

Caritas

Manual

Reintegration of Disadvantaged and Vulnerable persons in Mongolia, Pakistan and Iraq.

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Introduction

Reintegration, after a forced or voluntary return to one's home country, is often the last step in a long and failed migration cycle. Refugees, asylum seekers, regular and irregular migrants flee persecution, civil wars, violent conflicts and root causes of poverty. On their search of protection and/or a secured future for them and their children, many become stranded in Europe. The months and years these groups spend in Europe are accompanied by detention, over-lengthy asylum procedures, and none or very restricted access to the regular labour market. Asylum seekers often have to live in reception centres and/or are assigned housing that restricts their liberty and right of free movement. Asylum seekers are not permitted to work until a final legal decision on the question of whether they are allowed to stay in Europe has been reached. This constant uncertainty is extremely stressful for refugees and migrants; some of whom might already have experienced traumatising events during their smuggling or trafficking to Europe, and/or whilst being detained.

If it is not an option for the migrant to stay in Europe (e.g. the asylum request has been refused, a detention order has been filed, or personal issues demand the person's return), the migrant may seek help from assisted voluntary return (AVR) programmes, offered by several organisations across Europe.¹

After the person's return the reintegration process starts. This process is a complex matter that becomes even more complex when vulnerable and/or disadvantaged persons return to their home countries. Special focus needs to be placed on the identification of vulnerability and the specific needs of vulnerable returnees during the reintegration process.

Target group of this manual

This manual on the Reintegration of vulnerable returnees aims to respond to those specific needs of vulnerable returnees. It aims to sensitise reintegration counsellors in Europe and in the countries of origin (CoO) to the social and economic reintegration of disadvantaged persons. The manual details good practice enabling return/reintegration counsellors to apply lessons learned by practitioners to their own experiences in the field. The manual stands as a practical guide and training tool that has been developed within the implementation of the project ERSO-SURE, and serves as a set of standards for the ERSO-Network in working with vulnerable returnees.

Overview ERSO-SURE

The ERSO-Network was established in 2007². Since then, all ERSO projects have been implemented through a secured, web-based ERSO-platform. Each individual ERSO staff member has restricted access to relevant data for a specific project he/she is working on. Once the client has made a voluntary decision to return, and this decision is based on counselling about all viable options, prospects and a thorough risk-assessment, the returnee can apply for assistance from an assisted voluntary return and reintegration project.

The ERSO-Network is a network of several European Reintegration Support Organisations working closely together in the field of migration and development. The network's objective is to collect and exchange expertise, best practice and information concerning voluntary return and reintegration. The ERSO-Network also develops and implements EU co-financed, joint projects aiming to enhance the reintegration of voluntary returnees and thus the sustainability of the return, as well as to build up capacities of local organisations in the Countries of Origin (CoOs) working in the area of reintegration. Please visit: www.erso-project.eu

ERSO-SURE is one such EU co-financed joint project – the name stands for "Sustainable Return (of Vulnerable and Disadvantaged Persons)". The project was implemented from November 2012 to April 2014 by Caritas Austria in cooperation with Caritas International Belgium, Caritas Mongolia, European Technology and Training Centre Iraq (ETTC), Maatwerk bij Terugkeer Netherlands, METAction Greece, Refugee Action UK, and WELDO Pakistan. The project assisted 100 vulnerable returnees to reintegrate in three CoOs, namely Mongolia, Pakistan, and Iraq by providing them with tailor-made reintegration support and assistance. ERSO-SURE developed vulnerability criteria for returnees, specific to these countries, built-up capacities of the local partners, and developed this manual.

¹ AVR programmes are not part of this manual and will only be covered if relevant to the reintegration of vulnerable persons.

² The ERSO-Network started as regular meetings of a small group of interested NGOs in 2005 and 2006, and developed into a concept for networking, information and knowledge sharing as well as transnational casework, that was implemented in a joint ERSO project, co-funded by the EC, in 2007.

Assessed need for reintegration projects for vulnerable returnees

ERSO-SURE was built according to identified gaps in successful reintegration of vulnerable returnees – for example:

- The lack of knowledge on how to recognise indicators of vulnerability and, once identified, reintegration tools and mechanisms that lacked in both the European countries and the CoO. Thus the target group of vulnerable, disadvantaged returnees did not receive the most appropriate response to their specific needs.
- The lack of sufficient and effective services and networks in CoO (in-country networks), as well as networks between service providers in the European countries and those in some CoO (trans-national/continental networks). The lack of networks meant that the needs of the target groups were not addressed in the most effective and efficient way.
- The lack of reintegration assistance (programmes) in some member states of the European Union (EU) was thought to decrease the likelihood for sustainable reintegration whilst increasing the likelihood of renewed migration.
- The absence of a coherent support system adjusted to the living costs of the respective CoO, which provides the same assistance to everybody including vulnerable/disadvantaged returnees independent of the Member State in which the returnee lives, or the CoO to which he or she returns. Currently, there are different systems in place that contribute to an imbalanced system and increase disparity between returnees after their return. For example:
 - a). Austria does not provide any additional assistance to vulnerable returnees. Every adult returnee receives up to € 370 and every child up to € 200 from the Austrian government that is seen as pure cash support. Reintegration programmes are available for certain CoO. Participants are not selected because of their needs or vulnerability but are eligible depending on their nationality, and only if no exclusion grounds appear such as a criminal record, a short stay in Austria, etc.
 - b). In Belgium asylum seekers receive € 2.200 if the person leaves within 30 days after he/she received a deportation order. The person receives only € 700 if they return from day 31 to one year after the deportation order, and only if the deportation order is based on a failed regularisation or a second asylum procedure. Vulnerable returnees (including irregular migrants) obtain an additional € 500, for example for medical treatment. Unaccompanied Children receive € 2200 if they return before the age of 21, and the legal guardian/parent of the child receives an additional amount up to € 700. There is no reintegration support available for irregular migrants.
 - c). The Netherlands provides refused asylum seekers with € 1.500 in-kind support for adults and € 2.500 for children³. In addition, depending on the returnee's case, up to € 2.250 in cash assistance per adult/UAC and € 980 for an accompanied child. Irregular migrants in some cases receive in-kind reintegration support, with a maximum of € 500 cash assistance⁴ for adults and € 100 for children.
 - d). In the United Kingdom asylum seekers, refused asylum seekers, families and those with some forms of temporary leave are eligible for £1500 (single people) or £2000 (families) per person - £500 as cash support and the remainder in-kind. Vulnerable irregular migrants can apply for up to £ 1,000 reintegration assistance but this form of support is rarely granted. The UK Home Office must agree that the applicant meets their definition of vulnerability, and the applicant must provide proof of his or her vulnerability, which is not always easy to obtain (e.g. if a person has been trafficked).
 - e). Organisations providing pre-return assistance lacked adequate information about services for vulnerable and disadvantaged returnees and reintegration in the CoO. The 'Comparative Study⁵ on Best Practices to interlink pre-departure reintegration measures carried out in Member States with short-term and long-term reintegration measures in the countries of return' showed insufficient links established between reintegration assistance providers in EU member states and CoOs. Reintegration assistance could not, as it preferably should, start in the European country because of this lack of information, and vulnerable persons returned to an uncertain future, not knowing who to turn to for assistance after arrival.

³ The Manual prefers to use the term 'children' rather than minors in line with Article 1 of the UN Convention on the Right of the Child: 'For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.'

⁴ Returnees to certain countries are not eligible for that kind of support, e.g. 'high income' countries such as Russia are excluded, as well as citizens from other nationalities being able to enter the Netherlands on a visa waiver.

