR)/International Rescue Committee

- n.d. Your Guide to Protection Case Management (field test version).

Ohtani, E.

- 2018 Alternatives to detention from theory to practice. Evaluation of three engagement-based alternative to immigration detention pilot projects in Bulgaria, Cyprus and Poland. Report. European Programme for Integration and Migration.

O’Leary, P. and J. Squire

- 2009 Case management: Systems & accountability: Social work in child protection projects. Terre des Hommes, Geneva.

Plan International

- n.d. Self-Care Manual for Humanitarian Aid and Development Workers.

Sampson, R., V. Chew, G. Mitchell and L. Bowring

- 2015 *There Are Alternatives: A Handbook for Preventing Unnecessary Immigration Detention* (Revised). International Detention Coalition, Melbourne.

Save the Children

- 2019 Cross-Border Protection of Children on the Move in East and Southern Africa: A quick reference guide for bilateral coordination.

Skolnik-Acker, E.

- n.d. Verbal De-Escalation Techniques for Defusing or Talking Down an Explosive Situation. Committee for the Study and Prevention of Violence Against Social Workers, NASW.

Social Work Accreditation and Advisory Board

- 2017 *Social Work Supervision Guidelines*.

United Nations

- 2018 Global Compact for Safe, Orderly and Regular Migration.

United Nations Children's Fund (UNICEF)

- 2018 *Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families* (field test version). New York.

World Health Organization (WHO)

- 2012 *WHO QualityRights Tool Kit: Assessing and improving quality and human rights in mental health and social care facilities*. Geneva.
- 2013 *Psychological first aid: facilitator's manual for orienting field workers*. Geneva.

IOM ONLINE COURSES

Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse

E-Campus: English | Spanish

IOM Reintegration Handbook

E-Campus: English | French | Arabic | Spanish

Monitoring and Evaluating Return and Reintegration Programmes

E-Campus: English | French

Counter-Trafficking in Humanitarian Situations

E-Campus: English | French

Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC) and Migration

E-Campus: English | French

Psychosocial Support for Migrants

E-Campus: English | Spanish

Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement

E-Campus: English | Spanish

ANNEXES

ANNEXES 1–13

Annex 1: IOM Screening Form for Protection and Assistance

Annex 2: IOM Screening Form for Vulnerability to Violence, Exploitation and Abuse

Annex 3: IOM Rapid Screening Form for Vulnerability to Violence, Exploitation and Abuse

Annex 4: IOM Screening Form for Victims of Trafficking

Annex 5: IOM MHPSS Rapid Screening Form for Migrants on the Move

Annex 6: IOM Interview Consent Form for Adults

Annex 7: IOM Interview Consent Form for the Legal Guardian

Annex 8: IOM Protection and Assistance Intake Form

Annex 9: IOM External Referral Form

Annex 10: IOM Case Plan Form

Annex 11: IOM Services Provided Form

Annex 12: IOM Monitoring Form

Annex 13: IOM Case Closure Form



IOM SCREENING FORM FOR PROTECTION AND ASSISTANCE

Introduction

This form identifies protection and assistance needs of persons and it can be used for all persons, regardless of status and age.

Protection and assistance needs include immediate needs (food, nutrition, shelter and accommodation) and protection needs and risks (health, indicators of vulnerability, and human trafficking). In addition, it supports establishing appropriate mitigating measures when providing assistance. Assistance includes for example safe and dignified return assistance for third country nationals (TCNs) who wish to return to their country of origin.

There are two versions of the form:

- **Regular:** *This is the default version of the form. It includes questions related to immediate needs and protection needs.*
- **Rapid:** *This version should only be used when the person will be assisted with return within 3 days. It is a sub-set of the regular version, focusing on protection needs only.*

It is strongly recommended that each household member is interviewed individually. Should the head of household respond, then all family members should be present during the screening process. If during a household interview, the interviewer has any concerns about an individual not being able to express their views because they are being interviewed alongside family members, then the person should be screened individually.

When interviewing children, ensure to use child and age friendly language. Involve the legal guardian when the child does not understand a question.

For further guidance on the form, visit the [Guidance page](#). For background on migrant vulnerabilities, see the [IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse](#).

The form is maintained by the Protection Division, contact: pxd@iom.int

Hints: The estimated time to conduct the regular screening and complete the form is between 15 to 30 minutes, depending on the complexity of the case; the consent section may take some time, familiarize yourself with section B and C in advance; if possible, read the consent section to an entire group before starting the screening, this will save time; use the KoBo collect application for the fastest data entry, as well as easily collecting photos and signatures.

Select the type of screening:

- Regular screening
- Rapid screening (skip section E and complete section F)

Section A: Interview Data	
A.1 - Date (yyyy/mm/dd):	
A.2 – Location: <i>The location of the interview. The correct location is very important for the coordination of assistance.</i>	Latitude (x,y °) : Longitude (x,y °) :
A.2.1 – Country: <i>The country in which the interview is conducted</i>	
A.3 - Name of Interviewer: <i>The name of the person conducting the interview</i>	
A.4 - Name of organization interviewer works for: <i>The organization that the interviewer works for</i>	
A.5 – Interpreter: <i>Whether or not an interpreter is used to conduct the interview</i>	<input type="radio"/> Yes A.5.1 – Interpreter name: _____ <i>The full name of the interpreter</i> <input type="radio"/> No
A.6 – Age group: <i>The age group of the individual being interviewed, used to display the correct consent form</i>	<input type="radio"/> Adult (18 and above) → please continue to section C <input type="radio"/> Child (below 18) → please continue to section B and also complete the Best Interest Assessment form, Best Interest Determination form and Family Tracing, as applicable, accessible here: Return and Reintegration platform
A.7 – Notes: <i>Any notes on Section A</i>	

Section B: Consent for the Legal Guardian (to be completed if individual is less than 18 years of age)

Attention: If the legal guardian does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization for Migration (hereinafter, "IOM") will **collect** the information of the child or individual with mental health issues during the interview, which will include some of their personal details (for example, their name, age, gender, marital status, etc.) and information about their migration experience (for example, how and why they travelled).
2. IOM will **use** that information gathered during the interview to identify any assistance needs that the child may have. If assistance needs are identified, IOM will try to provide them with the necessary assistance or refer them to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of their personal data.
3. In order to provide the child with assistance, IOM may need to **share** some of their personal data with other IOM staff members or offices. If IOM assists the child to access services from another person or organization, or if additional measures of care and protection are required (for example, if a child is involved, or if the individual has any physical or psychological impairments), we may need to share some personal information with other

organizations or competent authorities to enable them to provide assistance. However, IOM will only share their personal information with others if you give us your permission.

4. IOM may **use** the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, the name and other identifying personal information from the individual interviewed will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If the child shares with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information about you with the authorities if you give us your permission.
6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide the child with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to the individual.
7. You can request IOM to access, rectify and delete the personal data of the individual interviewed, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

<p>B.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>B.2- Legal guardian's first and last name</p>	
<p>B.3- First and Last name of the child interviewed</p>	

I, [legal guardian's first and last name]_____ hereby authorize the International Organization for Migration (IOM) and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process the personal data of [first and last name of the child interviewed] _____ (hereinafter "the dependent") for as long as necessary to complete the assistance.

I agree that the dependent's personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify the dependent's personal data on request by contacting IOM.

B.4 - Signature of the IOM interviewer

B.5- Signature or mark of the legal guardian of the applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

B.6 – Signature of the interpreter

B.7 - Notes

Any notes on Section B

→ Please proceed to section D

Section C: Informed consent (to be completed if individual is 18 and above)

Attention: If the individual does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization of Migration (hereinafter, "IOM") will collect your information during the interview, which will include some of your personal details (for example, name, age, gender, your marital status, etc.) and information about your migration experience (for example, how and why you travelled).
 2. IOM will use that information gathered during the interview to identify any assistance needs you may have. If assistance needs are identified, IOM will try to provide you with the necessary assistance or refer you to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of your personal data.
 3. In order to provide you with assistance, IOM may need to share some of your personal data with other IOM staff members or offices. If IOM helps you to access services from another person or organization, or if additional measures of care and protection are required (for example, if a minor is involved, or if you have any physical or psychological disorders), we may need to share some of your personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share your personal information with others if you give us your permission.
 4. IOM may use the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, your name and other identifying personal information will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
 5. IOM has an obligation to prevent harm from occurring to other people. If you share with us any information about other people who are in immediate danger, IOM may share this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.
 6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide you with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to you.
 7. You can request IOM to access, rectify and delete your personal data, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.
-

<p>C.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>C.2- Individual's first and last name</p>	

I, [data subject's first and last name] _____ hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process my personal data for as long as necessary to complete the assistance.

I agree that my personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

C.3 - Signature of the IOM interviewer

C.4 - Signature or mark of applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

C.5 – Signature of the interpreter

C.6 - Notes

Any notes on Section C

→ **Please proceed to section D**

Section D: Biographic and Demographic Data

This section can be (partly) completed by IOM staff with beneficiary information already provided in other forms to avoid respondent fatigue.

D.1 - What is your family name: <i>Write "Don't Know" or "Refused" when applicable</i>	
D.2 - What is your given name(s): <i>Write "Don't Know" or "Refused" when applicable</i>	
D.2.1 - What is your middle / father name(s):	
D.3 - What is your biological sex:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Don't know <input type="radio"/> Refused
D.4.1 - Which gender do you identify with:	<input type="radio"/> Man <input type="radio"/> Woman <input type="radio"/> Trans/transgender <input type="radio"/> Trans/transgender man <input type="radio"/> Trans/transgender woman <input type="radio"/> Non-binary <input type="radio"/> No gender <input type="radio"/> Refused
D.4.2 - Do you identify yourself as a person with a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
D.5 - What is your date of birth? (yyyy-mm-dd)	
D.6 - Is the date of birth provided:	<input type="radio"/> Exact <input type="radio"/> Estimate <input type="radio"/> Don't know <input type="radio"/> Refused
D.7 - In what country were you born: <i>Choose "Unknown" or "Refused" when applicable</i>	
D.8 - In what country do you normally live: <i>Choose "Unknown" or "Refused" when applicable</i>	
D.9 - Do you have citizenship/nationality:	<input type="radio"/> Yes <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/> Stateless
D.9.1 - In what country or countries do you have citizenship/nationality:	

D.10 - What is your marital status:	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Co-habiting/common law/living together <input type="radio"/> Don't know <input type="radio"/> Refused
D.11 - Do you have children under the age of 18?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
D.12 - Do you have any travel or identity documents with you, or do you have access to them: <i>Write additional travel document information in the Notes section below (question D.17)</i>	<input type="radio"/> Yes D.12.1.1- Document type _____ D.12.1.2- Document number: _____ D.12.1.3- Issuing date (yyyy-mm-dd): _____ D.12.1.4- Expiry date (yyyy-mm-dd): _____ D.12.1.5- Document photo: [yes] [no] <i>Please enclose a photo of the document if available</i> <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
D.13 - Do you have any family members with you:	<input type="radio"/> Yes <input type="radio"/> No
D.14 - Number of family members that are with the person and are part of the assistance:	

Data of family members that are with the migrant and are part of the assistance request

D.14.1 - Given name(s)	D.14.2 - Family name	D.14.3 - Biological sex	D.14.4 - Age
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	

