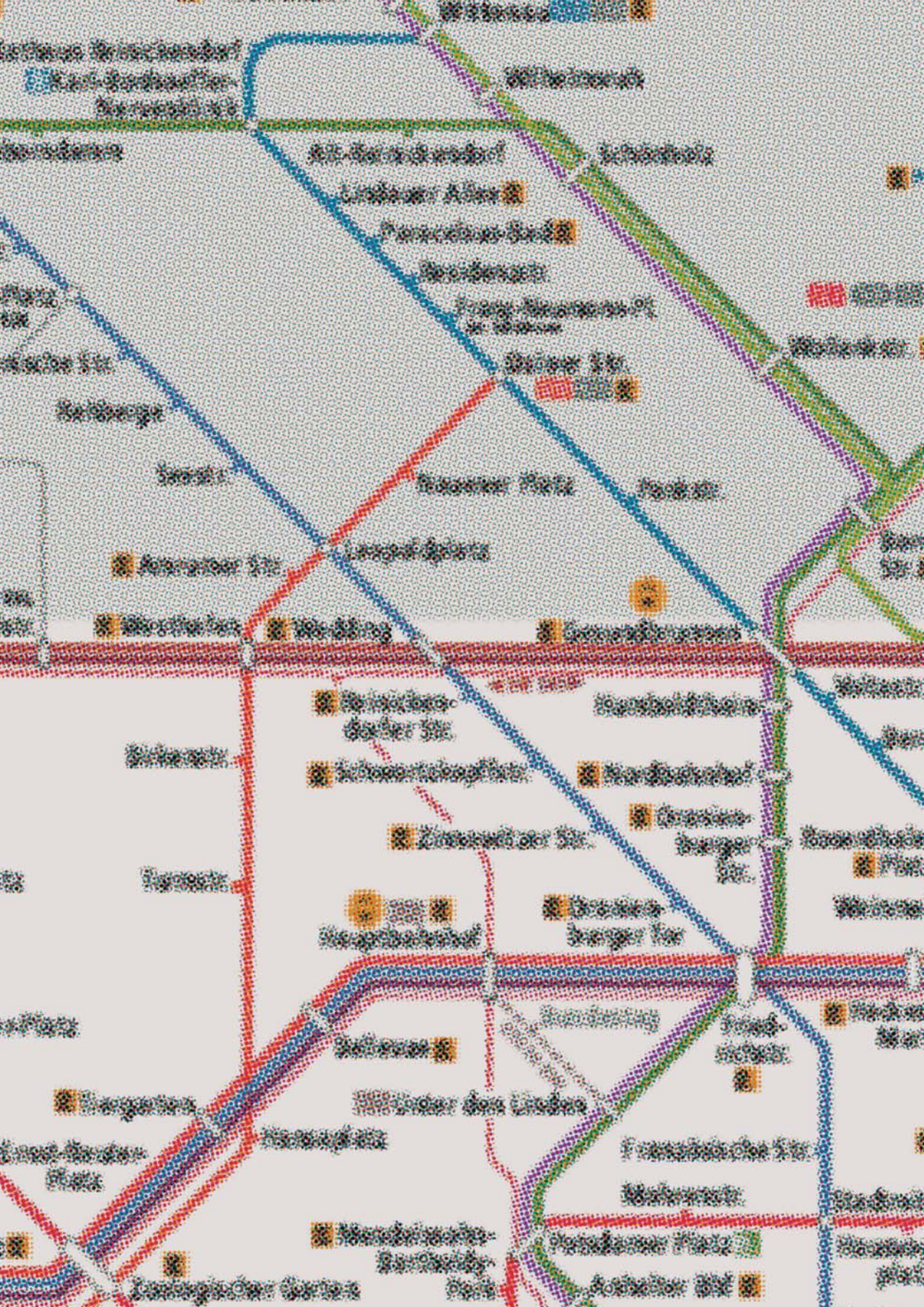


FACING RETURN



AN APPROACH FOR PSYCHOSOCIAL
ASSISTANCE TO (FORMER) ASYLUM SEEKERS
AND UNDOCUMENTED MIGRANTS

DIANA GERACI



FACING RETURN

Pharos is a Dutch Knowledge Centre that provides information, training and advice on the health of migrants and refugees. We aim to equip professionals and organisations that work in the field of health care with practically applicable knowledge and tailor-made advice.