⁵ ICMPPD, ECRE and Matrix Insight Ltd, Comparative Study on Best Practices to interlink pre-departure reintegration measures carried out in Member States with short-term and long-term reintegration measures in the CoOs, January 2012, http://ec.europa.eu/home-affairs/doc_centre/immigration/docs/studies/ECHOMEREINTEGRATION_Final-January_2012.pdf

Recommendations

Policy makers are recommended to:

- Adopt a broader definition of vulnerability, such as e.g. illiteracy or single women returning to specific countries, etc.
- Adopt country-specific vulnerability criteria instead of generalised ones applying to all countries of origin
- Adjust the amounts of reintegration assistance to the actual living costs in the country of origin
- Allow returnees to apply for the support of reintegration programmes up to 18 months after return
- Support all vulnerable returnees financially, regardless of their legal status
- Ensure referral of all vulnerable returnees to specialist organisations for support both pre and post-return
- Include medication as a part of the reintegration package for persons suffering from chronic diseases for the first 12 months after return
- Create coherence and flexibility of funding lines that are financing voluntary return in Europe and reintegration assistance in the countries of origin

I.) Indicators and identification of vulnerability

I.1.) Objective

On completing this chapter, reintegration counsellors will be able to⁶:

- Explain vulnerability
- Identify indicators of vulnerability that relate to a specific situation of a CoO
- Assess vulnerability

I.2.) Introduction

This chapter is intended to assist return and reintegration counsellors in Europe and in the CoO, who need to define indicators for vulnerability in order to assess a client's vulnerability in her/his specific CoO.

I.3.) General indicators of vulnerability

According to Article 5 (2) of Decision No 575/2007/EC of the European Parliament and of the Council⁷, actions supported by the European Return Fund may in all cases of return include specific assistance for vulnerable persons such as children, unaccompanied children, disabled people, elderly people, pregnant women, single parents with children, and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence.

Here is a list of general indicators; the list is not exhaustive.

- Children
- Unaccompanied children (UAC)
- Single parents with children
- Elderly people
- Pregnant women
- People with physical disabilities or learning difficulties
- People with physical or mental health problems or illnesses
- People who are expected to face major challenges in reintegrating and finding a sustainable solution due to their individual background (e.g. illiteracy, little education and lack of a social network)
- Traumatized people
- Victims of violence (e.g. persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence)
- Members of specific communities facing repression, prejudice or other forms of discrimination or discriminatory violence in their country of origin
- Women (and men) who are in danger of becoming victims of forced marriages, genital mutilation or trafficking for sex, domestic servitude and/or labour purposes
- Single women/female headed households returning without any family support (to certain countries)

Each individual in each case needs to be assessed separately during the pre-return counselling in Europe. The counsellor should check a list of indicators, predefined according to the specific situation in the CoO. If the returnee meets one or more of the indicators, he or she may be considered as vulnerable or disadvantaged.

I.4.) Specific indicators of vulnerability corresponding to the country of origin

A list of country specific vulnerability indicators can for example be based on past experiences of reintegration of returnees to the selected CoO and/or on independent CoO information research. CoO information regarding the human right situation can be found e.g. at [refworld](#) or [ecoi](#). Information on return and reintegration to certain CoO can be found at the [IRRIco](#) website.

To exemplify an analysis of past experiences, the enclosed table lists major challenges in 2012 for successful reintegration in Pakistan, Iraq, and Mongolia. The lists were based on past experiences of ERSO-Network organisations in the CoO and are not exhaustive.

⁶ Full credit is given to UNODC that developed this specific structure, including the tools of case examples and self-assessment, which has been borrowed from its diverse manuals.

⁷ Decision No 575/2007/EC of the European Parliament and of the Council of 23 May 2007 establishing the European Return Fund for the period 2008 to 2013.

Country of origin	Main reintegration challenges
Pakistan	<ul style="list-style-type: none"> • Returnees with mental health problems are marginalized and hence hardly receive (or get access to) suitable care. • Returning single women often face isolation, harassment and in some cases assault. In addition, they struggle setting up businesses without male support and financial support. • Returning young people are often excluded from education due to the lack of financial means.
Iraq	<ul style="list-style-type: none"> • Young returnees who were raised in Europe or having lived in Europe for several years face extreme difficulties to (re) adjust to the Iraqi culture and social structures. • Returnees who suffer from post-traumatic stress disorder (PTSD) are left without psychological/psychiatric support. • Returning unaccompanied children (UAC) need re-established family contacts; without this social network, chances to survive are nearly zero.
Mongolia	<ul style="list-style-type: none"> • Young uneducated Mongolian returnees, who faced restricted access to education in Europe as well as after return are confronted with harsh obstacles to enter the labour market. • Returning families with children or returning single mothers are especially often left without housing after return. • Returning substance abusers (alcoholism is a common illness) are often in need of medical support, which is hardly available or affordable

Using this model, vulnerability criteria for returnees to these countries were developed at the beginning of the ERSO-SURE project. The established criteria built on the above-mentioned major challenges, but were developed solely by the organisations in the CoO. The rationale for this approach was that local organisations are most qualified to assess the economic and social situation in the country, to assess potential challenges and thus set vulnerability criteria for the reintegration of returnees from Europe.

However, during the first implementation phase of the project, the ERSO-SURE partners became aware that the criteria developed by partners in countries of return varied from the indicators European-based practitioners had developed. ERSO-SURE reintegration counsellors further experienced that vulnerability can also occur after a person's return, even where it is not evident pre-return. Consequently, renewed ERSO-SURE vulnerability criteria were developed, this time built upon the experiences of EU-based partner organisation and partners in countries of return.

Lessons learnt

- Vulnerability criteria are relative and specific to the country of origin but also to experiences gained while being in Europe; criteria should be considered within this context
- Vulnerability can occur after return

Both tables from the CoO and the EU were merged to produce the final matrix you see below; it was applied in the ERSO-SURE project as set indicators of vulnerability. The matrix does not claim to be exhaustive.

Pakistan

- Returnees suffering from mental illnesses and traumatic stress symptoms (advice from overseas partner is that people in this situation should generally not return, as standards in facilities, if admissible, are sub-standard)
- Returnees with substance abuse disorders
- Returnees with disabilities
- Returnees suffering from chronic diseases
- Returning victims of trafficking of labour/domestic/sexual exploitation/servitude/violence
- Returning UAC
- Returning orphans
- Returning single (pregnant) women (risk of honour killing)
- People at risk of being subjected to forced marriages
- Returning women without male relatives
- Returnees without a minimum social network/family to receive financial support
- Returnees without a minimum social network/family to receive housing
- Returning elderly people (Note: explore whether providing with cash would increase vulnerability as it can easily be taken from them either at arrival or by their families)
- Returnees who have lived in Europe for years (lack of local language and/or previous integration into social norms increases their vulnerability)
- Returning unskilled persons (lack of English esp. increases their vulnerability)
- Irregular migrants, who fit one or more of the above mentioned criteria (e.g. visa overstayers, students, etc.)

Iraq

- Returnees suffering from mental illnesses and traumatic stress symptoms Returnees with disabilities
- Returnees with substance abuse disorders
- Returnees suffering from chronic diseases
- Returning victims of trafficking of labour/domestic/sexual exploitation/servitude/violence
- Returning children within families (difficult to provide with social and/or educational services)
- Returning women with children
- Returning UAC
- Returning single (pregnant) women
- Returnees who have lived in Europe for years (lack of local language and/or previous integration into social norms increases their vulnerability)
- Returning unskilled persons (lack of English esp. increases their vulnerability)
- Returning uneducated persons
- Irregular migrants, who fit one or more of the above mentioned criteria (e.g. visa overstayers, students, etc.)
- Persons from Baghdad or Southern-Iraq returning to Northern-Iraq

Mongolia

- Returnees suffering from mental illnesses and traumatic stress symptoms Returnees with disabilities
- Returnees with substance abuse disorders
- Returnees suffering from chronic diseases
- Returning victims of trafficking of labour/ domestic / sexual exploitation / servitude/ violence
- Returning children
- Returning single (pregnant) women
- Returning single parent
- Returnees without a minimum social network/family to receive financial support
- Returnees without a minimum social network/family to receive housing

- Returnees who have lived in Europe for years (lack of local language increases their vulnerability)
- Returning unskilled persons (lack of skills and education esp. increases vulnerability)
- Irregular migrants, who fit one or more of the above mentioned criteria (e.g. visa overstayers, students, etc.)
- Returning students without access to state funding
- Mongolian returnees without legal documents (and thus limited access to services increases their vulnerability)

Once the EU-based reintegration counsellor has identified the vulnerability criteria, he/she will perform a first assessment of the client's vulnerability. He/she as one part of a Focal Point for a specific CoO will then hand on this first assessment to the reintegration counsellor in the CoO, who represents the other part of a Focal Point for this specific CoO within ERSO-SURE.