D.15 - Can we contact you to follow-up?	<input type="radio"/> Yes D.15.1 - How can we contact you? <input type="radio"/> Telephone <input type="radio"/> Social media <input type="radio"/> Email <input type="radio"/> Location <input type="radio"/> Don't know
--	--

	<p>D.15.2- Contact information: _____ <i>Facebook, viber, telegram, WhatsApp</i></p> <p><input type="radio"/> No</p>
<p>D.16 - Are there any conditions for contacting you? <i>for example, call in specific time etc.</i></p>	<p><input type="radio"/> Yes</p> <p>D.16.1 - What are the conditions? _____</p> <p><input type="radio"/> No</p>
<p>D.17 - Notes on section D:</p>	

- Please proceed to section E
- If you wish to conduct a rapid screening, please proceed to section F

Section E: Assessment of current needs

E.1 - FOOD AND NUTRITION

<p>E.1.1 - What is your main source(s) of food?</p>	<p><input type="checkbox"/> Purchasing: in a market, in stores, etc.</p> <p><input type="checkbox"/> Humanitarian distribution</p> <p><input type="checkbox"/> Donations: from friends and family, religious institutions, etc.</p>
<p>E.1.2 - Do you or anyone in your family / household have any specific food and nutrition requirements, such as baby formula or special foods for supplemental feeding (e.g. For older persons, persons with disabilities or specific health conditions)?</p>	<p><input type="radio"/> Yes</p> <p>E.1.2.1 – Describe</p> <p><input type="checkbox"/> Baby food or formula</p> <p><input type="checkbox"/> Special diet</p> <p><input type="checkbox"/> Supplemental feeding (e.g., nut paste, geriatric formulas, etc.)</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused</p>
<p>E.1.3.1 - In your opinion, how many days can you sustain the current situation before you run out of food?</p>	<p><input type="radio"/> We are already out of food</p> <p><input type="radio"/> In less than a week</p> <p><input type="radio"/> In less than a month</p> <p><input type="radio"/> In less than three months</p> <p><input type="radio"/> We will not run out of food for the foreseeable future</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused</p>

<p>E.1.3.2 - What are the main challenges you face to access and meet your food requirements?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prices/lack of money <input type="checkbox"/> Scarcity of food in the markets/food kits distributed <input type="checkbox"/> Difficult to find transport to buy/receive food <input type="checkbox"/> Lack of accessibility of markets/food distribution points <input type="checkbox"/> Lack of information where to buy/receive food <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>E.1.3.3- If other, please specify:</p>	
<p>E.1.4 - For the interviewer: does the individual (and his/her family/household as applicable) require food and nutrition assistance?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes - Immediate - Requires assistance within 48 hours <input type="radio"/> Yes - Urgent - Requires assistance within one week <input type="radio"/> No - Does not require assistance within the next month, but can be reassessed
<p>E.2- SHELTER AND ACCOMMODATION</p>	
<p>E.2.1 - Where do you currently live/sleep at night?</p>	<ul style="list-style-type: none"> <input type="radio"/> Homeless: sleeping in the street, in public, under bridge, in forest, etc. → Skip to question E.2.4 <input type="radio"/> Staying with friends or family <input type="radio"/> In a camp: informal settlement, displaced persons camp, etc. <input type="radio"/> In a shelter facility: transit centre, women's shelter, homeless shelter, etc. <input type="radio"/> In own home (tenant) <input type="radio"/> Don't know <input type="radio"/> Refused
<p>E.2.2 - Do you have safe and adequate access to facilities for cooking and cleaning, including washing clothes and dishes?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes - Safe and adequate access <input type="radio"/> Yes - Have access but it is not safe and/or adequate <input type="radio"/> No - No access
<p>E.2.3 - In your opinion, how long can you stay in this shelter?</p>	<ul style="list-style-type: none"> <input type="radio"/> Less than a week <input type="radio"/> Less than a month <input type="radio"/> Less than three months <input type="radio"/> We should be able to stay here for the foreseeable future <input type="radio"/> Don't know <input type="radio"/> Refused

<p>E.2.4 - For the interviewer: does the individual (and his/her family/household as applicable) require shelter / accommodation assistance?</p>	<p><input type="radio"/> Yes - Immediate - Requires assistance within 48 hours</p> <p><input type="radio"/> Yes - Urgent - Requires assistance within one week</p> <p><input type="radio"/> No - Does not require assistance within the next month, but can be reassessed</p>
<p>E.2.5 - Is the shelter you are currently in equally accessible to all the family members?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No - there are older persons, persons with disabilities etc. with the family</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused</p>

E.3 - HEALTH

<p>E.3.1- Do you, or members of your family/household, have any health or medical needs?</p>	<p><input type="checkbox"/> A chronic physical or mental health condition that requires medicines or treatment, such as cancer, diabetes, depression, asthma, high blood pressure, HIV/AIDS, etc.</p> <p><input type="checkbox"/> Acute physical or mental conditions, such as wounds, broken bone, infections (respiratory infection, diarrhea, etc.), severe pain, shortness of breath, psychosis etc.</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No, I do not have medical issues</p>
---	--

<p>E.3.1.1- If yes, please describe:</p>	
---	--

<p>E.3.2 - Do you or any member of your family/household take medications?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	--

<p>E.3.2.1- If yes, please indicate if you have a stock and for how long:</p>					
<p>E.3.2.1b -Stock</p>	<p>I don't need this type of medication</p>	<p>Out of stock</p>	<p>One week</p>	<p>More than one week</p>	<p>E.3.2.1c - Remarks</p>
<p>E.3.2.1a - Type of medication</p>					
<p>Medication that is taken per mouth (pills, inhalors, liquid medication)</p>					
<p>Injectable medication (e.g., insulin) and supplies (e.g., syringes)</p>					
<p>Other (specify)</p>					

<p>E.3.3 - Do you or any member of your family have any kind of disability or temporary injuries/conditions which impact their ability to walk, see, self-care, hear and communicate?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>If yes, please provide details on disabilities below:</p>	
<p>E.3.3.1 - Physical impairment (difficulties to move, lift objects, self-care)</p>	<p><input type="checkbox"/> Bed-ridden <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walkers <input type="checkbox"/> Crutches <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Fully dependent on external assistance <input type="checkbox"/> Partially dependent <input type="checkbox"/> Independent</p>
<p>E.3.3.2 - Visual impairments</p>	<p><input type="checkbox"/> White cane <input type="checkbox"/> Guide dog <input type="checkbox"/> Fully dependent on external assistance <input type="checkbox"/> Partially dependent <input type="checkbox"/> Independent</p>
<p>E.3.3.3 - Hearing and Speech Impairments</p>	<p><input type="checkbox"/> Hearing aid <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Fully dependent on external assistance <input type="checkbox"/> Partially dependent <input type="checkbox"/> Independent</p>
<p>E.3.3.4 - Intellectual or cognitive disabilities</p>	<p><input type="checkbox"/> Support with communication <input type="checkbox"/> Behaviour therapy needs <input type="checkbox"/> Fully dependent on external assistance <input type="checkbox"/> Partially dependent <input type="checkbox"/> Independent</p>
<p>E.3.3.5 - Other (e.g. mental health conditions including bipolar disorders and schizophrenia)</p>	<p><input type="checkbox"/> Medication <input type="checkbox"/> Psychosocial Support <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Fully dependent on external assistance <input type="checkbox"/> Partially dependent <input type="checkbox"/> Independent</p>
<p>E.3.3.6 - Availability of aid/care</p>	
<p>E.3.7 - For the interviewer: does the individual (and/or a member of his/her family/household as applicable) require health care or treatment?</p>	<p><input type="checkbox"/> Yes - Emergency - Requires immediate assistance <input type="checkbox"/> Yes - Urgent - Requires assistance within 48 hours <input type="checkbox"/> Yes - Requires assistance within one week <input type="checkbox"/> Yes - Requires assistance within one month</p>

	<input type="checkbox"/> No - Does not require health care or treatment within the next month, but can be reassessed
E.4 - Notes <i>Notes on section E</i>	

→ Please proceed to section F

Section F: Rapid screening form for protection and assistance

F.1 - What is your current migration status in this country?	<input type="radio"/> Refugee <input type="radio"/> Asylum-seeker <input type="radio"/> Asylum-seeker (rejected) <input type="radio"/> Citizen <input type="radio"/> Foreign resident (regular) <input type="radio"/> Foreign student (regular) <input type="radio"/> Foreign worker (regular) <input type="radio"/> Irregular migrant (irregular entry) <input type="radio"/> Irregular migrant (overstayed) <input type="radio"/> Stateless <input type="radio"/> Other (specify): _____ <input type="radio"/> Don't know <input type="radio"/> Refused
F.2 - Before or during your migration process, did anyone mistreat you or caused you any danger, stress or injury? Can you tell me a little bit more about that?	<input type="checkbox"/> Discrimination or Xenophobia <input type="checkbox"/> Torture <input type="checkbox"/> Violence & Abuse <input type="checkbox"/> Exploitation <input type="checkbox"/> Sexual violence, abuse and or exploitation <input type="checkbox"/> Abduction <input type="checkbox"/> Gender-based violence <input type="checkbox"/> Captivity <input type="checkbox"/> Extortion/Coercion/Threats <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
F.3 - Are you worried that you or any member of your family would experience any mistreatment or dangers if you returned home? Can you tell me a little bit more about that?	<input type="checkbox"/> Discrimination or Xenophobia <input type="checkbox"/> Torture <input type="checkbox"/> Violence & Abuse <input type="checkbox"/> Exploitation <input type="checkbox"/> Sexual violence, abuse and or exploitation <input type="checkbox"/> Abduction <input type="checkbox"/> Gender-based violence

	<input type="checkbox"/> Captivity <input type="checkbox"/> Extortion/Coercion/Threats <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>For the interviewer/assessor: If you identify any of the vulnerability indicators, IOM intake remains possible. In case of return assistance, contact the mission in the country of origin to identify mitigating measures. Include the Protection RTS in the sending and receiving regions, and if need be Protection HQ and LEG.</p>	
F.4 - What do you want to do next?	<input type="radio"/> Stay here <input type="radio"/> Continue to a different destination (specify): _____ <input type="radio"/> Go home <input type="radio"/> Other (specify): _____ <input type="radio"/> Don't know <input type="radio"/> Refused
F.5 - For the interviewer: does the individual (and/or a member of his/her family/household as applicable) require immediate return assistance?	<input type="radio"/> Yes - Requires urgent return assistance (regular case) <input type="radio"/> Yes - Requires urgent return assistance (protection-enhanced) <input type="radio"/> No - Does not require return assistance for the moment (can be reassessed)
F.6 - Notes <i>Notes on section F</i>	

→ Please proceed to section G

Section G: Assessment	
G.1 - For the interviewer: Is the individual vulnerable to trafficking, violence, exploitation and/or abuse?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain
G.2 - For the interviewer: Is the individual an unaccompanied or separated child?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain
G.3 - For the interviewer: Does the individual present any health issues (mental or physical)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain

G.4- For the interviewer: Is there a risk of harm for the individual should they go home?

- Yes
- No
- Uncertain

G.5- For the interviewer: Justify your decision

G.6- For the interviewer: Should the individual be referred for in-depth screening?

- Yes - Screening for trafficking
- Yes - Screening for vulnerability to violence, exploitation and/or abuse
- No - There is no indicator of trafficking or vulnerability to violence, exploitation and/or abuse

G.7- Notes

Notes on section G



IOM SCREENING FORM FOR VULNERABILITY TO VIOLENCE, EXPLOITATION AND ABUSE

Introduction

This form identifies persons who have experienced or are vulnerable to violence, exploitation and abuse.