In our attempt to enhance the quality of the health care system, we strive to:

- improve the health of migrants and refugees (or to reduce health disadvantages)
- make the health care system more accessible to migrants and refugees

Colophon

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IOM Internationale Organisatie voor Migratie



FACING RETURN

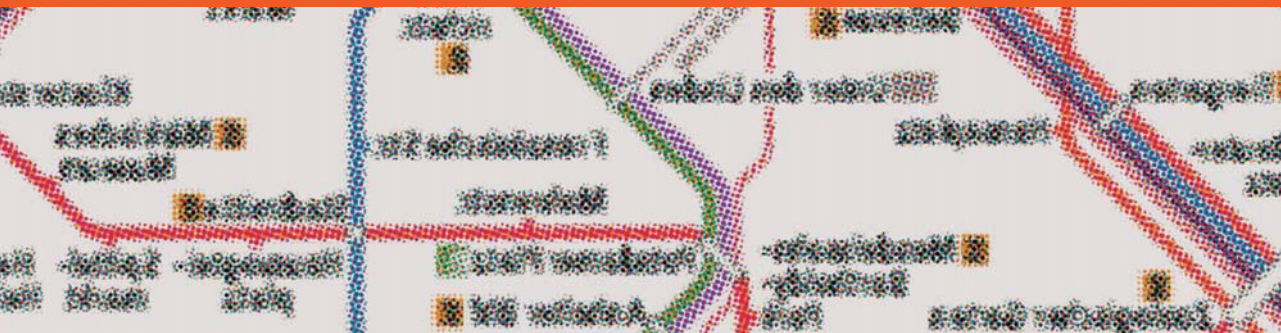


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PHAROS

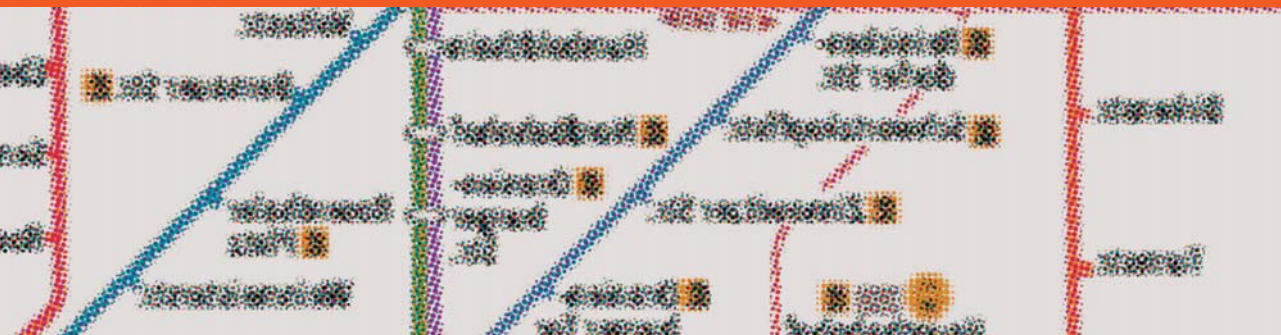
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Preface



In the Netherlands a number of community service organisations are involved in the process of (former) asylum seekers, refugees and undocumented migrants returning to their country of origin. The collaborating organisations are: Centraal Orgaan opvang asielzoekers (COA, Central Agency for the Reception of Asylum Seekers), Internationale Organisatie voor Migratie (IOM, International Organisation for Migration), Maatwerk bij Terugkeer (MbT, Mediation Agency for Return), among which Beyond Borders (BB), Stichting Mondiale Samenleving (SMS, Global Society Foundation), VluchtelingenWerk Nederland (VWN, Dutch Council for Refugees), Stichting HIT (HIT Foundation), NIDOS and Pharos.

From 2009 onwards, these organisations have been using their combined expertise to facilitate the return migration of their clients to their country of origin, offering them sustainable re-integration in their country of origin, under safe conditions and with good future prospects. (Former) asylum seekers and undocumented migrants are given as much assistance as possible through a broad range of services offered both in the Netherlands and in the countries of origin.

Pharos is a service provider in this context, supporting organisations which work directly with returnees. Pharos renders the following services:

- 1 training sessions aimed at supporting the decision-making process as well as psychosocial aspects of return migration;
- 1 consultation on health-related aspects of return migration;
- 1 the development of approaches for providing psychosocial assistance to (former) asylum seekers, refugees and undocumented migrants during the return process.