The ERSO-Network developed the structure of Focal Points, and works with a well-established system of such. Each single Focal Point is responsible for coordinating the reintegration of all returnees within Europe to one specific country. For example the Focal Point Mongolia is Caritas Austria and Caritas Mongolia. The Focal Point partner in the CoO for e.g. Mongolia, discusses the assessment with the EU-based part that performed the assessment, e.g. Caritas Austria, and afterwards approves or disapproves it. In case of a disagreement between the two Focal Point partners, the organisation in the CoO has the casting vote.

I.5.) Assessment of a returnee's vulnerability

Case example

1) Mr. X had lived under deteriorating circumstances in Austria for several years. He had been staying in Austria for more than a decade. While being in Austria, he had started to abuse drugs, got imprisoned for drug possession as a consequence, and was in an overall poor mental health condition. Mr. X decided to voluntarily return to Pakistan after his asylum application was finally denied. Mr. X had no medical certificates that would either prove his mental health status, nor his drug addiction.

Is Mr. X⁸ a vulnerable returnee?

Conducted independent CoO research and based on past experiences of the partner in Pakistan identified his 12-year absence from Pakistan as a strong indicator that Mr. X will face major problems in adapting to and reintegrating in his CoO. He would be confronted with the stigma of mental illness and drug abuse, he further has been living in a European culture for a long time, and might have difficulties readjusting to local cultural structures and conduct. Therefore Mr. X has to be considered a vulnerable returnee.

2) Mr. Y voluntarily returned to Iraq after staying more than 12 years in Belgium. He had applied for asylum and tried to settle in Belgium but faced many difficulties. He felt as if he had lost 12 years of his life, years in which he would have liked to start a family and to gain work experience, to set up a business and to build a home. He realised he would return to a country that had changed tremendously over the past years and was very insecure about his decision to return. The reintegration counsellor in Belgium put Mr. Y in contact with the partner organisation in Erbil, Iraq, so that Mr. Y could discuss all his concerns about the potential return with somebody local. Only once he had established enough trust was he convinced that the partner organisation in Erbil would be a point of reference for him after his return. Mr. Y trusted that he would receive social support, and he started to believe in his own abilities and empowerment to be able to reintegrate ("to make it").

Is Mr. Y a vulnerable returnee?

Mr. Y is a typical case of becoming vulnerable through the long absence from his CoO, having lived in different cultures, and needing to trust that he would not be left alone once he returned. Therefore Mr. Y met the criteria of a vulnerable returnee. Soon after arrival, Mr. Y contacted the partner organisation and sought advice which he followed and support which he accepted.

⁸ All case examples are real reintegration cases; names and dates have been changed to protect the returnees' identities.

Mr. Y was very grateful to the organisation for keeping its “promises”. Following counselling he decided to stay with his mother, who still lived in Iraq, where he would be supported in his slow readaptation to the unknown new environment. His local reintegration counsellor supported him, and the more Mr. Y expressed difficulties in reconnecting with former friends and contacts, the more his reintegration counsellor encouraged him to make concrete future plans and to focus on his former skills. Mr. Y raised the idea of working as a transporter again, like he used to. The social support was essential for Mr. Y’s motivation to rebuild a life again. Currently Mr. Y is working at his brother’s farm and the local partner organisation contributes a substitute to his monthly salary. Mr. Y’s siblings are likewise very supportive of their brother. When recently visited, Mr. Y expressed his happiness about being back, saying that he feels socially well integrated and that he would like to get married and find better employment.

Self-assessment

- What are general indicators for vulnerability?
- Why are these indicators relevant for your work?
- Depending on the countries you work with, are you aware of any other indicators of vulnerability based on your past working experience?
- What indicators have other organisations working in similar fields identified?
- Are there any country-specific indicators you should add or you want to do research about?

II.) Groups of vulnerable returnees

The following chapters are drawn from the experience and expertise gained through working with the reintegration of individuals in ERSO-SURE, who belonged to one or more of the below listed groups of vulnerable returnees. Please note that the list is not exhaustive.

- Persons suffering from mental illnesses or traumatic stress symptoms
- Returnees suffering from chronic diseases, physical health problems and returnees with disabilities
- Returning elderly persons
- Returnees with substance abuse disorders
- Returning unaccompanied (UAC) and accompanied children
- Returning single mothers and (pregnant) women

Return and reintegration can have complicated consequences at the social and psychological level of the returnee. After having migrated to Europe, many need to accept that their migratory route has ended, and assisted return may be one of the only options. This realisation and the unknown future cause anxieties, especially amongst vulnerable returnees. Many have been in medical and/or psychological treatment, received psychosocial support or had access to institutions specialising in the care of elderly people, women or children; services that might not be available in his/her CoO.

II.1.) Objective

On completing this chapter, reintegration counsellors will be able to:

- Understand how the process of return might affect the mental and physical health of vulnerable returnees, or exacerbate mental or physical health problems
- Determine mental health and other psychosocial support needs of vulnerable returnees
- Know how to develop an appropriate reintegration process according to the specific kind of vulnerability

II.2.) Introduction

This chapter focuses on the effects of return on vulnerable returnees, and explores the implications these effects may have on the reintegration process of the individual person. Each group is discussed separately and suitable measures are suggested to support their sustainable reintegration.

II.3.) Returnees suffering from mental illnesses and traumatic stress symptoms⁹

Most refused asylum seekers and (ir)regular migrants will have suffered one or more traumatic events during their journey to Europe and will have adopted psychological tactics to cope with the effects of these events. For example coping mechanisms such as traumatic stress symptoms or a mental illness. To be able to adequately support returnees suffering from mental health issues, it is important to be well informed about Mental Health and Psychosocial Support Services (MHPSS).

What is “Health”?

Health – “the complete physical, mental and social wellbeing of a person and not merely the absence of disease or infirmity.” (WHO, 1946)

What is “Mental Health”?

Mental health – cognitive, behavioural and emotional wellbeing sufficient for functioning and meeting the demands of one’s life.

What is “Psychosocial (wellbeing)”?

Psychosocial well-being - “the positive state of being when an individual, family or community thrives. It is influenced by the interplay of human capacity (psychological and physical), social ecology and culture and values.” (IFRC 2009)

And what are MHPSS Interventions?

“Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Although the terms mental health and psychosocial support are closely related and overlap, they reflect different, yet complementary, approaches.”

⁹ This chapter is based on a training provided by Drs. Leslie Snider, World Trauma Foundation, Jelly van Essen, Complex Trauma Center, Dr. Rawisht Rasheed, Emergency Management Center, ‘Helping the Journey Home, Mental Health and Psychosocial Support for Vulnerable Returnees’, 18-20 Nov 2014, Erbil, Iraq

“The composite term mental health and psychosocial support (MHPSS) serves to unite as broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing appropriate supports.”
(IASC Guidelines on MHPSS in Emergencies, 2007)

Whatever traumatic event might have happened to the returnee, various factors will influence how the person is going to respond to it. Two people experiencing the same event may have very different reactions to it. Factors that influence how well one copes with the effects are:

- 1) The person/personal factors, such as: the person's age, education, health, marital status, previous experiences with trauma, personality, and available social support.
- 2) The intensity of the event, if it is sudden or expected, at one specific time or ongoing, and the person's proximity to the event; events can be: a major loss, an illness, the death of loved ones, moving or displacement, a natural disaster or a conflict.
- 3) The environment/context, for example: Is there a stable leadership, government, civil society, are there functioning institutions (education) and adequate infrastructure and services (health, social services). And last
- 4) The community of the returnee: Is it a cohesive community or does it have communal conflict, are there past major shared experiences (displacement, conflict), is the community considered as a vulnerable or marginalized group, or are there vulnerable/marginalized groups within the community and is the returnee part of such a group, is there poverty or wealth?

The safer and more stable these factors are, the more likely it is that the person will reintegrate successfully into his/her home country. Equally central for the reintegration is psychosocial support for the returnee as all returnees go through an adjustment process, and most will benefit from psychosocial support through the process. Some will need higher level care as well – treatment from mental health professionals (counselling, medication). People tend to feel better over the long-term if they feel safe, if they are connected to others, if they are calm and hopeful (Hobfoll 2007). The returnee should have access to social, physical, and emotional support. Physical support can be about meeting basic needs. The person will be able to help him/herself once they regain a sense of control¹⁰.