When interviewing children, ensure to use child and age friendly language. Involve the legal guardian when the child does not understand a question.

The form is maintained by the Protection Division, contact: pxd@iom.int

Hints: The estimated time to conduct the regular screening and complete the form is between 30 to 45 minutes, depending on the complexity of the case. The consent section may take some time, familiarize yourself with section B and C in advance.

Section A: Interview Data	
A.1 - Date (yyyy/mm/dd):	
A.2 – Location: <i>The location of the interview. The correct location is very important for the coordination of assistance.</i>	Latitude (x,y °) : Longitude (x,y °) :
A.2.1 – Country: <i>The country in which the interview is conducted</i>	
A.3 - Name of Interviewer: <i>The name of the person conducting the interview</i>	
A.4 - Name of organization interviewer works for: <i>The organization that the interviewer works for</i>	
A.5 – Interpreter: <i>Whether or not an interpreter is used to conduct the interview</i>	<input type="radio"/> Yes A.5.1 – Interpreter name: _____ <i>The full name of the interpreter</i> <input type="radio"/> No
A.6 – Age group: <i>The age group of the individual being interviewed, used to display the correct consent form</i>	<input type="radio"/> Adult (18 and above) → please continue to section C <input type="radio"/> Child (below 18) → please continue to section B
A.7 – Notes: <i>Any notes on Section A</i> Indicate here if this a child who is separated or unaccompanied.	

Section B: Consent for the Legal Guardian (to be completed if individual is less than 18 years of age)

Attention: If the legal guardian does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization for Migration (hereinafter, "IOM") will **collect** the information of the child or individual with mental health issues during the interview, which will include some of their personal details (for example, their name, age, gender, marital status, etc.) and information about their migration experience (for example, how and why they travelled).
2. IOM will **use** that information gathered during the interview to identify any assistance needs that the child may have. If assistance needs are identified, IOM will try to provide them with the necessary assistance or refer them to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of their personal data.
3. In order to provide the child with assistance, IOM may need to **share** some of their personal data with other IOM staff members or offices. If IOM assists the child to access services from another person or organization, or if additional measures of care and protection are required (for example, if a child is involved, or if the individual has any physical or psychological impairments), we may need to share some personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share their personal information with others if you give us your permission.
4. IOM may **use** the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, the name and other identifying personal information from the individual interviewed will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If the child shares with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information about you with the authorities if you give us your permission.
6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide the child with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to the individual.
7. You can request IOM to access, rectify and delete the personal data of the individual interviewed, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

<p>B.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>B.2- Legal guardian's first and last name</p>	
<p>B.3- First and Last name of the child interviewed</p>	

I, [legal guardian's first and last name] _____ hereby authorize the International Organization for Migration (IOM) and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process the personal data of [first and last name of the child interviewed] _____ (hereinafter "the dependent") for as long as necessary to complete the assistance.

I agree that the dependent's personal data may be disclosed to the following third parties:

_____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify the dependent's personal data on request by contacting IOM.

B.4 - Signature of the IOM interviewer

B.5- Signature or mark of the legal guardian of the applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

B.6 – Signature of the interpreter

B.7 - Notes

Any notes on Section B

→ Please proceed to section D

Section C: Informed consent (to be completed if individual is 18 and above)

Attention: If the individual does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization of Migration (hereinafter, "IOM") will collect your information during the interview, which will include some of your personal details (for example, name, age, gender, your marital status, etc.) and information about your migration experience (for example, how and why you travelled).
2. IOM will use that information gathered during the interview to identify any assistance needs you may have. If assistance needs are identified, IOM will try to provide you with the necessary assistance or refer you to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of your personal data.
3. In order to provide you with assistance, IOM may need to share some of your personal data with other IOM staff members or offices. If IOM helps you to access services from another person or organization, or if additional measures of care and protection are required (for example, if a minor is involved, or if you have any physical or psychological disorders), we may need to share some of your personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share your personal information with others if you give us your permission.

4. IOM may use the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, your name and other identifying personal information will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If you share with us any information about other people who are in immediate danger, IOM may share this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.
6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide you with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to you.
7. You can request IOM to access, rectify and delete your personal data, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

<p>C.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>C.2- Individual's first and last name</p>	

I, [data subject's first and last name] _____ hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process my personal data for as long as necessary to complete the assistance.

I agree that my personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

C.3 - Signature of the IOM interviewer

C.4.- Signature or mark of applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

C.5. – Signature of the interpreter

C.6. - Notes

Any notes on Section C

→ Please proceed to section D

Section D: Biographic and Demographic Data

This section can be (partly) completed by IOM staff with beneficiary information already provided in other forms to avoid respondent fatigue.

D.1 - What is your family name: <i>Write "Don't Know" or "Refused" when applicable</i>	
D.2 - What is your given name(s): <i>Write "Don't Know" or "Refused" when applicable</i>	
D.2.1 - What is your middle / father name(s):	
D.3 - What is your biological sex:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Don't know <input type="radio"/> Refused
D.4.1 - Which gender do you identify with:	<input type="radio"/> Man <input type="radio"/> Woman <input type="radio"/> Trans/transgender <input type="radio"/> Trans/transgender man <input type="radio"/> Trans/transgender woman <input type="radio"/> Non-binary <input type="radio"/> No gender <input type="radio"/> Refused
D.4.2 - Do you identify yourself as a person with a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
D.5 - What is your date of birth? (yyyy-mm-dd)	
D.6 - Is the date of birth provided:	<input type="radio"/> Exact <input type="radio"/> Estimate <input type="radio"/> Don't know <input type="radio"/> Refused

D.7 - In what country were you born: <i>Choose "Unknown" or "Refused" when applicable</i>	
D.8 - In what country do you normally live: <i>Choose "Unknown" or "Refused" when applicable</i>	
D.9 - Do you have citizenship/nationality:	<input type="radio"/> Yes <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/> Stateless
D.9.1 - In what country or countries do you have citizenship/nationality:	
D.10 - What is your marital status:	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Co-habiting/common law/living together <input type="radio"/> Don't know <input type="radio"/> Refused
D.11 - Do you have children under the age of 18?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
D.12 - Do you have any travel or identity documents with you, or do you have access to them: <i>Write additional travel document information in the Notes section below (question D.17)</i>	<input type="radio"/> Yes D.12.1.1 - Document type: _____ D.12.1.2 - Document number: _____ D.12.1.3 - Issuing date (yyyy-mm-dd): _____ D.12.1.4 - Expiry date (yyyy-mm-dd): _____ D.12.1.5 - Document photo: [yes] [no] <i>Please enclose a photo of the document if available</i> <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
D.13 - Do you have any family members with you:	<input type="radio"/> Yes <input type="radio"/> No
D.14 - Number of family members that are with the person and are part of the assistance:	

Data of family members that are with the migrant and are part of the assistance request

D.14.1 - Given name(s)	D.14.2 - Family name	D.14.3 - Biological sex	D.14.4 - Age
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	

<p>D.15 - Can we contact you to follow-up?</p>	<p><input type="radio"/> Yes</p> <p>D.15.1 - How can we contact you?</p> <p><input type="radio"/> Telephone</p> <p><input type="radio"/> Social media</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Location</p> <p><input type="radio"/> Don't know</p> <p>D.15.2- Contact information: _____ <i>Facebook, Viber, telegram, WhatsApp</i></p>
<p>D.16 - Are there any conditions for contacting you? <i>For example, call in specific time etc.</i></p>	<p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>D.16.1 - What are the conditions? _____</p> <p><input type="radio"/> No</p>
<p>D.17 - Notes on section D:</p>	

→ Please proceed to section E

Section E: Individual indicators of vulnerability to violence, exploitation and abuse

E.1 What is your current migration status in this country?

Select all that apply.

- Asylum-seeker
- Asylum-seeker, rejected
- Citizen
- Foreign resident (regular)
- Foreign student (regular)
- Foreign worker (regular)
- Irregular migrant (irregular entry)
- Irregular migrant (overstayed)
- Refugee
- Stateless
- Don't know
- Refused
- Other [specify]:

F.2 Why did you migrate/leave home?

Select all that apply.

- For work
- For education
- For health care
- For food and/or water
- Natural disaster
- Conflict, insecurity

- Climate change and/or environmental degradation
- Romantic relationship or marriage
- Bad family situation
- Family reunification
- Persecution
- Don't know
- Refused
- Other [specify]:

[to be completed by the interviewer/assessor]

E.3 Is this context, and to the best of your knowledge, is the response to question "Why did you migrate/leave home?" an indicator of trafficking in persons?

- Yes
- No

E.4 Is this context, and to the best of your knowledge, is the response to question "Why did you migrate/leave home?" an indicator of vulnerability to violence, exploitation and abuse?

- Yes
- No

E.5 Who did you travel with?

Select all that apply.

- Alone
- With family
- With friend(s)
- Recruiter / agent / fixer
- Employer(s)
- Stranger(s)
- Smuggler(s)
- Trafficker(s)
- Don't know
- Refused
- Other [specify]:

[to be completed by the interviewer/assessor]

E.6 Is this context, and to the best of your knowledge, is the response to question "Who did you travel with?" an indicator of trafficking in persons?

- Yes
- No

E.7 Have you been lied to, tricked, manipulated, indebted, forced, given false promises, or otherwise deceived in order to get you to travel?

- Yes
- No

E.8 Do you have a physical or mental disability?

- Yes
- No

E.9 Are you currently sick or injured, or do you have medical needs?

- Yes
- No

E.10 Have you ever been detained, incarcerated, or institutionalized?

- Yes
- No

E.11 Are you or have you recently been engaged in illicit activity?

- Yes
- No

E.12 Are you or have you recently been involved in prostitution or sex-related activities?

- Yes
- No

E.13 Do you have a history of substance abuse or misuse?

- Yes
- No

E. 14 Do you speak and read the official language of this country?

- Yes
- No

E.15 Are you now or have you recently been homeless?

- Yes
- No

E.16 What is your highest level of completed education?

- None or less than primary
- Primary
- Secondary
- Tertiary

E.17 **[For school aged persons]** Are you currently attending school?

- Yes
- No

E.18 Do you think you have the skills and/or education necessary to get a job here?

- Yes
- No

E.19 Do you have sufficient resources to meet your basic needs (food, housing, clothing, etc.)?

- Yes
- No

E.20 Do you have a source of income that is sufficient to meet basic needs, is commensurate with your skills and experience, and is stable and secure?

- Yes
- No

E.21 Are you the sole or primary provider for your household?

- Yes
- No

E.22 *[If yes]* Do you have sufficient income / resources to meet your household's needs?

- Yes
- No

E.23 Are you financially responsible for people outside of your household?

- Yes
- No

E.24 *[If yes]* Do you have sufficient income / resources to meet these responsibilities?

- Yes
- No

E. 25 Do you have any debts?

- Yes
- No

E.26 *[If yes]* Are any of these debts to an agent, smuggler, trafficker, recruiter, or employer?

- Yes
- No

E.27 Do you have sufficient access to health care?

- Yes
- No

E.28 Do you have sufficient access to education [if relevant]?

- Yes
- No

E.29 Do you have sufficient access to financial services?