The current approach was developed with the assistance of a group of referents consisting of employees of the organisations involved. These referents generously provided Pharos with their knowledge, expertise, preferences and feedback. Our heartfelt thanks go to Connie van den Hout (VluchtelingenWerk Nederland; Dutch Council for Refugees), Eefje Smet (HealthNet ΤΡΟ), Amadou Sow (SMS; Global Society Foundation), Liesbeth Devos (Beyond Borders), Anne Schmidt (Beyond Borders), Nienke Hiensch (COA; Central Agency for the Reception of Asylum Seekers), Denise Lapoutre (MbT; Mediation Agency for Return) and Annette van Aniel (Stichting Duurzame Terugkeer; Foundation for Sustainable Return and HIT Foundation) for their contributions and feedback.

I also want to thank the following people among my colleagues at Pharos for their valuable contributions: Evert Bloemen, Kaveh Bouteh, Marjan Mensinga, Janet Rodenburg and Erick Vloeberghs. The latter also played an important part in the writing of Chapter Two. A thousand thanks for those stimulating discussions, critiques and compliments, and for your commitment and enthusiasm!

Diana Geraci
Utrecht, June 2011

1 Introduction



1.1 Background

Return counsellors working with (former) asylum seekers, undocumented migrants and refugees facing return migration, are confronted with a difficult task. Supporting people in the period prior to (potential) return migration is not easy. It is very important to focus on psychosocial issues both during decision-making and during the entire return process. Currently, the quality of psychosocial assistance provided to returnees varies. This is partly due to the fact that organisations and return counsellors involved in the return process employ different interview techniques. Sometimes these techniques have been presented in writing as a prescribed approach or protocol. The existing approaches¹ are a little outdated or only partially address the context within which decisions and plans for return migration are made. In addition, return counsellors have indicated that they find it difficult to deal with the emotional aspects of return migration and would like to have some specific advice on how to handle these.²

The quality of psychosocial assistance, taking into account the wellbeing of (potential) returnees, is an important part of a safe and sustainable return, where returnees are treated with dignity. The returnee's health and wellbeing directly impact on his or her ability to successfully make a new start in the country of origin. It is important that we work towards improving the quality of care and establishing quality criteria. This is why we have chosen to develop a new approach, which incorporates the preferences and expertise of various organisations and which explicitly focuses on the context within which decision-making takes place and specific plans for return migration are made. All of these issues

have been brought together in a unified approach under the heading: ‘Psychosocial assistance for returnees’.

The term psychosocial assistance may lead people to think that this will be exclusively targeted at people with health or mental health problems. Indeed, such vulnerable groups come in for special mention within the approach. However, the term ‘psychosocial assistance’ also takes into account the fact that psychosocial issues are an inherent part of decision-making and the entire return process. Anyone considering the option of returning, will to a greater or lesser extent be confronted with psychosocial issues: a range of emotions, expectations relating to self and others, reflecting the extent of possibilities and support, strengths and weaknesses. All these issues will impact on the return process and on the sustainability of return migration. Return counsellors need tools or instruments to be able to offer adequate support to potential returnees who find themselves in a vulnerable position, whilst respecting each client’s unique situation.

1.2 Objectives and target group

The current approach was developed for return counsellors who work with (former) asylum seekers, undocumented migrants and refugees. They provide information and discussion on matters concerning their clients’ future and their return migration. In addition, this approach may provide added value for return counsellors working for government agencies such as the Repatriation and Departure Service (Dienst Terugkeer en Vertrek DT&V) and the Immigration and Naturalisation Service (Immigratie- en Naturalisatiedienst (IND)); or return counsellors working for other bodies such as the International Network of Local Initiatives with Asylumseekers INLIA (Internationaal Netwerk van Lokale Initiatieven ten behoeve van Asielzoekers), the National Support Organization Undocumented Migrants LOS (Landelijk Ongedocumenteerden Steunpunt); or return counsellors and confidential mediators working for self-help organisations.

The current approach has potential returnees as its main target group. These returnees may hold a permanent residence permit but may also be people who have exhausted their legal options or who have never applied for protection status. Where relevant, special attention is paid to potential returnees with mental and physical health problems.

