
Social reintegration assistance

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

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

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

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

2.5.1 Access to housing and accommodation

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

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

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

There can be barriers to returnees finding housing, including paying rental down payments, security deposits and providing proof of job security. Some returnees may face discrimination in certain contexts, for instance, returnees with large families, returnees living with disability or single parents. When choices do exist, case managers may best support returnees in selecting shelter and accommodation that is the most appropriate and provides a sustainable living arrangement. Factors to consider in selecting appropriate shelter and accommodation include:

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

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

Table 2.4: Facilitating safe, satisfactory and affordable housing

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| <ul style="list-style-type: none"> • Provide access to temporary emergency housing to those who need it. | <p>Support returnees to access safe shelter immediately upon their return, especially returnees that may be vulnerable. Attempt to provide flexibility in allowed lengths of stays for temporary housing, depending on each returnee's individual situation.</p> |
| <ul style="list-style-type: none"> • Maintain a directory of long-term housing options and landlords who can accommodate returnees' needs. | <p>Establish communication and relationships with housing providers and owners. For instance, before the lead reintegration organization can provide rental assistance to some returnees, they need to obtain signed rental agreements. For landlords unfamiliar or uncomfortable with providing these agreements prior to receiving rent, this stipulation can be a barrier to finding housing.</p> |
| <ul style="list-style-type: none"> • Identify alternative options for those who cannot or do not want to return to their family or previous home. | <p>Returnees may not feel comfortable returning to their previous community or family due to fears of stigma, shame, domestic or intimate partner violence or debts owed. Account for these concerns by identifying other options – especially where there may already be established support networks or where there are accessible services.</p> |
| <ul style="list-style-type: none"> • Check that shelter stays are voluntary and that they are based on informed consent. | <p>As part of human rights principles staying in a shelter needs to be a voluntary decision. Consent should be sought out both initially and at regular intervals over time.</p> |
| <ul style="list-style-type: none"> • Assess housing situations over time via follow-ups. | <p>Establishing follow up schedules is important in order to readjust if need be.</p> |
| <ul style="list-style-type: none"> • Involve migrants in decisions regarding their housing. | <p>Housing decisions need to be owned and driven by the returnees. Returnees should have a voice in their own housing decision.</p> |

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

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

2.5.2 Access to documentation

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

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

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

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

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

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

2.5.3 Access to social protection schemes

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

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

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

2.5.4 Access to education and training

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

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

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

? Accessing education and training

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

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

- **Safe transportation** to and from school facilities may not be an option in some contexts. It

might be necessary to check if there is a viable method for school transit. Hurdles to using viable transit include insufficient modes of transportation and poor infrastructure including poor roads, poor drainage systems (especially during rainy seasons) and unreliable power.

- Returnees need enough of **their basic needs** met so that they are able to concentrate and learn.

These basic needs can include good health, regular hygiene and a sufficient level of nutrition.

- Returnees need the **basic needs of their family members** met so that the burden of economic or caretaking responsibilities does not inhibit their ability to attend school.
- Cultural and gender expectations or **norms that support education for all**, such as those that place girls' and boys' education at equally important levels, may be weak or lacking. Addressing this can comprise working with Ministries of Education and local schools to educate on the benefits of supporting education for girls and women. Additionally, training the community at large to educate one another or younger generations can be an empowering and gender-sensitive way to address gaps in girls' access to education in certain communities.
- **Returnees might need certification or translation of previous education and training qualifications** to facilitate enrolment. Alternatively, case managers can help by connecting returnees to assessments that can help determine the appropriate level of education or training they should receive. Such assessments can be conducted by the relevant educational authority, schools and teachers, or others involved in providing education. The assessments should consider the migrants' age and maturity level as well as the social implications of reenrolment in school or training.