- Yes
- No

E.30 Do you feel that you are well informed of your rights (at work, regarding employment, housing, education safety, legal status, documents, etc.)?

- Yes
- No

E.31 Have you experienced any of the following either before or during your migration process?

Select all that apply.

- Abduction
- Abuse
- Captivity
- Coercion
- Exploitation
- Threats
- Violence
- Don't know
- Refused
- Other [specify]:

Section F: Household indicators: vulnerability to violence, exploitation and abuse screening

F.1 Is your household in debt?

- Yes [specify]
- No

F.2 Is there a history of violence or abuse in the household?

- Yes
- No

F.3 Is there a history of preferential treatment or discrimination in the household?

- Yes
- No

F.4 Are there members of the household involved in illicit activities?

- Yes
- No

F.5 Is your household, in general, engaged or isolated from society?

- Engaged
- Isolated

F.6 Does your community have sufficient resources and services to enable all members of your household's needs and aspirations to be met?

- Yes
- No

F.7 Has any member of your household experienced any of the following either before or during your migration process?

Select all that apply.

- Abduction
- Abuse
- Captivity
- Coercion
- Exploitation
- Threats

- Violence
- Don't know
- Refused
- Other [specify]:

Assessment

Is the individual vulnerable to violence, exploitation, or abuse?

- Yes
- No

Justify your decision

Action

- IOM intake [If the individual has experienced or is vulnerable to violence, exploitation or abuse and is eligible for assistance under your program]
- External referral [For cases where there are indicators of vulnerability or other protection issues, but there are no IOM programs for which the migrant is eligible or assistance is best provided by another organization.]
- Assistance declined [You should still strive to provide the migrant with as much information as possible on where and when they can access services]

Before submitting, you must know...

[To the interviewer] The purpose of this form is to assess eligibility for and to plan assistance services. Both hard and soft copies must be destroyed within one year if no assistance services are provided.



IOM RAPID SCREENING FORM FOR VULNERABILITY TO VIOLENCE, EXPLOITATION AND ABUSE

Section A: Interview Data	
A.1 - Date (yyyy/mm/dd):	
A.2 – Location: <i>The location of the interview. The correct location is very important for the coordination of assistance.</i>	Latitude (x,y °) : Longitude (x,y °) :
A.2.1 – Country: <i>The country in which the interview is conducted</i>	
A.3 - Name of Interviewer: <i>The name of the person conducting the interview</i>	
A.4 - Name of organization interviewer works for: <i>The organization that the interviewer works for</i>	
A.5 – Interpreter: <i>Whether or not an interpreter is used to conduct the interview</i>	<input type="radio"/> Yes A.5.1 – Interpreter name: _____ <i>The full name of the interpreter</i> <input type="radio"/> No
A.6 – Age group: <i>The age group of the individual being interviewed, used to display the correct consent form</i>	<input type="radio"/> Adult (18 and above) → please continue to section C <input type="radio"/> Child (below 18) → please continue to section B
A.7 – Notes: <i>Any notes on Section A</i> Indicate here if this a child who is separated or unaccompanied.	

Section B: Consent for the Legal Guardian (to be completed if individual is less than 18 years of age)

Attention: If the legal guardian does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization for Migration (hereinafter, "IOM") will **collect** the information of the child or individual with mental health issues during the interview, which will include some of their personal details (for example, their name, age, gender, marital status, etc.) and information about their migration experience (for example, how and why they travelled).
2. IOM will **use** that information gathered during the interview to identify any assistance needs that the child may have. If assistance needs are identified, IOM will try to provide them with the necessary assistance or refer them to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of their personal data.
3. In order to provide the child with assistance, IOM may need to **share** some of their personal data with other IOM staff members or offices. If IOM assists the child to access services from another person or organization,

Rapid Screening form

or if additional measures of care and protection are required (for example, if a child is involved, or if the individual has any physical or psychological impairments), we may need to share some personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share their personal information with others if you give us your permission.

4. IOM may **use** the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, the name and other identifying personal information from the individual interviewed will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If the child shares with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information about you with the authorities if you give us your permission.
6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide the child with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to the individual.
7. You can request IOM to access, rectify and delete the personal data of the individual interviewed, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

<p>B.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>B.2- Legal guardian's first and last name</p>	
<p>B.3- First and Last name of the child interviewed</p>	

I, [legal guardian's first and last name]_____ hereby authorize the International Organization for Migration (IOM) and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process the personal data of [first and last name of the child interviewed] _____ (hereinafter "the dependent") for as long as necessary to complete the assistance. I agree that the dependent's personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify the dependent's personal data on request by contacting IOM.

<p>_____</p> <p>B.4 - Signature of the IOM interviewer</p>	<p>_____</p> <p>B.5- Signature or mark of the legal guardian of the applicant</p>
---	--

Rapid Screening form

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

B.6 – Signature of the interpreter

C.4 – Notes:

Notes on Section C

→ Please proceed to section D

Section C: Informed consent (to be completed if individual is 18 and above)

Attention: If the individual does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization of Migration (hereinafter, "IOM") will collect your information during the interview, which will include some of your personal details (for example, name, age, gender, your marital status, etc.) and information about your migration experience (for example, how and why you travelled).
 2. IOM will use that information gathered during the interview to identify any assistance needs you may have. If assistance needs are identified, IOM will try to provide you with the necessary assistance or refer you to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of your personal data.
 3. In order to provide you with assistance, IOM may need to share some of your personal data with other IOM staff members or offices. If IOM helps you to access services from another person or organization, or if additional measures of care and protection are required (for example, if a minor is involved, or if you have any physical or psychological disorders), we may need to share some of your personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share your personal information with others if you give us your permission.
 4. IOM may use the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, your name and other identifying personal information will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
 5. IOM has an obligation to prevent harm from occurring to other people. If you share with us any information about other people who are in immediate danger, IOM may share this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.
 6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide you with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to you.
 7. You can request IOM to access, rectify and delete your personal data, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.
-

Rapid Screening form

C.1 - Do you fully understand and agree with these terms?

- Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.
- No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.

C.2- Individual's first and last name

I, [data subject's first and last name] _____ hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process my personal data for as long as necessary to complete the assistance.

I agree that my personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

C.3 - Signature of the IOM interviewer

C.4- Signature or mark of applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

C.5 - Signature of the interpreter

C.6 - Notes
Any notes on Section C

➔ **Please proceed to section D**

Rapid Screening form

Section D: Migrant data

What is your family name:

- Don't know
- Refused

What is your given name(s):

- Don't know
- Refused

What is your date of birth: dd/mm/year

Please specify if the date is an estimate or is exact.

- Estimate
- Exact
- Don't know
- Refused

What is your sex or gender:

- Don't know
- Refused

In what country do you normally live:

- Don't know
- Refused

In what country or countries do you have citizenship/nationality:

- Stateless
- Don't know
- Refused

What is your marital status:

- Single
- Married
- Divorced
- Widowed
- Co-habiting/living together/common law
- Don't know
- Refused

How many family / household members are here with you? Insert number

Please describe the types of family / household members here with you.

- Number of children 0 – 5 years of age: Insert number
- Number of children 6 to 17 years of age: Insert number
- Number of adults 18 to 64 years of age: Insert number
- Number of adults aged 65 or older: Insert number and ensure total matches number above

Rapid Screening form

Do you have any travel or identity documents with you, or do you have access to them:

- Yes
- No
- Don't know
- Refused
- Type:
- Number:
- Expiry date:
- Issuing entity:

Can we contact you to follow up?

- Yes
- No

If yes, how can we contact you?

- Telephone:
- Social media:
- Email:
- Location:

Are there any conditions for contacting you?

- No
- Yes

If yes, what are the conditions?

Section E: Rapid screening for migrant vulnerability to trafficking, violence, exploitation and abuse

What is your current migration status in this country?

Select all that apply.

- Asylum-seeker
- Asylum-seeker, rejected
- Citizen
- Foreign resident (regular)
- Foreign student (regular)
- Foreign worker (regular)
- Irregular migrant (irregular entry)
- Irregular migrant (overstayed)
- Refugee
- Stateless
- Don't know
- Refused
- Other [specify]:

Rapid Screening form

Why did you migrate/leave home?

Select all that apply.

- For work
- For education
- For health care
- For food and/or water
- Natural disaster
- Conflict, insecurity
- Climate change and/or environmental degradation
- Romantic relationship or marriage
- Bad family situation
- Family reunification
- Persecution
- Don't know
- Refused
- Other [specify]:

[to be completed by the interviewer/assessor] Is this context, and to the best of your knowledge, is the response to question "Why did you migrate/leave home?" an indicator of trafficking in persons?

- Yes
- No

[to be completed by the interviewer/assessor] Is this context, and to the best of your knowledge, is the response to question "Why did you migrate/leave home?" an indicator of vulnerability to violence, exploitation and abuse?

- Yes
- No

Who did you travel with?

Select all that apply.

- Alone
- With family
- With friend(s)
- Recruiter / agent / fixer
- Employer(s)
- Stranger(s)
- Smuggler(s)
- Trafficker(s)
- Don't know
- Refused
- Other [specify]:

[to be completed by the interviewer/assessor] Is this context, and to the best of your knowledge, is the response to question "Who did you travel with?" an indicator of trafficking in persons?

- Yes
- No

Rapid Screening form

[to be completed by the interviewer/assessor] Is this context, and to the best of your knowledge, is the response to question "Who did you travel with?" an indicator of vulnerability to violence, exploitation and abuse?

- Yes
- No

Have you been lied to, tricked, manipulated, indebted, forced, given false promises, or otherwise deceived in order to get you to travel?

- Yes
- No

Do you belong to a group that you believe is regularly discriminated against?

- Yes
- No

[If yes] To which group do you belong?

Select all that apply.

- Ethnic group
- Racial group
- Language group
- Sexual orientation
- Religious group
- Political beliefs
- Don't know
- Refused
- Other [specify]:

[to be completed by the interviewer/assessor] Is this context, and to the best of your knowledge, is the response to question "To which group do you belong?" an indicator of trafficking in persons?

- Yes
- No

[to be completed by the interviewer/assessor] Is this context, and to the best of your knowledge, is the response to question "To which group do you belong?" an indicator of vulnerability to violence, exploitation and abuse?

- Yes
- No

Do you have a physical or mental disability, are you currently sick or injured, or do you have medical needs?

- Yes
- No

Have you experienced any of the following either before or during your migration process?

Select all that apply.

- Violence
- Exploitation
- Abuse
- Abduction
- Threats
- Captivity

Rapid Screening form

- Coercion
- Don't know
- Refused
- Other [specify]:

What do you want to do next?

- Stay here
- Continue the migration journey [specify]
- Go home
- Claim asylum
- Don't know
- Refused
- Other [specify]:

Assessment

Is the individual vulnerable to trafficking, violence, exploitation, or abuse?

- Yes
- No
- Uncertain

Justify your decision

Should the individual be referred for in-depth screening?