The main objective of the approach is to contribute to a respectful and sustainable reintegration of returnees through improving the quality of counselling offered during the return process. This will result in all counsellors following a more harmonized approach to assistance, and focusing on the psychosocial health and wellbeing of (potential) returnees.

The main objective of the approach has been further elucidated under the following subheadings:

- 1 offering an approach which will allow counsellors to provide customised support to potential returnees who are making a decision about returning.
- 2 offering information which will allow counsellors to provide customised support to people wishing to return to their country of origin and who are trying to formulate specific plans.
- 3 offering return counsellors tools which will allow them to deal with emotions whilst not losing sight of psychosocial wellbeing.
- 4 offering return counsellors a tool for systematically mapping out mental health problems in support of referrals or in aid of a conscientious handover.
- 5 offering support for return counsellors and organisations in order to enhance and monitor the quality of any assistance provided with an eye to the psychosocial wellbeing of (potential) returnees.

These objectives have been elaborated on in Chapters Two through to Five. Chapter Two outlines the theoretical framework which underpins the practical approach presented in Chapter Three. This approach may be used to offer customised support to clients in the process of making a decision on return migration. Chapter Four offers suggestions for helping clients to develop concrete plans for return migration, taking into account each individual's strengths and weaknesses. Chapter Five provides a guide to dealing with clients who have mental health problems. Finally, chapter Six offers a few suggestions as to how organisations and return counsellors can monitor the quality of their work. The various tools have been listed in the Appendices.

This approach can be employed for all types of assistance in cases of either voluntary or facilitated return. It was developed for use by return counsellors working for a range of organisations. Particular components of this approach may have variable relevance, dependant on the objective, mission statement and vision of the organisation. The role of return counsellors will also vary according to the practical implementation in each organisation and may range from a directive role to more of a supportive coaching approach.

A number of guiding principles and conditions apply for this approach to be implemented:

- The potential returnee has been through a thorough asylum procedure: he does not need to fear for his safety when he returns.
- If someone is unable to return (for instance because of the medical situation or because the necessary passes are not being issued) a permanent residence permit needs to be granted.
- It is important to be clear and upfront about any entitlements individual clients may be eligible for.
- Any organisation working with this approach will provide training and supervision for counsellors in carrying out this approach..

Section 2.3 describes a number of criteria which return counsellors should meet, with a respectful attitude towards the client given high priority. Please refer to Section 3.1 for more detail.

1.3 Terms and definitions

Health

We will use the World Health Organisation's (WHO) definition of health as a state of complete physical, mental and social wellbeing and not merely the absence of disease.

Psychosocial assistance

Within this text, the term psychosocial assistance will be used to refer to supporting the client in the decision-making process and, if required, the return process. In addition, the return counsellor focuses on important factors which impact on decision-making and on the actual return. Within the return process, psychosocial assistance focuses on the health and wellbeing of the (potential) returnee and on monitoring this in the best possible way.

Return counsellors

The word return counsellor will be used to refer to both male and female case managers, supervisors, confidential counsellors, advisors, key persons (people from the client's ethnic community, living in the country of destination), interns, social workers and others involved in the return process of (former) asylum seekers and undocumented migrants. For ease of reading, the word return counsellors will be used unless the context demands further clarification. Where return counsellors are referred to by using the words 'he' and 'his', this should be read to also include 'she' and 'her'.

Clients

The word client will be used to refer to both male and female (former) asylum seekers, refugees and undocumented migrants who are in the process of returning. For ease of reading, the word client will be used unless the context demands further clarification. Where clients are referred to by using the words 'he' and 'his', this should be read to also include 'she' and 'her'.

Asylum seekers, refugees en undocumented migrants

The term *asylum seekers* will be used to refer to people who have applied for protection status. The term *refugees* will be used to refer to people who have applied for refugee status in the country of destination and who have been granted a refugee status permit.

The term *undocumented migrants* will be used to refer to people without valid residence visas or permits. Some may never have applied for protection status,

while others may have exhausted all legal options, but have been unwilling or unable to return. There are also those (former) asylum seekers whose temporary residence permits have been repealed because circumstances in their countries of origin have improved.

Return process

There are different stages to the process of returning to the home country:

- thinking about returning;
- deciding to return;
- making specific plans for returning;
- the actual return;
- re-integration in the country of origin.

Sustainable return migration

Sustainable return migration is defined as a situation where the return to the country of origin offers the returnee real social and economic prospects. This refers to the actual, independent departure from the country of destination, where the client has been adequately prepared, resulting in a real chance of psychosocial and socio-economic re-integration in the country of origin.