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

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

2.5.5 Access to health and well-being

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

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

- Insufficient access to medical services including prohibitive costs, lack of infrastructure, lack of qualified medical staff and lack of available medication and treatment possibilities;

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

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

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

Table 2.5: Facilitating appropriate and adequate medical care

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| <ul style="list-style-type: none"> • Facilitate continuity of care. | <p>Work to help doctors in the country of origin gain access to prior medical records, while taking into account the privacy, data protection and confidentiality considerations, and especially the principle of consent. Translation of medical records from the country of destination may be necessary.</p> |
| <ul style="list-style-type: none"> • Support access to emergency and ongoing medical care once a need is identified. Prioritize immediate access for migrants in vulnerable situations. | <p>Returnees with immediate health-care needs should be treated without discrimination and regardless of their ability to pay related fees or provide official documentation. Urgent health needs should have been identified in the vulnerability screening tools, during case interviews or pre-travel health assessments. If and when health concerns are noted, the case manager should work with qualified medical professionals to support prompt referral for care.</p> |
| <ul style="list-style-type: none"> • Be conscious of the impact a returnee's health may have on his or her family. | <p>A returnee's health status can impact all parts of their and their family's lives. If a parent with young</p> |

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- Map medical services available through the government, NGO, and IO programmes in coordination with medical officers/ focal points.
 - Develop partnerships and cooperation protocols for inter-agency coordination.

- Check all medical treatment is voluntary and provided with a returnee's informed consent.

- Help returnees navigate administrative barriers to obtaining health care including necessary documents, fees and transport.

children is dealing with a long-term or chronic health condition, facilitating access to care may mean helping them secure childcare to go to doctors' appointments and rest when they need to. Likewise, a spouse can have a high caregiving burden that can impact his or her own ability to earn an income. It is necessary to consider all the factors impacting why a person may or may not be accessing appropriate medical care, including the returnee's family members.

Keep this information up-to-date to facilitate speed of referrals and coordination.

Establishing formal MoUs with government entities, medical facilities and other agencies, referral facilities (such as large university hospitals with multiple specialized units) and establishing policies regarding the safe and confidential transfer of patient information and medical records can significantly help with continuity of care and patient protection. It will also streamline coordination efforts, making patient referrals smoother and more efficient.

In line with the principle of self-determination and participation, full effort should be made to inform returnees about all aspects of their medical care and conditions. This empowers beneficiaries to take charge of their health and recovery and allows them an opportunity to make the best informed decisions about their own needs and treatment. Medical support should only be provided following the informed decision of a returnee, or someone who can make legal decisions on their behalf in cases where the returnee cannot provide their own consent. For medical tests and treatment, informed consent should be provided in writing before any procedure occurs.

If services are available, efforts to connect returnees to care can include: connecting to providers and insurance, facilitating transport, coordinating appointments and supporting them to access information about their health.

Accompanying returnees to appointments, if feasible and requested by the returnee, can be very useful for ensuring they are being treated well and receiving all necessary information regarding follow-up care. Connecting returnees to other local

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- Assess medical needs over time by medical practitioners.

organizations or institutions that can support them after emergency care or during long-term care needs if they exist is also highly recommended.

Medical needs can improve or deteriorate, significantly impacting a returnee's priorities, capacities, and motivations. If medical conditions are not improving or worsening over time, case managers should consider connecting the returnee to other providers or services for second opinions or added support. This is also valid for new medical or previously undetected conditions arising during the reintegration assistance process.

- Consider the health impacts of disruptive events and accumulation of stressors.

Life disruptions, violence, and extreme stressors can impact health in sometimes unexpected ways. If case managers are aware that a returnee has experienced a disproportionate burden of stress or disruption during their life, pay extra care to their health needs.

Sexual and reproductive health

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

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

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

Returnees who identify as LGBTI should be provided health care in a **non-discriminatory** way that respects their dignity, privacy and rights. This care environment should provide them with a safe space to disclose their status to allow for their health-care needs to be identified and met. This

includes but is not limited to sexual and reproductive health-care needs.