- Yes. If there are any indicators that this person may be a victim of trafficking, refer them for victim of trafficking screening (or conduct this screening yourself)
- Yes. If there are no indicators of trafficking, but there are indicators of vulnerability, refer them for vulnerable migrant screening (or conduct the screening yourself)
- No. there are no indicators of trafficking or vulnerability, no further screening is required

Action

- IOM intake [If the individual is a victim of trafficking and is eligible for assistance under your program]
- IOM internal referral for further screening and/or assistance [If the individual has demonstrated indicators of human trafficking or vulnerability to or has experienced violence, exploitation or abuse, you can refer them for or conduct further screening using the applicable screening forms. If they have demonstrated other protection concerns and are eligible for IOM assistance, refer them to the appropriate IOM staff/program]

Rapid Screening form

- External referral [For cases where there are indicators of vulnerability or other protection issues, but there are no IOM programs for which the migrant is eligible or assistance is best provided by another organization.] Include the name of organization referred to: _____
- Assistance declined [You should still strive to provide the migrant with as much information as possible on where and when they can access services]

Before submitting, you must know...

[To the interviewer] The purpose of this form is to assess eligibility for and to plan assistance services. Both hard and soft copies must be destroyed within one year if no assistance services are provided.



IOM SCREENING FORM FOR VICTIMS OF TRAFFICKING

Introduction

This form identifies persons who are victims of trafficking.

When interviewing children, ensure to use child and age friendly language. Involve the legal guardian when the child does not understand a question.

The form is maintained by the Protection Division, contact: pxd@iom.int

Hints: The estimated time to conduct the regular screening and complete the form is between 15 to 30 minutes, depending on the complexity of the case. The consent section may take some time, familiarize yourself with section B and C in advance.

Section A: Interview Data	
A.1 - Date (yyyy/mm/dd):	
A.2 – Location: <i>The location of the interview. The correct location is very important for the coordination of assistance</i>	Latitude (x.y °) : Longitude (x.y °) :
A.2.1 – Country: <i>The country in which the interview is conducted</i>	
A.3 - Name of Interviewer: <i>The name of the person conducting the interview</i>	
A.4 - Name of organization interviewer works for: <i>The organization that the interviewer works for</i>	
A.5 – Interpreter: <i>Whether or not an interpreter is used to conduct the interview</i>	<input type="radio"/> Yes A.5.1 – Interpreter name: _____ <i>The full name of the interpreter</i> <input type="radio"/> No
A.6 – Age group: <i>The age group of the individual being interviewed, used to display the correct consent form</i>	<input type="radio"/> Adult (18 and above) → please continue to section C <input type="radio"/> Child (below 18) → please continue to section B
A.7 – Notes: <i>Any notes on Section A</i>	

Section B: Consent for the Legal Guardian (to be completed if individual is less than 18 years of age)

Attention: If the legal guardian does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization for Migration (hereinafter, "IOM") will **collect** the information of the child or individual with mental health issues during the interview, which will include some of their personal details (for example, their name, age, gender, marital status, etc.) and information about their migration experience (for example, how and why they travelled).
2. IOM will **use** that information gathered during the interview to identify any assistance needs that the child may have. If assistance needs are identified, IOM will try to provide them with the necessary assistance or refer them to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of their personal data.
3. In order to provide the child with assistance, IOM may need to **share** some of their personal data with other IOM staff members or offices. If IOM assists the child to access services from another person or organization, or if additional measures of care and protection are required (for example, if a child is involved, or if the individual has any physical or psychological impairments), we may need to share some personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share their personal information with others if you give us your permission.
4. IOM may **use** the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, the name and other identifying personal information from the individual interviewed will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If the child shares with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information about you with the authorities if you give us your permission.
6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide the child with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to the individual.
7. You can request IOM to access, rectify and delete the personal data of the individual interviewed, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

<p>B.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>B.2- Legal guardian's first and last name</p>	
<p>B.3- First and Last name of the child interviewed</p>	

I, [legal guardian's first and last name] _____ hereby authorize the International Organization for Migration (IOM) and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process the personal data of [first and last name of the child interviewed] _____ (hereinafter "the dependent") for as long as necessary to complete the assistance.

I agree that the dependent's personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify the dependent's personal data on request by contacting IOM.

B.4 - Signature of the IOM interviewer

B.5 - Signature or mark of the legal guardian of the applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

B.6 – Signature of the interpreter

B.7 - Notes

Any notes on Section B

→ Please proceed to section D

Section C: Informed consent (to be completed if individual is 18 and above)

Attention: If the individual does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization of Migration (hereinafter, "IOM") will collect your information during the interview, which will include some of your personal details (for example, name, age, gender, your marital status, etc.) and information about your migration experience (for example, how and why you travelled).
2. IOM will use that information gathered during the interview to identify any assistance needs you may have. If assistance needs are identified, IOM will try to provide you with the necessary assistance or refer you to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of your personal data.
3. In order to provide you with assistance, IOM may need to share some of your personal data with other IOM staff members or offices. If IOM helps you to access services from another person or organization, or if additional measures of care and protection are required (for example, if a minor is involved, or if you have any physical or psychological disorders), we may need to share some of your personal information with other organizations or competent

authorities to enable them to provide assistance. However, IOM will only share your personal information with others if you give us your permission.

4. IOM may use the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, your name and other identifying personal information will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If you share with us any information about other people who are in immediate danger, IOM may share this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.
6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide you with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to you.
7. You can request IOM to access, rectify and delete your personal data, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

<p>C.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>C.2- Individual's first and last name</p>	

I, [data subject's first and last name] _____ hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process my personal data for as long as necessary to complete the assistance.

I agree that my personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

C.3 - Signature of the IOM interviewer

C.4- Signature or mark of applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

C.5. – Signature of the interpreter

C.6. - Notes

Any notes on Section C

→ Please proceed to section D

Section D: Biographic and Demographic Data

This section can be (partly) completed by IOM staff with beneficiary information already provided in other forms to avoid respondent fatigue.

<p>D.1 - What is your family name: <i>Write "Don't Know" or "Refused" when applicable</i></p>	
<p>D.2 - What is your given name(s): <i>Write "Don't Know" or "Refused" when applicable</i></p>	
<p>D.2.1- What is your middle / father name(s):</p>	
<p>D.3 - What is your biological sex:</p>	<p><input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Don't know <input type="radio"/> Refused</p>
<p>D.4.1 - Which gender do you identify with:</p>	<p><input type="radio"/> Man <input type="radio"/> Woman <input type="radio"/> Trans/transgender <input type="radio"/> Trans/transgender man <input type="radio"/> Trans/transgender woman <input type="radio"/> Non-binary <input type="radio"/> No gender <input type="radio"/> Refused</p>
<p>D.4.2 - Do you identify yourself as a person with a disability?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused</p>
<p>D.5 - What is your date of birth? (yyyy-mm-dd)</p>	
<p>D.6 - Is the date of birth provided:</p>	<p><input type="radio"/> Exact <input type="radio"/> Estimate <input type="radio"/> Don't know <input type="radio"/> Refused</p>

<p>D.7 - In what country were your born: <i>Write "Unknown" or "Refused" when applicable</i></p>	
<p>D.8 - In what country do you normally live: <i>Write "Unknown" or "Refused" when applicable</i></p>	
<p>D.9 - Do you have citizenship/nationality:</p>	<p><input type="radio"/> Yes <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/> Stateless</p>
<p>D.9.1 - In what country or countries do you have citizenship/nationality:</p>	
<p>D.10 - What is your marital status:</p>	<p><input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Co-habiting/common law/living together <input type="radio"/> Don't know <input type="radio"/> Refused</p>
<p>D.11 - Do you have children under the age of 18?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused</p>
<p>D.12 - Do you have any travel or identity documents with you, or do you have access to them: <i>Write additional travel document information in the Notes section below (question D.17)</i></p>	<p><input type="radio"/> Yes D.12.1.1- Document type: _____</p> <p>D.12.1.2- Document number: _____</p> <p>D.12.1.3- Issuing date (yyyy-mm-dd): _____</p> <p>D.12.1.4- Expiry date (yyyy-mm-dd): _____</p> <p>D.12.1.5- Document photo: [yes] [no] <i>Please enclose a photo of the document if available</i></p> <p><input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused</p>
<p>D.13 - Do you have any family members with you:</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>D.14 - Number of family members that are with the person and are part of the assistance:</p>	

Data of family members that are with the migrant and are part of the assistance request

D.14.1 - Given name(s)	D.14.2 - Family name	D.14.3 - Biological sex	D.14.4 - Age
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	

<p>D.15 - Can we contact you to follow-up?</p>	<p><input type="radio"/> Yes</p> <p>D.15.1 - How can we contact you?</p> <p><input type="radio"/> Telephone</p> <p><input type="radio"/> Social media</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Location</p> <p><input type="radio"/> Don't know</p> <p>D.15.2- Contact information: _____ <i>Facebook, viber, telegram, WhatsApp</i></p> <p><input type="radio"/> No</p>
<p>D.16 - Are there any conditions for contacting you? <i>For example, call in specific time etc.</i></p>	<p><input type="radio"/> Yes</p> <p>D.16.1 - What are the conditions? _____</p> <p><input type="radio"/> No</p>

D.17 - Notes on section D:

→ Please proceed to section E

Section E: Victim of Trafficking screening

E.1- Can you explain, in your own words, your current situation?

Don't know Refused

E.2 Can you explain, in your own words, what happened that resulted in this situation?

Don't know Refused

When did this process start (mm/year)?

- Don't know
- Refused

How old were you when this process started?

Were you a child at start of process?

- Yes
- No
- Don't know
- Refused

Acts

Recruitment

Did you start this process on your own or did someone recruit you, convince you, or force you?

- On own
- Recruited/ Convinced
 - What did they offer or promise you?
 - Education
 - Employment
 - Relationship/marriage
 - Better life
 - Other [specify]
 - Don't know
 - Refused
- Forced
 - How did they force you?
 - Education
 - Employment

- Relationship/marriage
- Better life
- Other [specify]
- Don't know
- Refused
- Don't know
- Refused

Did you pay anyone any money during this process?

- Yes
- No
- Don't know
- Refused

Transportation

Did you travel during this process?

- Yes
- No
- Don't know
- Refused

[If yes] Did you arrange your own travel or did someone else arrange it for you?

- I arranged the travel myself
- Someone else arranged the travel for me
- Don't know
- Refused

Harbouring

During this process, did you arrange your own accommodations or did someone else arrange them for you?

- I arranged the accommodations myself
- Someone else arranged the accommodations for me
- Don't know
- Refused

Were you free and able to leave at all times?

- Yes
- No
- Don't know
- Refused

Transfer

If someone was arranging this process, did they ever hand you over or sell you to another person?

- Yes
- No
- Don't know
- Refused

[If yes] Were you free and able to say no?

- Yes
- No
- Don't know
- Refused

Receipt

Did anyone ever buy you from or take over from another person arranging this process?

- Yes
- No
- Don't know
- Refused

[If yes] Were you free and able to say no?

- Yes
- No
- Don't know
- Refused

Means (N/A to children)

During this process, were you controlled or deceived by other people?

- Yes
- No
- Don't know
- Refused

[If yes] How were you controlled or deceived by other people?

Threats

During this process, did anyone make threats against you or your loved ones?

- Yes
- No
- Don't know
- Refused

[If yes] Who made the threats and which kind of threats?

Use of force

During this process, did anyone ever use physical or psychological force against you or your loved ones?

- Yes
- No
- Don't know
- Refused

Did anyone ever give you drugs or alcohol to get you to do what they wanted?

- Yes
- No
- Don't know
- Refused

Coercion

During this process, did anyone ever make you feel like you had no choice but to do what they said?

- Yes
- No
- Don't know
- Refused

[If yes] Was this because someone limited your access to money?