Most returnees experience negative events in their lives, and these are sometimes traumatic. Several negative experiences can accumulate and can cause so-called cumulative (traumatic) stress, which is equally serious. Such traumatic events can vary significantly; they can be neglect, maltreatment, migration per se, displacement, losses, violence, war, etc. Reactions to cumulative traumatic stress might be: Sleeping problems, anxiety, irritability, aggression, personality and identity changes (unusual behaviour) that affect the sufferer's relationship with family and friends; and the development of post-traumatic stress disorder (PTSD) or depression.

Persons suffering from PTSD or depression may show the following symptoms: Lack of energy; feeling tired; no energy to look after themselves or their family; helplessness; sadness; worthlessness; isolation from friends and family, not wanting to talk or be with others; difficulty sleeping; loss of interest in usual activities in life; anxiety; thoughts of death.

What can you do if you work with a returnee who shows symptoms of cumulative traumatic stress? What is your role in that case? And what do you need from others?

Establish an intervention plan that is based on the following principles: engagement and respect; mutual planning; the returnee's priorities; knowing what is possible and realistic; knowing your limits of what you can provide; practical, social and emotional types of support; referrals to family and community resources; monitoring and if necessary adjusting the intervention plan.

Persons with mental health issues need medical treatment and support in the same way as persons with an illness. The appropriate doctors to address these issues are psychiatrists and psychologists.

¹⁰ Reference to the 5 key factors associated with resilience according to Hobfoll: feeling safe, connected to others, calm/hopeful, having access to social/physical/emotional support, and feeling the ability to help themselves (regaining control).

What to do if you do not have any psychologist, psychiatrist, and/or mental health institution to refer your client to?

Establish relevant networks by mapping the resources regularly used in your work with returnees and reintegration. Include any institutions or people that might be of support, use formal and informal contacts. Once contacts or a network of mental health resources have been established, agree on a referral process that guarantees confidentiality, and get professional advice on certain warning signs (e.g. suicidal thoughts) in the returnee's behaviour to identify when referral is needed; always follow-up on the referral.

Lessons learnt

- Vulnerable returnees, who are aggressive or appear to be unmotivated or even 'lazy' may suffer from a mental illness
- Mental illness is not yet considered nor addressed routinely, in the way that it should be when reintegrating vulnerable returnees

Thus it is recommended:

Local counsellors should receive trainings on basic skills, such as communication, conflict resolution, engagement, expectations setting, etc. to adjust and better navigate serious challenges they encounter with angry, distressed or traumatized clients

Encourage a mapping of existing MHPSS resources in order to develop a broader in-country referral base – even where there is little state support there are often formal or informal contacts that can assist

Utilize local mental health providers for on-going case consultations, supervision and staff support

Following the advice of the mental health experts, an appropriate response should be identified and incorporated into the reintegration process of a returnee suffering from a mental health issue

Case example

Mr. Z had been living in Great Britain and decided to voluntarily return to Iraqi Kurdistan. He was a young, single man who decided to live with his family after his arrival. In his first reintegration counselling meeting with the partner organisation in the CoO, the reintegration counsellor noticed that Mr. Z did not respond to the counselling as expected.

Contrary to cultural norms for men of his age he did not talk much and he did not answer any questions – he simply sat quietly, appearing to be lost in his own thoughts. It seemed clear to the reintegration counsellor that Mr. Z had some form of a mental illness.

What could be the next steps?

As a first step, Mr. Z's meeting was rescheduled and he was requested to be accompanied by his father. That way, the reintegration counsellor had the opportunity to talk with a relative who might know more about Mr. Z's health condition. During the second meeting, the reintegration counsellor then advised them to visit a local psychiatrist. The local psychiatrist diagnosed Mr. Z with depression and prescribed medication. Over a period of three months Mr. Z slowly became better, and later decided to start to work in his relative's Mini-Market. With the assistance of the partner organisation in Kurdistan, Mr. Z got a one-year working contract. He is regularly visited by the partner organisation in order to monitor his reintegration progress, and to support him to remain focused on his career. Mr. Z expressed that he was feeling much better, and that other parts of his life were positively affected by having a job. His mental and emotional health condition has improved but Mr. Z is still on medication and under psychiatric supervision. Recently Mr. Z has changed job, he is now working in a relative's restaurant, and the partner organisation is co-funding his position with a salary subsidy.

Self-assessment

- What kind of MHPSS do you think are present amongst the returnees you work with?
- What sort of psychological reaction have you identified amongst people considering return, before they leave?
- What kind of psychological barriers can occur for the returnee after arrival?
- Are there any in-country networks on mental health issues in the CoO you work with? If not could any be developed?
- Do you think that having a deeper understanding of MHPSS would be useful for your (and your colleagues') work? If so how could you obtain this increased knowledge?

Aggressive Behaviour

Every reintegration counsellor reported having worked with returnees who demonstrated aggressive behaviour, and found it useful to identify how to react appropriately.

Aggression, in its broadest sense is behaviour, or a disposition that is forceful, hostile or attacking. It may occur either in retaliation or without provocation. Aggression is intended to cause harm or to increase relative social dominance. It can take a variety of forms and can be physical or be communicated verbally or non-verbally ¹¹.

How to deal with aggressive behaviour?

- Stay calm, remain polite and respectful
- Keep eye contact, do not smile
- Remain seated
- Keep your voice low, do not answer with an angry or loud voice
- Do not enter a discussion, but tell the returnee you can see he/she is angry
- Ask him/her politely but firmly to stop using this behaviour because he/she is scaring you (set a boundary)
- When he/she continues, tell him/her that you really want him/her to stop his/her behaviour and that you cannot talk with him/her when he/she behaves in that way (explain the consequences)
- When he/she still continues: ask him/her to leave the room. You might give him/her a choice in order to leave him/her in control, and ask i.e., do you want to leave the room yourself or do you want me to ask someone to help?

Take precautions when you know that persons can become aggressive

- Take care that your seat is always nearest to the door
- Warn colleagues and ask them to be on stand by
- Be aware of the security rules of your organization (who to call, how to reach a security guard, what to do)
- Discuss security issues with your colleagues and managers in order to develop a plan for dealing with any incidents

II.4.) Returnees suffering from physical and chronic diseases and returnees with disabilities

Patients with chronic diseases are most likely to have received some form of medical treatment in Europe. Return results in the person being pulled out of this supportive network, and that fact will put additional stress on the already ill person. Thus part of the reintegration plan for returnees suffering from chronic diseases is to ensure the continuation of medical treatment in his/her home country prior to the departure, including clarifying access and availability of these medical services. The same applies to returnees with disabilities if the person's wellbeing depends on certain therapies. The partner in the CoO should establish the necessary contacts with pharmacies to give advice on the availability of specific medication as well as making contact with local physicians before the arrival of the patient.

If the returnee has to transfer medication with him/her to the CoO, the European physician should be requested to write an accompanying note that the medication is only for self-use, in order to avoid any difficulties on entry to the country. Depending on the returnee's specific needs, access to disability-friendly occupation and housing, access to special education facilities as well as strong social support from either the family or friends should be part of the reintegration plan to ensure a fruitful professional and social reintegration of the vulnerable person.

II.5.) Returning elderly persons

In addition to the above steps, depending on the physical and mental health condition of an elderly returnee, it is important for elderly returnees to re-establish contact with his/her social network - either relatives or friends are crucial for his/her efficacious reintegration in society. With the returnee's agreement, availability of housing and any care opportunities should be discussed with either the family, or a public or private care service provider, if accessibility and affordability allows for such an option prior to departure.

II.6.) Returnees with substance abuse disorders

Similar to persons with mental health issues it is advisable to contact the returnee's physician to learn about his/her clinical needs in order to include them in his/her reintegration plan. The physician should, with the patient's permission, advise on: kind and duration of addiction(s), potential infections, mental health issues, prescribed medication or substitute drugs. If the returnee would like to take part or is already taking part in a rehabilitation programme – a precondition is the local availability and affordability - this should be incorporated into the reintegration plan. Also for returnees with addictions, as for all vulnerable returnees, a strong support network of family and friends add to the likelihood of positive social and as a consequence professional reintegration.