Voluntary, facilitated or forced return migration

Returns to the country of origin may be voluntary, facilitated or forced. Most organisations providing support services facilitate *voluntary returns*. The term voluntary return has been defined in a number of ways. The European Council on Refugees and Exiles (ECRE) and the Red Cross recommend using this term for the return migration of refugees and people with a temporary or permanent status, who have made an informed choice to leave the country of destination and to return. They can either return completely independently or with the aid of a return programme.

The ECRE and the Red Cross use the term *facilitated* or *assisted return* when people have no legal right to stay in the country of destination, and when they choose to return to their country of origin assisted by a formal programme. In opting to return, they are influenced by a negative decision on their status, the threat of being forcibly removed or the perceived negative consequences of remaining illegally.

The term *forced return* is used when people who do not want to return to the country of origin are forced to return. This is often preceded by a period where the person's freedom of movement is severely restricted.

Notes

¹ Schell, P. & Muller, P. (2000). *Terugkeren, een levenslang dilemma. Methodiek voor psychosociale ondersteuning van vluchtelingen*. Stichting Pharos. Grondelle,

N. van (2008). TIP-methodiek. Methodiekbeschrijving: 'Coachen in toekomst-gesprekken'. Pharos & Stichting Nieuwkomers en Vluchtelingen Tilburg.

² Internal evaluation reports of training programmes for return counsellors conducted by Pharos over the period from 2004 to 2010.

³ www.iom-nederland.nl/programma_s/vrijwillig_vertrek_uit_nederland.

2 Theoretical framework



This chapter attempts to find general answers to the following questions which are based on the literature around this area:

- 1 What do we know about decision making relating to the return of (former) asylum seekers and undocumented migrants?
- 2 What guidelines does the literature offer for good quality psychosocial assistance to returnees?
- 3 What makes return migration sustainable? What role can return counsellors and organisations in the country of destination play to improve the sustainability of return migration?

The chapter will finish by offering recommendations and a conclusion which aims to bridge the gap between the literature review and subsequent chapters outlining the various methods and tools proposed in this approach.

2.1 Return migration: Considerations and decision-making

This section will discuss the following:

- 1 Return migration from a migrant perspective: A qualitative description
- 2 Decision-making models for return migration

Thinking about return migration

Thinking about return migration is inherent to immigration. Vluchtelingenwerk Vlaanderen (Flemish Refugee Council) recently came up with a brief description which has been reproduced in a slightly amended fashion below.³

Their description fits in with the situation in most host countries, succinctly describing the part return migration plays in the lives of asylum seekers. The Flemish Refugee Council differentiates between five stages in the lives of refugees and asylum seekers, based on Schell en Muller⁴: (1) Breaking away from their day-to-day existence and deciding to leave; (2) fleeing and finding shelter within their own region; (3) finding shelter and asylum in the country of destination; (4) being granted a residence permit or being denied protection status; and (5) the stage of return migration and re-integration.

Stage 1: Breaking away from their day-to-day existence and deciding to leave

People may reach the decision to leave their country in a variety of ways. Some have been preparing to depart for a long time: they have planned their journey, considering a range of options, and have made plans for the future. Others have had to depart very suddenly, because their lives were in jeopardy and they have not had time to plan anything. From the moment these refugees leave their countries, they are thinking, consciously or subconsciously, about going back as soon as they can. Even at this stage, they experience feelings of ambivalence: on the one hand, they want to leave for a country which will offer them protection and give them everything they do not have in their own country. On the other hand, it pains them to leave their homeland, not knowing whether they will ever return. Thinking about returning at this stage may soften the pain of their forced departure.

Stage 2: Fleeing and finding shelter within their own region

This stage can be very brief in some cases, but may last many years in others. The flight to safety can be long and full of danger, but can also be completed very quickly, by airplane. Most migrants have a number of obstacles to overcome, passing border checkpoints, hiding away, travelling in inhuman conditions, often without any certainty of whether and when they will actually reach their destination. This is a tough journey, which can leave both physical and mental scars. Most of those who are forced to flee will find shelter in their own region first, and the majority will stay there as well. Others won't even find safety there, and will continue their search for security. These people will usually move to countries in Europe. At this stage, migrants have only just left their homes and are mainly preoccupied with survival. For many, the idea of returning (at some stage) is very real, especially if the journey is very dangerous or if the situation in the country of first arrival is not safe.