- Yes
- No
- Don't know
- Refused

Was this because of money you or someone else owed?

- Yes
- No
- Don't know
- Refused

Did anyone take your travel or identity documents from you?

- Yes
- No
- Don't know
- Refused

Abduction

Were you abducted or kidnapped at any time during this process?

- Yes
- No
- Don't know
- Refused

Fraud

Did anyone trick you or lie to you during this process to get something from you, like money, or your labour, or sex?

- Yes
- No
- Don't know
- Refused

Deception

Did anyone lie to you during this process?

- Yes
- No
- Don't know
- Refused

If anyone promised you anything, did they keep their promise?

- Yes
- No
- Don't know
- Refused

Abuse of power

Was any person of authority, such as a parent, teacher, police officer, immigration officer, government official, boss, etc., involved in this process?

- Yes
- No
- Don't know
- Refused

Abuse of position of vulnerability

Do you feel that any person with authority over you took advantage of you during this process?

- Yes
- No
- Don't know
- Refused

Giving or receiving of payments and benefits

Do you know if there was any improper exchange of money, favours, labour, or sex related to this process?

- Yes
- No
- Don't know
- Refused

Purpose

Were you exploited during this process?

- Yes
- No
- Don't know
- Refused

[If yes] Can you explain?

Sexual exploitation

Were you involved in prostitution, sexual dancing, sexual massages, pornography, or other forms of sex-related work?

- Yes
- No
- Don't know
- Refused

[If yes] Were you aware that this was the kind of work you would be doing?

- Yes
- No
- Don't know
- Refused

Did you have control over your choices? For example, could you choose clients, choose to take days off, choose to use condoms, etc.?

- Yes
- No
- Don't know
- Refused

Forced labour or services

Were you forced to do work, for example as a domestic worker, farm worker, store clerk, fisherperson, or any other type of work, against your will?

- Yes
- No
- Don't know
- Refused

[If yes] What kind of work:

Were you aware that this was the kind of work you would be doing?

- Yes
- No
- Don't know
- Refused

Were your working conditions and pay as agreed?

- Yes
- No
- Don't know
- Refused

Were your working conditions fair and safe?

- Yes
- No
- Don't know
- Refused

Slavery or similar practices to slavery

Did you do any work for anybody during this process?

- Yes
- No
- Don't know
- Refused

[If yes] Were you paid for your work?

- Yes
- No
- Don't know
- Refused

Were you given enough time off?

- Yes
- No
- Don't know
- Refused

Were you free to stop working or to quit?

- Yes
- No
- Don't know
- Refused

Were you forced into a marriage against your will?

- Yes
- No

- Don't know
- Refused

Were you forced to work to pay off a debt, either your own or someone else's?

- Yes
- No
- Don't know
- Refused

Organ removal

Did you have any part of your body removed during part of this process, e.g., blood, tissue, or organs?

- Yes
- No
- Don't know
- Refused

Additional information

Did you experience sexual violence or abuse at any stage in this process?

- Yes
- No
- Don't know
- Refused

Were you free and able to leave if you wanted to?

- Yes
- No
- Don't know
- Refused

Did you incur any debts during this time?

- Yes
- No
- Don't know
- Refused

Did you experience any other form of exploitation?

- Yes
- No
- Don't know
- Refused

[If yes] Can you explain:

Section F: Assessment

The migrant is...

- Child (at present or at time of start of process):
 - Activity is present
 - Purpose is present

- Adult
 - Activity is present
 - Mean is present
 - Purpose is present

Is the individual a victim of trafficking?

- Yes
- No

Justify your decision

Action

- IOM intake [If the individual is a victim of trafficking and is eligible for assistance under your program]
- External referral [For cases where there are indicators of vulnerability or other protection issues, but there are no IOM programs for which the migrant is eligible or assistance is best provided by another organization.]
- Assistance declined [You should still strive to provide the migrant with as much information as possible on where and when they can access services]

Before submitting, you must know...

[To the interviewer] The purpose of this form is to assess eligibility for and to plan assistance services. Both hard and soft copies must be destroyed within one year if no assistance services are provided.

MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE	
Aim:	To identify MHPSS needs and provide adequate referrals for migrants on the move
Recommended interviewer:	IOM PXD, Protection and Health officers and lay Psychosocial Support Officers
General instructions:	<p>This tool includes two sets of questions:</p> <ul style="list-style-type: none"> ■ Sections A, B, C, D and E include the same questions of IOM's PXD Rapid Vulnerability Assessment Tools ■ Sections F, G, H, I and J pertain to MHPSS specific issues. <p>Be mindful of <u>not repeating</u> questions on Sections A, B, C, D, and E when using this tool as a complement to:</p> <ul style="list-style-type: none"> ■ 4-RSF: <i>IOM Rapid Screening Form for Migrants Vulnerable to Trafficking, Violence, Exploitation and Abuse</i> ■ 5-SFVEA: <i>IOM Screening Form for Migrants Vulnerable to Violence, Exploitation and Abuse</i> ■ 6-SFVOT: <i>IOM Screening Form for Victims of Trafficking</i> <p>Start on Section F if one of the PXD cited tools was already applied.</p> <p>Start on Section A if this information was not gathered previously.</p> <p>In Section E, question 7 collects very sensitive information. It is best to ask only when a trust relationship exists between the interviewer and the respondent, if timing allows.</p> <p>Repeated questions among tools are indicated with this mark: †</p>

TOOL SECTIONS		CONTENTS	TIME
PX D V U L N E R A B I L I T Y A S S E S S M E N T	Section A:	Interview Data †	10 min
	Section B:	Children (To be completed if individual is less than 18 years of age) †	
	Section C:	Informed Consent and/or Informed assent†	
	Section D:	Migrant Data†	
	Section E:	Rapid screening for migrant vulnerability to trafficking, violence, exploitation, and abuse†	
M H P S S A S S E S S M E N T	Section F	Context of the Assessment	1 min
	Section G:	Indicators for Urgent Referral to Lifesaving MHPSS services	2 min
	Section H:	MHPSS overall assessment	2 min
	Section I:	Kessler Psychological Distress Scale (K6) and scoring¹	10 min
	Section J:	MHPSS Recommended Actions	2 min

1 Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*. 60(2): 184–189.



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

Section A: Interview Data[†]

Date (dd/mm/year):	Location:
Name of interviewer:	Name of organization interviewer works for:
Interpreter used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of interpreter:	
Notes on Section A:	

Section B: Children (To be completed if individual is less than 18 years of age)[†]

Select the relevant scenario and proceed according to the corresponding instructions

<input type="checkbox"/> The guardian or appropriate authority has denied the request to interview the child, with or without their observation and/or participation.	Do not proceed with interview.
<input type="checkbox"/> The guardian or appropriate authority is present, has given consent for the interview to take place, and the guardian or appropriate authority will observe and/or participate in the interview.	Name of guardian or appropriate authority: _____ Relationship to child or role: _____ Signature: _____ ▶ Proceed to Section C
<input type="checkbox"/> The guardian or appropriate authority is not present but has given consent for the interview to take place without their observation and/or participation.	Name of guardian or appropriate authority: _____ Relationship to child or role: _____ Signature of IOM staff: _____ ▶ Proceed to Section C
<input type="checkbox"/> The guardian or appropriate authority is not present and cannot be contacted.	Waiver obtained from: _____ Waiver number: _____ Signature of IOM staff: _____ ▶ Proceed to Section C

Notes on Section B:



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

Section C: Informed Consent and/or Informed assent[†]

Has the individual been informed of the purpose of the interview? Yes No

If yes, go to the next question.

If no, inform the individual of the purpose.

Has the individual been informed on actual and potential use of the data that will be gathered in the interview? Yes No

If yes, go to the next question.

If no, inform the individual of the purpose.

Has the individual been informed on IOM's use of non-identifying data for research purposes? Yes No

If yes, go to the next question.

If no, inform the individual of use for research purposes.

Does the individual consent/assent to the interview? Yes No

If yes, complete signature section below.

If no, terminate the interview

Signature/fingerprint/mark of person being interviewed:

OR: IOM staff signature:

IOM staff signature indicates that verbal consent or assent has been obtained.

Notes on Section C:

[▶ Proceed to Section D](#)



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

Section D: Migrant Data[†]

What is your family name: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	What is your sex or gender: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
What is your given name(s): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	What is your date of birth: _____ <input type="checkbox"/> Estimate <input type="checkbox"/> Exact <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
In what country were you born: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	In what country do you normally live: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
In what country or countries do you have citizenship/nationality: _____ <input type="checkbox"/> Stateless <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	What is your marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Co-habiting/living together/common law <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Do you have children under the age of 18: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	Do you have any travel or identity documents with you, or do you have access to them: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused Type : _____ Number: _____ Expiry date: _____ Issuing entity: _____

Section D: (continued)

Can we contact you to follow up? Yes No

If yes, how can we contact you?

Telephone: _____

Social media: _____

Email: _____

Location: _____

Don't know

Are there any conditions for contacting you?

Yes No

If yes, what are the conditions?

Notes on Section D:

▶ Proceed to Section E



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

Section E: Rapid screening for migrant vulnerability to trafficking, violence, exploitation, and abuse[†]

1. What is your current migration status in this country?

- | | |
|--|---|
| <input type="checkbox"/> Asylum seeker | <input type="checkbox"/> Irregular migrant (overstayed) |
| <input type="checkbox"/> Asylum seeker, rejected | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Stateless |
| <input type="checkbox"/> Foreign resident (regular) | <input type="checkbox"/> Other [specify] _____ |
| <input type="checkbox"/> Foreign student (regular) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Foreign worker (regular) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Irregular migrant (irregular entry) | |

2. Why did you migrate/leave home? *Select all that apply*

- | | |
|--|--|
| <input type="checkbox"/> For work | <input type="checkbox"/> Romantic relationship or marriage |
| <input type="checkbox"/> For education | <input type="checkbox"/> Bad family situation |
| <input type="checkbox"/> For health care | <input type="checkbox"/> Family reunification |
| <input type="checkbox"/> For food and/or water | <input type="checkbox"/> Persecution |
| <input type="checkbox"/> Natural disaster | <input type="checkbox"/> Other [specify] _____ |
| <input type="checkbox"/> Conflict, insecurity | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Climate change and/or environmental degradation | <input type="checkbox"/> Refused |

2.1 Is this context, and to the best of your knowledge, is the response to Question 2 an indicator of:

[to be completed by the interviewer/assessor]

Trafficking in persons: Yes No

Vulnerability to violence, exploitation and abuse: Yes No

3. Who did you travel with? *Select all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Smuggler(s) |
| <input type="checkbox"/> With family | <input type="checkbox"/> Trafficker(s) |
| <input type="checkbox"/> With friend(s) | <input type="checkbox"/> Other [specify] _____ |
| <input type="checkbox"/> Recruiter / agent / fixer | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Employer(s) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Stranger(s) | |

3.1 Is this context, and to the best of your knowledge, is the response to Question 3 an indicator of:

[to be completed by the interviewer/assessor]

Trafficking in persons: Yes No

Vulnerability to violence, exploitation and abuse: Yes No

Section E: (continued)

4. Have you been lied to, tricked, manipulated, indebted, forced, given false promises, or otherwise deceived in order to get you to travel? Yes No