II.7.) Returning unaccompanied (UAC) and accompanied children

All reintegration interventions taken must be in the best interests of the child. The best interests of the child must be assessed by its legal guardian in the European country, the reintegration counsellor in the European country as well as the partner organisation in the CoO. An independent risk assessment should be carried out by a qualified organisation to establish any risks the child may face on return, for example where there is any evidence of domestic violence, of a risk to the child on return, or where the parent may struggle to adequately support the child etc. The qualified organisation can then recommend an action that is in the best interests of the child. Where possible this should include an in-country assessment to establish his/her reception needs. If the assessment recommends that a reunification of the child with its family is in his/her best interests, supporting contact to the remaining family/relatives in the home country should be established as a precondition of return. It is of crucial significance that the child and the family/relatives have been involved in the decision to reunite, and are committed to this process.

What steps in the return process are of importance? What kind of information do I need to collect for a proper assessment?

- 1) Gather general information on the situation in the CoO and provide it to the UAC.
- 2) Commission a risk assessment from an independent, specialist trained organisation, to ensure that the family do not pose a risk to the child. If they do not, restore the contact with the family in the CoO, and make them aware of the planned return of the child. Start the mediation between the family and the child, ensuring that the child's views are heard. You might want to request specialized persons to assist you, e.g. the youth-authorities who hold the legal guardianship of the child.
- 3) Before departure inform the returnee in a child-friendly way about what happens next.
- 4) The parents, alongside the partner organisation and in some cases the youth authorities will take over the reintegration support after arrival.
- 5) Keep on monitoring the reintegration process of the child in the CoO and kindly request regular feedback from your partner organisation in the CoO.

In preparing for his/her return, different organizations should be involved at different stages. The partners and their roles and expectations should be clearly set out and agreed in the early stages of return planning. If needed and if qualified social workers are available, the child can be accompanied by the reintegration counsellor in the CoO when it is socially reintegrating into his/her family.

If the child cannot return to his/her family due to the lack of means to care for the child or violence and domestic abuse, AVR may not be an option. Ideally, the reintegration plan foresees the secured education of the returning child. UAC, who have spent many years in the European country are in particular need of additional assistance with accrediting European school certificates in his/her home country, and with reintegration in the local school structures.

The child's needs and vulnerability is often overlooked as the reintegration process focuses on the parent(s). As stated, special emphasis should be put on providing age-friendly information about the return to the child, as well as on potential impacts of return for his or her life. Children who are born in Europe might need preparatory language courses for successful integration in the CoO's education system.

It is also important to explore issues of parental responsibility, such as the consent from the absent parent for the child to return. In addition, children may need referral for legal advice for example if one of the parents is an EU citizen; in this case the child might be eligible for his/her parent's citizenship, as might the spouse.

II.8.) Returning single mothers and (pregnant) women

Single mothers and (pregnant) women are very vulnerable due to the stigma they face in certain cultures in their CoO. Similar to UAC, if there are no risks to re-establishing contact, a potential family reunification – if the returnee wishes so – might be advisable. Otherwise, to ensure successful economic reintegration of the female returnee, affordable (part-time) childcare should be made available, where required, in the CoO. The reintegration counsellor should also take available information on admission requirements for kindergartens and schools in the CoO into consideration. The returning mother will be in need of additional assistance in accrediting any European school certificates of the child in his/her home countries.

In cases of extreme vulnerability e.g. where there is evidence of a planned female genital mutilation (FGM) or forced marriage in the CoO, or of any other form of domestic and/or sexual violence after return, an external risk assessment should be carried out by a specialist-trained organisation. The same applies to evidence of high risk that the individual might become subject to trafficking for labour and/or sexual purposes or domestic servitude.

III.) Tailor-made reintegration assistance of vulnerable returnees

III.1.) Objective

On completing this chapter, reintegration counsellors will be able to:

- Understand the process of a full reintegration cycle
- Know how to tailor reintegration assistance in cooperation with the vulnerable returnee
- Start to counsel and effectively reintegrate vulnerable returnees

III.2.) Introduction

This chapter describes the return and reintegration of a vulnerable person in practical means, including the application process for a reintegration programme, the identification of vulnerability, the actual return, and useful communication tools to build a reintegration plan, and finally the closing monitoring process.

III.3.) Procedures between partners in the countries of origin and partners in Europe

Before the actual reintegration work can start, appropriate partnership agreements between European countries and CoOs should be in place, including an outline of their respective roles and responsibilities and the agreed modus operandi. The below introduced work procedures serve as a good-practice model. They were developed by the ERSO-Network members, and have been applied by the ERSO-Network for several years; this modus operandi is field-tested and proven to be both efficient and effective.

Role and responsibilities of partners in the CoO

- If possible and upon request, inform and advise the client prior to his/her departure
- Establish a first contact with the reintegration counsellor in the CoO before departure
- Be in direct contact with the returnee after his/her return for at least 6 months, and in extremely vulnerable cases (UAC, women) for minimum 12 months
- Assist the returnee in his/her reintegration process in accordance with what has been agreed prior to departure
- Inform the European partner about unforeseen circumstances, problems, success or failure of the returnee's individual reintegration project; write narrative reports
- Be in charge of the financial monitoring of the reintegration process. Check whether all invoices are provided, whether the available reintegration assistance was spent according to the respective agreement, and process the client's payments after approval
- Provide information on the situation in the CoO, and opportunities available to vulnerable returnees in order for European return counsellors to assist individuals in their pre-departure planning
- As for any organisation, the local partner shall have the right to refuse a client if the client poses a risk to the partner (e.g. they threaten physical or verbal violence)

Role and responsibilities of partners in the European countries

- Inform, counsel and advise the client prior to his/her departure
- Assist in establishing a first contact with the reintegration counsellor in the CoO before departure
- Develop a reintegration plan with the client
- Be in direct contact with the partner in the CoO after his/her return for at least 6 months, and in extremely vulnerable cases (UAC, women) for minimum 12 months
- Inform the partner in the CoO about unforeseen circumstances, problems, success or failure of the returnee's individual return; write narrative reports
- Be in charge of the financial controlling of the reintegration process. Check whether all invoices are provided, whether the available reintegration assistance was spent according to the respective agreement and individual reintegration plan
- Provide information on the situation in the European country, and opportunities available to vulnerable returnees in order for reintegration counsellors in the CoO to assist individuals in their reintegration planning

Cooperation between partners

- Each partner in the CoO has a primary contact with one European partner. The partner in the CoO shall be contacted by this specific European partner (a so-called 'Focal Point' for the CoO), if feasible. However, other European partners may contact the Focal Point directly, in a way that has been agreed upon
- The partner in the CoO should be contacted as early as possible in the counselling process of an individual returnee
- The partner in the CoO shall be duly informed about what exactly is expected. In case of unrealistic expectations, they should have the opportunity to refuse or propose alternatives.

III.4.) The application process for an assisted reintegration programme

Within the ERSO-Network applications can be processed through the ERSO-platform, as both parts of the Focal Point, the partner in the European country and the partner in the return country have access to it. Each client's application sheet is tailored to the respective reintegration project, and tested regarding its user-friendliness in a pilot phase, before being applied. The client-application-sheet used in this project as good-practice model is attached (Annex II). The disaggregated data and the vulnerability section of the application sheet uses multiple choice for later professional analysis of statistical data. All personal data is handled with full confidentiality, and is not shared with any third party. The information collected is processed anonymously by group, ensuring that it is not possible to identify a returnee.

III.5.) The assessment of vulnerability

As introduced in chapter I.3, in order to identify a returnee's vulnerability, his/her current situation in the European country as well as his/her expected future situation after return, have to be assessed. Such an assessment can be conducted by interviewing the returnee on the basis of structured questions framed to cover all potential aspects of vulnerability.

If a questionnaire is used for the assessment, the questions should be answered completely and comprehensively in order to accurately respond to challenges that might occur in the reintegration process. This allows partner organisations in the CoO to prepare the most effective assistance.

If vulnerability is difficult to assess, and in all cases when working with unaccompanied children, an external risk and best interests assessment should be requested from an independent, specialist-trained organization.