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

Special consideration: Gender-based violence

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

Table 2.6: Forms of gender-based violence

Physical violence

- Slapping, shoving, pushing, punching, beating, scratching, choking, biting, grabbing, shaking, spitting, burning, twisting of body parts, forcing ingestion of unwanted substances;
 - Preventing access to medical treatment or other support;
 - Using objects as weapons to inflict injury.
- ### Sexual violence
- Vaginal or anal rape;
 - Unwanted sexual touching;
 - Sexual harassment and demand for sexual acts in exchange for something;
 - Trafficking for the purposes of sexual exploitation;
 - Forced exposure to pornography;
 - Forced pregnancy, forced sterilization, forced abortion;
 - Forced marriage, early/child marriage;
 - Female genital mutilation/cutting;
 - Virginity testing;
 - Incest.

Psychological/ emotional violence

- Threats of violence or harm against someone or their friends or family through words or actions;
- Workplace harassment;
- Humiliation and insults;
- Isolation and restrictions on communication or movements;
- Use of children by a violent intimate

Economic violence

- partner as a means of control or coercion.
- Prohibiting engagement in work;
- Exclusion from financial decision-making;
- Withholding money or financial information;
- Refusing to pay bills or provide resources for shared children;
- Destroying jointly owned assets or assets owned solely by the survivor.

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

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

Mental health and psychosocial support should be available to all returnees that have survived genderbased violence and be provided by practitioners with specialized training and expertise ([see section 2.6](#)).

Medical records and data management

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

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

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

Whom to refer to health-care services?

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

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

2.5.6 Access to food and water

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

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

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

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

2.5.7 Access to justice and rights

International law provides baseline guidance on what justice and legal protections should be afforded to all humans, which includes migrants at any stage of the migration process. These rights include:

the presumption of innocence and the right to fair, public and impartial hearings; entitlement to being present at their own trial and to a competent defence for anyone charged with a criminal offence; and the right to a remedy for those who are victims of human rights violations or a crime.

? Assessing legal needs

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

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

? Accessing justice

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

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

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

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

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

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

? Cooperation with the criminal justice system

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

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

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

? Involvement with the justice system

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

Table 2.7: Facilitating access to justice and rights

Support returnees needing to participate in legal proceedings to obtain all the information they need about their legal procedures.

Legal proceedings can be overwhelming and confusing and, as a result, disempowering. Individuals already in vulnerable situations can become more so without understanding decisions that impact their lives. By making sure the returnee is accurately and thoroughly informed, case managers can help them to be a better advocate for themselves in legal proceedings and be sure that they understand their own rights in the process. Part of this includes helping the returnee access updates to their case regularly.

Obtain and check informed consent throughout legal processes.

Any legal action involving the returnee should only occur following informed consent. Through informed consent, returnees should understand any risks or repercussions that may come from participation in legal action, any way in which their personal data may be shared with others and any time and financial commitments and expectations associated with the legal process.

Assist returnees in finding legal representation. Also support them in being accompanied to legal proceedings either via a legal advocate or via the case manager

Use established service maps to identify legal counsel familiar with issues specific to the returnee's needs and sensitive to migrant issues. Accompaniment to legal proceedings can also be an important source of support for returnees and can be a good way to understand if they are being treated fairly and without discrimination during legal processes.

Assess if any type of protection or witness protection efforts are required, especially for victims of trafficking and gender-based violence.

In cases when any legal involvement could put the returnee at further risk, advocate for steps to support protection from additional harm as much as possible.

Work to make trained and sensitized male and female interpreters available if necessary during all legal proceedings.

Interpreters should be skilled in translating sensitive and confidential information. They should be prepared to discuss difficult or upsetting topics and be aware of how to deliver information in ways that are free of judgement and empathic. Returnees should be able to choose whether they prefer male or female interpreters.

²⁴ International Network for Education in Emergencies (INEE) [Minimum Standards for Education: Preparedness, Response, Recovery](#) (2010).

²⁵ [Constitution of WHO](#).

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

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