5. Do you belong to a group that you believe is regularly discriminated against? Yes No

5.1 Why did you migrate/leave home? *Select all that apply*

- | | |
|---|--|
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Political beliefs |
| <input type="checkbox"/> Racial group | <input type="checkbox"/> Other [specify] _____ |
| <input type="checkbox"/> Language group | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Religious group | |

5.2 Is this context, and to the best of your knowledge, is the response to Question 5.1 an indicator of:

[to be completed by the interviewer/assessor]

Trafficking in persons: Yes No Vulnerability to violence, exploitation and abuse: Yes No

6. Do you have a physical or mental disability, are you currently sick or injured, or do you have medical needs? Yes No

7. Have you experienced any of the following either before or during your migration process? *Select all that apply*

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Violence | <input type="checkbox"/> Captivity |
| <input type="checkbox"/> Exploitation | <input type="checkbox"/> Coercion |
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Other [specify] _____ |
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Threats | <input type="checkbox"/> Refused |

7.1 Is this context, and to the best of your knowledge, is the response to Question 7 an indicator of:

[to be completed by the interviewer/assessor]

Trafficking in persons: Yes No Vulnerability to violence, exploitation and abuse: Yes No

8. What do you want to do next?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Stay here | <input type="checkbox"/> Other [specify] _____ |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Don't know |
| [intended destination? _____] | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Go home | |
| <input type="checkbox"/> Claim asylum | |

Notes on Section E:

[▶ Proceed to Section F](#)



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

Section F: Context of the Assessment

Questions for Interviewer:

1. In what context is the person being assessed?

- a. During active transit (while on the move)
- b. While staying at migrants' shelter
- c. At a government reception center
- d. At disembarkation point
- e. At Point of Entry
- f. At detention center
- g. Other: _____

2. Are the person's basic needs currently covered?

- a. Access to safe and dignified shelter **Yes** **No**
- b. Access to culturally appropriate food **Yes** **No**
- c. Access to protection services **Yes** **No**
- d. Access to basic/emergency health services **Yes** **No**
- e. Access to basic/emergency mental health services **Yes** **No**
- f. Access to Water and Sanitation **Yes** **No**
- g. Other _____

Notes on Section F:

Section G: Indicators for Urgent Referral to Lifesaving MHPSS Services

Note to interviewer: Questions under this section are indicative for urgent referral to more specialized MHPSS services. These questions can be answered either by asking direct questions or by observation.

A common sign of delusion is when people have strange thoughts and/or indicate seeing, hearing, or feeling things that are not really there. A person's degree of functioning and disability can be assessed by observing their capacity to undertake simple tasks and demands, communicate with others, move their body, and carry out self-care routines. Be mindful that the migration context might be a relevant barrier that limits migrants' ability to function at their full capacity and this should not be mistaken for a mental disorder.

Questions to migrant:

1. Have you recently thought of and/or attempted to cause harm to yourself?

- a. Yes
- b. No
- c. Uncertain

2. Have you recently been violent to others in a way you couldn't control?

- a. Yes
- b. No
- c. Uncertain

3. Have you recently used alcohol or drugs over prolonged periods of time?

- a. Yes
- b. No
- c. Uncertain

4. Have you ever heard, seen, or felt things that other people couldn't, such as voices or noises?

- a. Yes
- b. No
- c. Uncertain

5. Have you been diagnosed and received treatment for a mental disorder in your past?

- a. Yes
- b. No
- c. Uncertain

If yes, which one: _____

6. If Respondent answered Yes to question G5: were you in treatment before departure?

- a. Yes

- b. No
- c. Uncertain

If yes, which one: _____

7. If respondents answered YES to question G6: Are you currently able to follow/adhere to this treatment?

- a. Yes
- b. No
- c. Partially

Questions to interviewer:

8. By observation, does the person seem able to:

- a. Undertake simple tasks and demands **Yes** **No**
- b. Communicate with others **Yes** **No**
- c. Move their body and use transportation **Yes** **No**
- d. Carry out simple self-care routines **Yes** **No**

9. By observation, do you consider that the persons' current level of functioning is compromised in a way that produces disability?

- a. Yes
- b. No
- c. Uncertain

Notes on Section G:

Section H. MHPSS overall assessment

Questions to migrant:

1. Please describe your main problems or concerns right now:

In migrant's own words:

2. How heavy does this situation/problem feel for you?

1. Easy
2. Somewhat difficult
3. Difficult
4. Very difficult
5. I can't handle it at all

3. How do you cope with these problems or concerns?

In migrant's own words:

Note for interviewer: *the respondent might mention adaptative coping skills (i.e., reach out to support network, own emotional resources, sport or recreation), and/or maladaptive coping skills (i.e., substance use, sexually risky behavior, other).*

4. Do you have support from someone to face these problems or concerns?

1. Friends
2. Family
3. Community
4. Institutions
5. None
6. Other

Notes on Section H:



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

Section I: Kessler Psychological Distress Scale (K6) and Scoring

Aim: The Kessler Psychological Distress Scale (K6) is a simple measure of psychological distress which involves six questions about a person's emotional state. These questions support the process of discriminating cases of Serious Mental Illness from non-cases, to proceed with urgent referral.

Each question is scored from 0 (None of the time) to 4 (All of the time). Scores of the 6 questions are then summed, yielding a minimum score of 0 and a maximum score of 24. Low scores indicate low levels of psychological distress, and high scores indicate high levels of psychological distress.

Questions to migrant:

The next questions are about how you have been feeling during the past 30 days.

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	(IF VOL) DON'T KNOW	(IF VOL) REFUSED
Item value	4	3	2	1	0	8	9
<p>1. About how often during the past 30 days did you feel nervous?</p> <p>— would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>2. During the past 30 days, about how often did you feel hopeless?</p> <p>All of the time, most of the time, some of the time, a little of the time, or none of the time?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>3. During the past 30 days, about how often did you feel restless or fidgety?</p> <p>(IF NEC: all, most, some, a little, or none of the time?)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>4. How often did you feel so depressed that nothing could cheer you up?</p> <p>(IF NEC: all, most, some, a little, or none of the time?)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>5. During the past 30 days, about how often did you feel that everything was an effort?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

(IF NEC: **all**, **most**, **some**, **a little**, or **none** of the time?)

6. During the past 30 days, about how often did you feel **worthless**?

(IF NEC: **all**, **most**, **some**, **a little**, or **none** of the time?)

○ ○ ○ ○ ○ ○ ○

N/A N/A

SUM PER COLUMN + + + + =
**TOTAL
SUM SCORE**

*Urgent referral is required if respondent scores 13 points or higher

INTERVIEWER K6 TRAINING NOTES:

1. All bolded words in questions should be emphasized by voice inflection.
2. All parenthetical phrases in questions are optional.
3. "IF NEC" means "if necessary." The interviewer should prompt Respondent with the response categories, using the truncated wording when specified, until Respondent has learned them well enough to respond without prompting.
4. "IF VOL" means "if volunteered." If the Respondent volunteers one of the specified responses, that response should be recorded without additional probing.
5. If the Respondent uses responses that are not included among the pre-specified responses (e.g., a response of "quite a bit of the time") the interviewer should repeat the response options once. If the respondent continues to give a response other than those that are prespecified, the interviewer should code the response as a refusal with a marginal note describing the exact response that was given.



MHPSS RAPID SCREENING FORM FOR MIGRANTS ON THE MOVE

Section J. MHPSS Recommended Actions

Checklist for interviewer:

High Risk Markers	YES	NO	UNCERTAIN
1 Harm to oneself (G1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Violence towards others (G2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Substance use (G3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Delusion (G4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Non-compliance with treatment for mental illness (G 8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Disability (G 9-10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 High Distress (Kessler scale +13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Prior history of victimization (E 7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Refer to immediate MHPSS support if each of items 1-7 is marked YES. Offer options for non-immediate referral if item 8 only is marked YES.</p>			

MHPSS Recommended action

1. Urgent referral to immediate lifesaving mental healthcare
2. Referral for further MHPSS screening
3. Referral for counselling and/or support services
4. No further action needed

IOM INTERVIEW CONSENT FORM FOR ADULTS

[If the individual interviewed is a child or an adult with a mental disability, you must use the IOM Interview Consent Form for the Legal guardian instead.]

Please request the individual to carefully read and agree to the following (read the text to them if necessary):

Attention: If the individual does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization of Migration (hereinafter, "IOM") will **collect** your information during the interview, which will include some of your personal details (for example, name, age, gender, your marital status, etc.) and information about your migration experience (for example, how and why you travelled).
2. IOM will **use** that information gathered during the interview to identify any assistance needs you may have. If assistance needs are identified, IOM will try to provide you with the necessary assistance or refer you to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of your personal data.
3. In order to provide you with assistance, IOM may need to **share** some of your personal data with other IOM staff members or offices. If IOM helps you to access services from another person or organization, or if additional measures of care and protection are required (for example, if a minor is involved, or if you have any physical or psychological disorders), we may need to share some of your personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share your personal information with others if you give us your permission.
4. IOM may **use** the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, your name and other identifying personal information will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If you share with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.

6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide you with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to you.

7. You can request IOM to access, rectify and delete your personal data, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

Do you fully understand and agree with these terms?

Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.

No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.

I, [data subject's first and last name]_____ hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process my personal data for as long as necessary to complete the assistance.

I agree that my personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

Signature of applicant

Signature of the IOM interviewer

If interpreter is used:

I, [interpreter's first and last name]_____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that he/she understands while respecting the content of the Form faithfully.

Signature of the interpreter



IOM INTERVIEW CONSENT FORM FOR THE LEGAL GUARDIAN

Please request the legal guardian to carefully read and agree to the following (read the text to them if necessary):

Attention: If the legal guardian does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization of Migration (hereinafter, “IOM”) will **collect** the information of the child or individual with mental health issues during the interview, which will include some of their personal details (for example, name, age, gender, your marital status, etc.) and information about their migration experience (for example, how and why they travelled).
2. IOM will **use** that information gathered during the interview to identify any assistance needs that the child or individual with mental health issues may have. If assistance needs are identified, IOM will try to provide them with the necessary assistance or refer them to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of their personal data.
3. In order to provide the child or the individual with mental health issues with assistance, IOM may need to **share** some of their personal data with other IOM staff members or offices. If IOM assists the child or the individual with mental health issues to access services from another person or organization, or if additional measures of care and protection are required (for example, if a child is involved, or if you have any physical or psychological disorders), we may need to share some personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share their personal information with others if you give us your permission.
4. IOM may **use** the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, the name and other identifying personal information from the individual interviewed will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
5. IOM has an obligation to prevent harm from occurring to other people. If the child or migrant with mental health issues share with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.

6. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide the child or the migrant with mental health issues with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM could provide to you.
7. You can request IOM to access, rectify and delete the personal data of the individual interviewed, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

Do you fully understand and agree with these terms?

Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.

No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.

I, [legal guardian's first and last name] _____ hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process the personal data of _____ [first and last name of the child or individual with mental health issues interviewed] (hereinafter "the dependent") for as long as necessary to complete the assistance.

I agree that my personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

Signature of the IOM interviewer

Signature or mark of the legal guardian of the applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that he/she understands while respecting the content of the Form faithfully.