If identification is done on the basis of general criteria of vulnerability and the returnee does not fall under one of the categories, it is important to note that this does not necessarily mean that the person is not vulnerable or might not become vulnerable upon return. Whether a client is vulnerable depends (also) on the situation in the CoO – vulnerabilities may emerge once the person is within the local context. It is therefore strongly advised to look into current options to cover the specific needs of a returnee (by CoO information research, and by contacting local structures in the CoO, etc.), such as support facilities, institutions, and services available for specific mental and/or physical health conditions, persons with a disability, elderly, children, single mothers, etc.

III.6.) The actual return ¹²

Before the returnee flies back to his/her home country, a few things should be kept in mind. If the vulnerable client is in physical or psychiatric medical treatment, the respective physician should be informed about the return and asked to provide a written statement outlining whether the person is declared fit for travel. If the doctor states that the returnee cannot travel alone, and depending on the health situation of the returnee, it may be necessary to arrange accompanying medical or social staff. Ideally shortly before the flight a meeting between the returnee, his/her physician (psychiatrist) and either the medical or social escort should be arranged.

Persons with addictions might suffer additional stress during the journey. With no access to addictive substances, the returnees might be more nervous and/or aggressive than usual.

In addition, communication and/or religious barriers should be taken into consideration.

If continuity of healthcare is required (e.g. in case when regular kidney dialysis or cancer treatment is needed), measures should be taken to ensure continuity of medical care is in place before departure and after arrival, to avoid complications caused by delayed treatment.

Elderly persons might be fragile, immobile and/or mentally weakened. A long journey might be extremely exhausting for persons of an older age; therefore the travel should be arranged in a way that allows for maximum rest and recuperation.

Ideally, airport assistance in transit zones should be arranged prior to departure and after arrival to support the returnee with his/her luggage if they will find it physically difficult to manage this themselves. A journey with a lot of luggage can also be a tremendous challenge for a pregnant woman or single mother and her children, and for returnees with disabilities, especially if the person needs assistive devices.

Returnees are encouraged to establish contact with their social environment before departure. Depending on the wishes of and/or the family's relationship with the returnee, ideally his/her family, relatives and friends, will meet the vulnerable person at the airport. The fact that the vulnerable person is immediately surrounded with people he/she trusts influences the further reintegration progress positively as the first, and often the most difficult step back into the community has been taken.

If this is not feasible, the partner in the CoO should be asked to assist the returnee with their onward journey within the country, to their final place of residence.

III.7.) The individual reintegration plan ¹³

Once the vulnerable returnee has arrived in his/her home country, the client will visit the partner in the CoO typically within the first month. To guarantee this first interaction, especially when dealing with vulnerable persons, the reintegration counsellors are advised to request contact data of relatives before the returnee leaves Europe. In case the returnee is mentally or physically not able to contact the partner organisation in the CoO, and the reintegration counsellors in the country of return are unable to make contact with the returnee, this enables them, with the prior permission of the returnee, to discuss further steps with his/her relatives. The content of this first meeting is to discuss concrete reintegration measures that have been tailored according to the set individual reintegration plan. This plan has been developed with the reintegration counsellor in the European country, and discussed and approved by the respective Focal Point regarding its (financial) feasibility and sustainability. For the first meeting it is vital to remember that vulnerable returnees might be less able to actively engage in the process.

Psychosocial counselling is as crucial for sustainability as practical reintegration steps. The ERSO member organisations are very familiar with the challenges migrants face in Europe, and their deeply ingrained feeling of failure and shame, especially when he/she feels that they are returning "with empty hands". This is a challenge because in many cases returnees were expected to not only contribute to the family's economic well being, but to pay back debts to family and relatives who financed the journey in the first place. Counselling keeps the cultural context in focus and assists the returnee when confronted with these misinformed ideas of the positive life they have experienced in Europe. These ideas often persist among those who stayed in the country of origin, as many families know or have heard of somebody who "made it", not being aware that those who returned are under pressure to maintain an illusion that their time in Europe was very successful, out of a sense of shame about the reality of their European experience.

To assist returnees to reintegrate in societies that hold such perceptions, it is vital to support people to find their way back into society, especially vulnerable returnees. Many people prioritise surviving, i.e. safe shelter, medical care, mediation with the family, etc., and start to generate an income often only later. With psychosocial counselling in the CoO, the returnee is able to overcome these obstacles and to stay focused on the long-term perspectives that include the use of their reintegration budget for sustainable actions (and not the payment of debts or accommodating other needs that are felt to be urgent but may not lead to sustainable return).

¹³ This chapter is based on a training provided by Drs. Leslie Snider, World Trauma Foundation, Jelly van Essen, Complex Trauma Center, Dr. Rawisht Rasheed, Emergency Management Center, 'Helping the Journey Home, Mental Health and Psychosocial Support for Vulnerable Returnees', 18-20 Nov 2014, Erbil, Iraq

How can you engage the returnee? What does the returnee expect? What do you expect?

To frame how you will work together it is first necessary to explain what kind of reintegration assistance and services can be offered and to clarify what is possible and what is not. It is also important to outline the concrete steps that lie ahead and when and how often you will meet. This applies to the reintegration counsellor in the European country and in the country of origin.

The more the returnee owns the reintegration plan, the more fruitful his/her reintegration will be. Active listening is another tool to engage the returnee in the development of the plan. This involves listening, understanding the point of view of the returnee, including his/her feelings, and repeating and summarising what the client has said in order to check you understood it correctly. In addition to listening, good communication is equally important.

Things to say and do

- Try to find a quiet place to talk and minimize outside distractions
- Stay near the returnee but keep an appropriate distance depending on their age, gender and culture
- Let the returnee know you hear him/her, for example, nod your head and say e.g. "uhum"
- Be patient and calm
- Provide factual information if you have it. Be honest about what you know and what you do not know, e.g. "I don't know but I will try to find out about that for you"
- Give information in a way the returnee can understand – keep it simple
- Acknowledge how they are feeling, any fears, emotions or important (distressing) event the returnee share with you. "I'm so sorry you had to go through this"
- Respect privacy. Keep the returnee's story confidential, especially when he/she discloses very private events
- Acknowledge the returnee's strengths and how he/she has helped him/herself

Things not to say and do

- Do not pressure the returnee to tell his/her story
- Do not interrupt or rush the returnee's story
- Do not give your opinions of the returnee's situation, just listen
- Do not touch the person if you are not sure it is appropriate to do so
- Do not judge what the returnee has done or has not done. Do not say, "You should not feel that way" or "You should feel lucky ..."
- Do not make up answers you do not know
- Do not use very technical terms
- Do not tell the returnee another returnee's story
- Do not talk about your own problems
- Do not provide false promises or false reassurances
- Do not feel responsible for solving all of the returnee's problems
- Do not take away the returnee's strength and sense of being able to care for him/herself by providing all the solutions – assist the returnee to find their own solutions

How can you support the returnee's decision making? How can you help the returnee to solve his/her problems?

Help the returnee to stay in control of his/her situation and decisions, and acknowledge and support his/her strengths; clarify questions he/she may have and provide concrete, relevant practical information; assist him/her to identify possible solutions and help to prioritize them; try to guide him/her to take time for big decisions; accompany, support and coach the returnee, rather than giving direct advice.

Case example

One year ago Ms. A returned to Mongolia as a single mother of one son, who was born in Belgium. She has been living in Belgium for four years when she decided to return after her asylum application was denied. Only Ms. A's mother was left in Mongolia. She was elderly and not able to support her or the grandson. Originally wanting to start a small pig farm, and therefore taking part in business courses in Belgium, the local prices rose and the start-up of the pig farm was no longer feasible. After return, Ms. A rented a small place for her and her son. Shortly after return, her son fell ill, and she had to spend her first weeks back looking for a doctor and proper medical care in her country.

What could be the next steps?

A first step was to stabilize Ms. A's situation, and thus the reintegration plan developed included investing in a ger (Mongolian tent house) for her and her son. That way she was no longer forced to pay high rental costs, and the ger provided a sustainable home. After Ms. A's son recuperated, she was able to focus on concrete job opportunities. The partner organization in the CoO assisted Ms. A to find a kindergarten for her son, and a job opportunity opened in a window company owned by a relative. With her salary she was able to pay the kindergarten, and the rest was enough to cover the daily living costs. The window company then closed over the winter months, and Ms. A lost her position. With the assistance of the partner organization, Ms. A found a new job and now works as a cleaning lady.

Self-assessment

- What is important when you enter a working relationship with a partner organisation in the CoO?
- What are your roles and responsibilities as reintegration counsellor?
- What should you keep in mind when organising the practical return of a vulnerable person?
- How can you engage a returnee to work with you on his/her reintegration plan?
- Can you list three things you should and should not say during counselling?
- How can you support the returnee's decision making?

III.8.) The monitoring process

Part of the role of the partner in the CoO is to be in direct contact with the vulnerable returnee for at least six months after return in order to monitor the implementation of the reintegration plan and thus the sustainability of the reintegration. In extremely vulnerable cases, such as UAC and women, the monitoring phase should be minimum 12 months.

Within all ERSO projects, the monitoring sheet is tailored to the respective project, and tested before being applied. The monitoring-sheet used as a good-practice model in this project can be found in Annex I. This sheet also uses multiple choice for professional analysis of statistical data. All personal data is handled with full confidentiality, not shared with any third party, and only used for internal monitoring and evaluation purposes.

The monitoring sheet is used to assess the reintegration process after one, three and six (or twelve) months after return. Alongside additional ad-hoc monitoring by the partner in the CoO, the Focal Points for each country communicate regularly. All focal points have a monthly exchange to ensure they have up to date and accurate information, and to share best practice on challenges and solutions regarding individual reintegration measures taken in the respective CoO.

IV. Reintegration and vulnerability data

99 vulnerable clients reintegrated in their CoO through ERSO-SURE, 84 of whom fell under the categories explored in more detail above. The other 15 fell under one or more of the other ERSO-SURE vulnerability criteria, e.g. having lived in Europe for about ten years, being uneducated and/or unskilled, lacking the local language, etc. 30 returnees out of the 99, mainly persons with chronic diseases, received an additional so called 'medical package' to cover prescribed medication until an own income can be generated.

Returned to	Pakistan	Mongolia	Iraq
Persons suffering from mental illnesses or traumatic stress symptoms	6	1	3
Returnees suffering from chronic diseases and returnees with disabilities	17	15	7
Returning elderly persons (above 60 years of age)	5	1	2
Returnees with substance abuse disorder	0	0	1
Returning unaccompanied- (UAC) and accompanied children	0	10	5
Returning single mothers and (pregnant) women	1	10	0

Those 99 vulnerable clients returned from the below listed European countries to their CoO, where they reintegrated into the local society.

Returned to:	Pakistan	Mongolia	Iraq
From			
United Kingdom	36	7	11
The Netherlands	0	5	6
Austria	1	10	3
Belgium	6	10	1
Other ERSO-Network countries within the EU			3
Subtotal	43	32	24
Total		99	

The groups with the highest figures were single vulnerable Iraqi and Pakistani men returning to their CoO in order to improve their living situation, while the vast majority of returnees to Mongolia were women.

	Female	Male
Pakistan	5	36
Mongolia	23	9
Iraq	4	20

An additional 13 vulnerable clients were part of the project, out of those 5 had applied for ERSO-SURE reintegration assistance in Mongolia and 1 for Iraq but none has been able to return within the project period; another 7 vulnerable clients returned. Out of those 4 persons never contacted the local partner organizations to implement their reintegration plans - for unknown reasons; two disadvantaged applicants were released from the project, one because of his lack of motivation, another because his vulnerability claim turned out to be false; and one returnee refrained from the project.

Also not listed are dozens of additional vulnerable individuals, who have been counseled regarding their potential reintegration in these CoO, however they did not apply for the ERSO-SURE project but for programmes that offered higher amounts of reintegration assistance.

At the time of the publication of this Manual, the monitoring results were still being analysed. A first finding showed that out of the 100 vulnerable returnees, only one had re-emigrated. The complete analysis of the monitoring results will be available at www.erso-project.eu.

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Annex I
Annex II

Client-application-sheet
Monitoring-sheet

ERSO-SURE

CLIENT APPLICATION SHEET

The reintegration counsellor may add as many lines as needed

1 // Basic Data

Focal Point

Destination Country

Final Destination

Organization in Host Country

Counsellor in Host Country

Client Reference Number

First Name

Last Name

Date of Birth

Nationality

Gender

Religion

Mother Tongue

Other spoken languages

Address of Destination

Telephone number

Date of Arrival in Host Country and
Duration of Stay

Date of Departure

Immigration Status (optional)

1.A. // Assessment of Reintegraton Needs

To be filled out by Host Country Return/Reintegration Counsellor
Client is in need of:

Accommodation

Work

Legal aid

Psychosocial- and/or medical aid
If yes, please elaborate on health
problems

Education and/or vocational training

Assistance for business development

Assistance at the airport

Does the client receive reintegration
support from another service provider,
e.g. IOM, etc.

To be filled out by Focal Point

Need an kind of reintegration assistance

Potential costs (within the limit of
available budget) and possibility of
reintegration assistance

1.B. // Vulnerability

To be filled out by Host Country Return/Reintegration Counsellor

Vulnerability - grading

Reasoning for grading

Counsellor in Host Country

To be filled out by Focal Point

Vulnerability - grading

Reasoning for grading

Final result of assessment

2 // Social Network

Does the client still have contacts, such
as family and friends in the country and/or
region of origin?
If yes, please provide names and
phone numbers

How is the frequency of contacts?

Comments:

3 // Level of formal education of the applicant and his/her partner

4 // Work experience of the applicant (and of his/her partner) before and, if applicable, after arrival in the European Union

5 // What are the main reason for the return?

6 // What are the expectations of the applicant 12 months after return?

7 // How did the applicant hear about the reintegration programme?

8 // Additional comments and/or information about the client/case

ERSO-SURE

Monitoring Sheet

How to use this questionnaire:

- The reintegration counsellor may add as many lines as needed.
- If questions are asked for 1, 3 and 6 months, the answers should assist to determine improvement or deterioration of the returnee's situation over time.
- The reintegration counsellor is encouraged to provide honest answers. Be honest, only this way you can learn what to do it better.
- Listed answers are not automatically conclusive; you always have the option: 'Other'

1 // Basic Data

To be filled out by Local Reintegration Counsellor

Name of Counsellor performing the monitoring:

Monitoring performed in

Mongolia; Pakistan; Iraq;
City/place of monitoring:

Date of monitoring

day: month: year:

Client returned from

Caritas Austria; Refugee Action UK
 Maatwerk NL Caritas Belgium
 METAction Greece; Other, pls specify:

Vulnerability

Specific selection criteria:

This part has already been filled out by the Local Reintegration Counsellor (you and/or the Focal Point) in the returnee's application form – pls complete the part, if not done yet

Internal Client or File Number

First Name

Last Name

Date of Birth

day: month: year:

Client's email address

Nationality

Mongolian; Pakistani; Iraqi;
 other, please specify:

Citizenship

Kurdish; other, please specify:

Gender

male; female; transgender;

Religion

Muslim (Shiite); Muslim (Sunni)
 Christian; no religion;
 do not want to declare;
 other, please specify

Mother Tongue

Mongolic; Dari; Urdu; Pashtu;
 Arabic; Kurdish; other, please specify:

Other spoken languages English; German; Dutch;
 French; other, please specify:

Address in home country

Telephone number in home country

Date of arrival in European country and duration of stay day: month: year:
duration:

Date of departure from country of origin day: month: year:

Why did you decide to return to your home country?

- Received negative asylum decision
- Received expulsion order
- I had no perspectives, such as: no work, etc.
- I found it difficult to live in an European culture
- The situation in my home country changed for the better
- I was homesick, I missed my country
- My family needed me; pls elaborate on the reasons (e.g. death or illness of family member, etc):
- For other reasons, pls elaborate:

2 // Social Reintegration

	One month after return:	Three months after return:	Six months after return:
Do you live in the same village/town as before you left?	<input type="radio"/> Yes; <input type="radio"/> No; Why not?	<input type="radio"/> Yes; <input type="radio"/> No; Why not?	<input type="radio"/> Yes; <input type="radio"/> No; Why not?
	And where do you live now?	And where do you live now?	And where do you live now?