Signature of the interpreter

Date (dd/mm/year): _____

Case number: _____

The individual has been identified as [below] AND is eligible for IOM assistance

- | | | |
|---|---|--|
| <input type="checkbox"/> AVR(R) case | <input type="checkbox"/> Medical case | <input type="checkbox"/> Unaccompanied / separated migrant child |
| <input type="checkbox"/> Migrant vulnerable to violence, exploitation, or abuse | <input type="checkbox"/> Stranded migrant | <input type="checkbox"/> Victim of trafficking |
| <input type="checkbox"/> Other [specify]: _____ | | |

Project code: _____ Percentage: _____

Project code: _____ Percentage: _____

Beneficiary declaration

Completed by: the beneficiary the guardian or appropriate authority

- I understand that IOM is offering to provide me with assistance services that meet my needs, to the best of their ability based on resources and services available.
- I understand that my participation in any and all actions related to this assistance is voluntary, and that I may withdraw from the assistance programme at any time.
- I understand that any personal data collected from me by IOM will be used by IOM to help me access services I need, and may be shared with external service providers, but only with my permission.
- I understand that IOM uses non-identifying information for research purposes.

Beneficiary signature/fingerprint/mark: _____ Date (dd/mm/year): _____

IOM staff responsible:

Case Manager (if known): _____ Manager: _____

Does the beneficiary have accompanying child(ren) and/or other dependents? Yes No

If yes, please specify:

First name(s)	Family name	Sex	Age
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	



IOM EXTERNAL REFERRAL FORM

Date (dd/mm/year): _____

Case number: _____

Please specify the services that are needed from an external service provider

- | | | |
|---|--|---|
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Document assistance | <input type="checkbox"/> Education and training |
| <input type="checkbox"/> Food | <input type="checkbox"/> Income generation / employment | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> Medical care | <input type="checkbox"/> NFIs (clothes, personal care, etc.) | <input type="checkbox"/> Psychosocial |
| <input type="checkbox"/> Secure shelter | <input type="checkbox"/> Substance dependencies treatment | <input type="checkbox"/> Safety and security |
| <input type="checkbox"/> Refugee status determination | <input type="checkbox"/> Other [specify]: _____ | |

Has the individual already been referred to external service providers? Yes No

If yes, please specify:

Services requested	Name of service provider	Service provider notified by IOM	Individual provided with contact details
<input type="checkbox"/> Accommodation		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Document assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Education and training		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Food		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Income generation / employment		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Legal assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medical care		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> NFIs (clothes, personal care, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Psychosocial support / counselling		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Secure shelter		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Substance dependencies treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Safety and security		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Refugee status determination		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other [specify]:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consent to be referred to an external service provider

Section A: Consent for the Legal Guardian (to be completed if individual is less than 18 years of age)

Attention: If the legal guardian does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization for Migration (hereinafter, "IOM") will **use** the information gathered during the interview to identify any assistance needs that the child may have. If assistance needs are identified, IOM will try to provide them with the necessary assistance or refer them to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of their personal data.
2. In order to provide the child with assistance, IOM may need to **share** some of their personal data with other IOM staff members or offices. If IOM assists the child to access services from another person or organization, or if additional measures of care and protection are required (for example, if a child is involved, or if the individual has any physical or psychological impairments), we may need to share some personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share their personal information with others if you give us your permission.
3. IOM may **use** the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, the name and other identifying personal information from the individual interviewed will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
4. IOM has an obligation to prevent harm from occurring to other people. If the child shares with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information about you with the authorities if you give us your permission.
5. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide the child with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM or other people or organizations could provide to the individual.
6. You can request IOM to access, rectify and delete the personal data of the individual interviewed, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

<p>B.1 - Do you fully understand and agree with these terms?</p>	<p><input type="radio"/> Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.</p> <p><input type="radio"/> No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.</p>
<p>B.2- Legal guardian's first and last name</p>	
<p>B.3- First and Last name of the child interviewed</p>	

I, [legal guardian's first and last name] _____ hereby authorize the International Organization for Migration (IOM) and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process the personal data of [first and last name of the child interviewed] _____ (hereinafter "the dependent") for as long as necessary to complete the assistance.

I agree that the dependent's personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify the dependent's personal data on request by contacting IOM.

B.4 - Signature of the IOM interviewer

B.5- Signature or mark of the legal guardian of the applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

B.6 – Signature of the interpreter

B.7 - Notes

Any notes on Section B

Section B: Informed consent (to be completed if individual is 18 and above)

Attention: If the individual does not understand and agree with any of the following terms, the interview cannot be completed.

1. The International Organization for Migration (hereinafter, "IOM") will use the information gathered during the interview to identify any assistance needs you may have. If assistance needs are identified, IOM will try to provide you with the necessary assistance or refer you to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of your personal data.
2. In order to provide you with assistance, IOM may need to share some of your personal data with other IOM staff members or offices. If IOM helps you to access services from another person or organization, or if additional measures of care and protection are required (for example, if a minor is involved, or if you have any physical or psychological disorders), we may need to share some of your personal information with other organizations or competent authorities to enable them to provide assistance. However, IOM will only share your personal information with others if you give us your permission.
3. IOM may use the data collected during this interview for statistical analysis and research purposes. Any data used for these purposes will be anonymous. For example, your name and other identifying personal information will be removed before anyone uses the data for statistical analysis and research purposes. Aggregate/statistical data may be used by IOM to inform relevant policies and guidance and raise awareness on migration-related matters.
4. IOM has an obligation to prevent harm from occurring to other people. If you share with us any information about other people who are in immediate danger, IOM may share this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.
5. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide you with assistance. You agree to provide accurate and true information, understanding that withholding such information may impact on the full range of support that IOM or other people or organizations could provide to you.
6. You can request IOM to access, rectify and delete your personal data, and you can file complaints related to your personal data by contacting IOM at hq@iom.int.

B.1 - Do you fully understand and agree with these terms?

- Yes, I fully understand and agree with the above paragraphs, and I freely consent to the collection and processing of my personal data and to continue the interview.

- No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.

B.2- Individual's first and last name

I, [data subject's first and last name] _____ hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share, retain and otherwise process my personal data for as long as necessary to complete the assistance.

I agree that my personal data may be disclosed to the following third parties: _____ [e.g., relevant institutions/ governmental entities, NGOs, research institutions, donors, etc.] to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

B.4 - Signature of the IOM interviewer

B.5- Signature or mark of applicant

If interpreter is used:

I, [interpreter's first and last name] _____ hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that they understand while respecting the content of the Form faithfully.

B.6 – Signature of the interpreter

B.7 - Notes

Any notes on Section C

Case number:

Date:
Case manager name:

Identified need	Goal/desired outcome	Barriers	Person responsible	Time frame

IOM SERVICES PROVIDED FORM

Case number:

Case manager:

Services provided	Date(s) of provision:	Comments	Status
Alternative care arrangement			
Best Interests Assessment			
Best Interests Determination			
Case management			
Cash			
Clothing and personal items			
Counselling, information, and referral			
Documentation assistance			
Education and training			
Financial services			

Food and nutrition			
Health and well-being			
Legal assistance			
Livelihoods and income generation			
MHPSS			
Non-food items (NFI)			
Shelter/accommodation/housing			
Security assessments, planning, and mitigation			
Travel and transportation			
Travel and transportation: escort			
Water, sanitation and hygiene			
Other, specify:			
Other, specify:			

Other, specify:			
Other, specify:			

IOM MONITORING FORM

Date (dd/mm/year): _____

Case number: _____

 Has the individual consented to initial monitoring? Yes No

First follow up / monitoring

Date (dd/mm/year): _____

Services accessed (*please specify*):Pending needs (*please specify*):
 Has the individual consented to further monitoring? Yes No

Second follow up / monitoring

Date (dd/mm/year): _____

Services accessed (*please specify*):Pending needs (*please specify*):
 Has the individual consented to further monitoring? Yes No

Third follow up / monitoring

Date (dd/mm/year): _____

Services accessed (*please specify*):Pending needs (*please specify*):

Case closure/transition

Date (dd/mm/year): _____

Describe if and how case has been satisfactorily closed or transitioned to other service providers or otherwise no longer requires IOM follow up.

IOM CASE CLOSURE FORM

Date:

Case number:

Case manager name:

Reason for case closure:

Summary of assistance provided:

Assessment of sustainability:

Is beneficiary aware of case closure? Yes No

How were they informed?

Case transfer or follow-up plan:

[If transfer have relevant releases of information been obtained and copies placed in file?]

Case Manager Signature:

Date:

Supervisor Signature:

Date:

ANNEX 14

NASW Standards for Social Work Case Management⁵²

The National Association of Social Workers is a global leader in setting standards of care in case management. The 2013 NASW Standards for Social Work Case Management are issued here by permission in their original form.⁵³

Standard 1. Ethics and Values

The social work case manager shall adhere to and promote the ethics and values of the social work profession, using the NASW Code of Ethics⁵⁴ as a guide to ethical decision making in case management practice.

Standard 2. Qualifications

The social work case manager shall possess a baccalaureate or advanced degree in social work from a school or programme accredited by the Council on Social Work Education; shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which she or he practices; and shall possess the skills and professional experience necessary to practice social work case management.

Standard 3. Knowledge

The social work case manager shall acquire and maintain knowledge of current theory, evidence informed practice, sociohistorical context, policy, research, and evaluation methods relevant to case management and the population served, and shall use such information to ensure the quality of case management practice.

Standard 4. Cultural and Linguistic Competence

The social work case manager shall provide and facilitate access to culturally and linguistically appropriate services, consistent with the NASW Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice⁵⁵.

⁵² The NASW standards are used here for reference, but other relevant national standards and tools can also be applied, as appropriate.

⁵³ Copyrighted material reprinted with permission from the National Association of Social Workers, Inc.

⁵⁴ Available at www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English.

⁵⁵ Available at www.socialworkers.org/LinkClick.aspx?fileticket=PonPTDEBrn4%3D.

Standard 5. Assessment

The social work case manager shall engage clients— and, when appropriate, other members of client systems—in an ongoing information-gathering and decision-making process to help clients identify their goals, strengths, and challenges.

Standard 6. Service Planning, Implementation and Monitoring

The social work case manager shall collaborate with clients to plan, implement, monitor, and amend individualized services that promote clients' strengths, advance clients' well-being, and help clients achieve their goals. Case management service plans shall be based on meaningful assessments and shall have specific, attainable, measurable objectives.

Standard 7. Advocacy and Leadership

The social work case manager shall advocate for the rights, decisions, strengths, and needs of clients and shall promote clients' access to resources, supports and services.

Standard 8. Interdisciplinary and Interorganisational Collaboration

The social work case manager shall promote collaboration among colleagues and organisations to enhance service delivery and facilitate client goal attainment.

Standard 9. Practice Evaluation and Improvement

The social work case manager shall participate in ongoing, formal evaluation of her or his practice to advance client well-being, assess the appropriateness and effectiveness of services and supports, ensure competence, and improve practice.

Standard 10. Record Keeping

The social work case manager shall document all case management activities in the appropriate client record in a timely manner. Social work documentation shall be recorded on paper or electronically and shall be prepared, completed, secured, maintained, and disclosed in accordance with regulatory, legislative, statutory and organisational requirements.

Standard 11. Workload Sustainability

The social work case manager shall responsibly advocate for a caseload and scope of work that permit high-quality planning, provision and evaluation of case management services.

Standard 12. Professional Development and Competence

The social work case manager shall assume personal responsibility for her or his professional development and competence in accordance with the NASW Code of Ethics, the NASW Standards for Continuing Professional Education, and the licensure or certification requirements of the state(s) or jurisdiction(s) in which the social worker practices.