How did your family, friends, former employer, old colleagues, etc. react to your return?	<input type="radio"/> No, not at all; <input type="radio"/> It got better of time; pls elaborate:	<input type="radio"/> Yes; <input type="radio"/> No; Why not? And where do you live now?	<input type="radio"/> Yes; <input type="radio"/> No; Why not? And where do you live now?
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Was it difficult to get back in touch ? What kind of relationship do you now have with them?	<input type="radio"/> Yes; It is still not ok; Why not? Pls elaborate:	<input type="radio"/> Yes; It is still not ok; Why not? Pls elaborate:	<input type="radio"/> Yes; It is still not ok; Why not? Pls elaborate:
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What were the major difficulties you faced after your return? (other than just mentioned)	<input type="radio"/> I could not stay with my family; Why? Pls specify: <input type="radio"/> I had to stayed with friends; Pls specify: <input type="radio"/> I could not find a job; Pls specify: <input type="radio"/> I can not work because I have no care for the children; Pls specify: <input type="radio"/> I can not work with my vulnerability (according to the criteria that was listed above); Pls specify: <input type="radio"/> I need medication and can not afford it; Pls specify: <input type="radio"/> I find it very difficult to adjust to this life here; Pls specify: Other major difficulties; Pls specify:		
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	One month after return:	Three months after return:	Six months after return:
How are you? How are you feeling?	<input type="radio"/> Feeling not good/bad/not well; why? Pls elaborate:	<input type="radio"/> Feeling not good/bad/not well; why? Pls elaborate:	<input type="radio"/> Feeling not good/bad/not well; why? Pls elaborate:
Do you feel better, the longer you are here?	<input type="radio"/> Feeling worse <input type="radio"/> Feeling better <input type="radio"/> Feeling good/fine/great	<input type="radio"/> Feeling worse <input type="radio"/> Feeling better <input type="radio"/> Feeling good/fine/great	<input type="radio"/> Feeling worse <input type="radio"/> Feeling better <input type="radio"/> Feeling good/fine/great
Would you consider yourself as fully socially reintegrated?	Would you consider yourself as fully socially reintegrated?		

Children (in case the returnee has some)	One month after return:	Three months after return:	Six months after return:
Where were your children born?	<input type="radio"/> Here, in my home country; before we left <input type="radio"/> In Europe		
Were the children registered in a school/kindergarten before you left?	<input type="radio"/> Yes <input type="radio"/> No; if no, why not?		
Was it difficult to register your children at school/kindergarten again?	<input type="radio"/> No <input type="radio"/> Yes; if yes, why?	<input type="radio"/> No <input type="radio"/> Yes; if yes, why?	<input type="radio"/> No <input type="radio"/> Yes; if yes, why?
Would you say that the family's stay in Europe makes it now more difficult for your children to catch up in school?	<input type="radio"/> No <input type="radio"/> Yes; if yes, why?		
Have your children been able to reconnect with their old friends?	<input type="radio"/> Yes; old friends <input type="radio"/> No old friends, why not?		
Or did they find new friends?	<input type="radio"/> Yes; new friends <input type="radio"/> No; new friends, why not?		

3 // Economic Reintegration

	One month after return:	Three months after return:	Six months after return:
How is your housing situation and how much do you spend?	<input type="radio"/> Owe property; if yes, pls specify: <input type="radio"/> I rent, if yes, pls specify (room, apartment, house, etc): Costs (EUR): <input type="radio"/> I live alone; <input type="radio"/> I live with family and/or friends; if yes,pls specify:	<input type="radio"/> Owe property; if yes, pls specify: <input type="radio"/> I rent, if yes, pls specify (room, apartment, house, etc): Costs (EUR): <input type="radio"/> I live alone; <input type="radio"/> I live with family and/or friends; if yes, pls specify:	<input type="radio"/> Owe property; if yes, pls specify: <input type="radio"/> I rent, if yes, pls specify (room, apartment, house, etc): Costs (EUR): <input type="radio"/> I live alone; <input type="radio"/> I live with family and/or friends; if yes, pls specify:

Do you have a monthly income, and if yes, how high is it?	<input type="radio"/> No; <input type="radio"/> Yes; pls specify how high (EUR):	<input type="radio"/> No; <input type="radio"/> Yes; pls specify how high (EUR):	<input type="radio"/> No; <input type="radio"/> Yes; pls specify how high (EUR):
How to make/get this income?	<input type="radio"/> Self-employed; Pls specify: <input type="radio"/> Employed; Pls specify: <input type="radio"/> Substituted by whom; Pls specify: <input type="radio"/> State support; Pls specify: <input type="radio"/> Family support; Pls specify: <input type="radio"/> Other support; Pls specify:	<input type="radio"/> Self-employed; Pls specify: <input type="radio"/> Employed; Pls specify: <input type="radio"/> Substituted by whom; Pls specify: <input type="radio"/> State support; Pls specify: <input type="radio"/> Family support; Pls specify: <input type="radio"/> Other support; Pls specify:	<input type="radio"/> Self-employed; Pls specify: <input type="radio"/> Employed; Pls specify: <input type="radio"/> Substituted by whom; Pls specify: <input type="radio"/> State support; Pls specify: <input type="radio"/> Family support; Pls specify: <input type="radio"/> Other support; Pls specify:
Does the monthly income cover your monthly expenses?	<input type="radio"/> Yes; <input type="radio"/> No; Pls specify why not? And what is not covered?	<input type="radio"/> Yes; <input type="radio"/> No; Pls specify why not? And what is not covered?	<input type="radio"/> Yes; <input type="radio"/> No; Pls specify why not? And what is not covered?
What kind of extraordinary expenses you have, and their costs? (This question is related to the vulnerability of the returnee)	<input type="radio"/> Medicine; <input type="radio"/> Medical means (wheelchair, prostheses, etc); Pls specify: <input type="radio"/> Tuitions (school, university, etc); Pls specify: <input type="radio"/> Other; Pls specify: Costs (EUR):	<input type="radio"/> Medicine; <input type="radio"/> Medical means (wheelchair, prostheses, etc); Pls specify: <input type="radio"/> Tuitions (school, university, etc); Pls specify: <input type="radio"/> Other; Pls specify: Costs (EUR):	<input type="radio"/> Medicine; <input type="radio"/> Medical means (wheelchair, prostheses, etc); Pls specify: <input type="radio"/> Tuitions (school, university, etc); Pls specify: <input type="radio"/> Other; Pls specify: Costs (EUR):
	One month after return:	Three months after return:	Six months after return:
What would you say; is your living standard now better or worse than it was in the EU?	<input type="radio"/> Better; Pls specify why? <input type="radio"/> Worse; Pls specify why? <input type="radio"/> About the same;	<input type="radio"/> Better; Pls specify why? <input type="radio"/> Worse; Pls specify why? <input type="radio"/> About the same;	<input type="radio"/> Better; Pls specify why? <input type="radio"/> Worse; Pls specify why? <input type="radio"/> About the same;
Would you say that your living conditions here are now better than they were before you left the country?	<input type="radio"/> Better; Pls specify why? <input type="radio"/> Worse; Pls specify why? <input type="radio"/> About the same;	<input type="radio"/> Better; Pls specify why? <input type="radio"/> Worse; Pls specify why? <input type="radio"/> About the same;	<input type="radio"/> Better; Pls specify why? <input type="radio"/> Worse; Pls specify why? <input type="radio"/> About the same;

Would you say your reintegration in your home country was a success? Yes; Pls specify why?
 No; Pls specify why?
 I don't know;

4 // Process of Reintegration

Which activities or steps did you undertake to reintegrate? Pls elaborate:
 Did not take any activities or steps; Pls specify, why not?

Do you have any contacts to other returnees? Are you helping each other out? Yes; If yes, please elaborate:
 No;
 No; but I would be interested to meet some;

What would you have needed from us for a better reintegration? Esp. what kind of support would you have needed? No;
 Yes, more material support (goods, items, etc.); Pls elaborate why?
 Yes, more financial support (cash, etc.); Pls elaborate why?
 Yes, more counselling; Pls elaborate on what exactly:
 Yes, more medical support; Pls elaborate what exactly?
 Yes, other kind of support; Please elaborate what exactly:

Do you think returning home was the right decision for you? Yes; Pls specify why?
 No; Pls specify why?
 I don't know;

Now looking back, would you do it again (to emigrate)? Yes; Pls specify why?
 No; Pls specify why?
 I don't know;

Is there anything else you want to say?

Thank the returnee for taking part in this interview!

It will help us to improve our services to make reintegration a positive step in peoples' lives.

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