Stage 3: Finding shelter and asylum in the country of destination

When migrants first arrive in the country of destination their priority is to fulfill the primary necessities of life. Hence it is important that they quickly find out how the new country works and apply for protection status. They need to learn a lot and adapt to their new lives. For some this can take longer than for others, depending on their capabilities and competencies. On arrival in the

country of destination immigrants feel relief, because the first part of their plan has now been completed. It is at this point in time that the task they have set themselves when they left becomes significant (this may involve getting themselves to safety, getting family members to safety at a later stage, or providing economic support to those relatives who stayed behind). Some may doubt that they will be able to achieve this.

Feelings of ambivalence about returning may surface at this stage. Many immigrants are homesick and think back nostalgically to life in the home country and to any relatives who may have stayed behind. However most of them will not readily express thoughts of returning. They will fear that expressing their wish to return will undermine their asylum seeking narrative and may harm any potentially favourable decision in relation to their application for protection status.

Stage 4: Being granted a residence permit or being denied protection status

Once people have been granted residency, their pain, their problems and their reasons for leaving are also acknowledged. Some ask themselves whether they might have a future again in the home country once the situation there improves and stabilises. However most will not return of their own accord and this results in the so-called ‘myth of return’.

Those who have not been granted a residence permit will receive notification telling them they have to leave the country of destination. Such notifications lead to an almost immediate cessation of both physical (such as shelter) and psychosocial assistance. Such asylum seekers are obliged to leave the country in the short term. Their responses will vary. Some strongly resist the idea of having to return, while others respond with resignation: on the one hand, they do not really protest, but on the other hand they do not take any initiative to return. They rarely seriously consider the option of returning, because this option does not really fit in with their original plan.

It is important to mention that in the course of the reception and the asylum procedure stage, asylum seekers are largely reliant on official agencies for any decision as to their residency status. At the same time they are reliant on social workers/return counsellors for their most basic everyday needs. In this way, the asylum seekers run the risk of becoming passive and of losing their sense of autonomy.

Stage 5: Return and re-integration

For asylum seekers who have been granted a residence permit in the country of destination the stage of integration now starts. They need to have their qualifications recognised, often learn the local language, build a social network and simply start a new life.

Asylum seekers who have received an urgent request to leave the country of destination have several options open to them: they can migrate to yet another country, they can stay as undocumented migrants, or they can return either as

voluntary or forced returnees. Some choose to remain illegally and all the risks that this entails: possible arrest and detention, not having legal access to employment, the risk of being exploited and an increased risk of becoming the victims of human trafficking.

When people eventually decide to return to their country of origin, sometimes with the support of a voluntary return programme, they start a new phase of their lives. Often they return to a country that has undergone many changes in the meantime. In addition they themselves will have changed. This may possibly result in returnees feeling like strangers in their own country. Such feelings may be difficult to handle. For this reason, practical and psychosocial assistance are of great importance during the phase of re-integration.

Decision-making: factors at play in the country of origin and in the country of destination

There are several theories and models that can be used to map decision-making processes in general and those relating to return migration in particular. These models show a range of factors which may influence decisions about returning.⁵ It is common practice to differentiate between factors at play in the country of destination and factors at play in the country of origin.

Several studies involved asking asylum seekers and refugees directly as to their motivations for and intentions to return. It is clear that thinking about returning is influenced by a complex of factors and feelings. International research has shown that, when it comes to making a decision with regard to returning, factors relating to the country of origin play a larger role than factors relating to the country of destination. A recent Dutch study also investigated whether asylum seekers who had almost exhausted all legal avenues for protection status intended to stay or return.⁶ One of the first conclusions of this study, which was conducted by the woDC (Research and Documentation Centre), was that the intention to return was almost non-existent among this group of asylum seekers. The main explanations for this involved three different factors. These factors will be examined in more detail below and the findings of the woDC study will be combined with those from other studies.

Opportunities in the country of origin

Most respondents in the woDC study were seriously concerned about safety issues in their country of origin. This seemed to be the main reason for the fact that very few asylum seekers intend to return once they have exhausted all legal avenues for appeal. In fact only those who are relatively optimistic about safety in the country of origin are positive about the option of 'returning'. However a majority of asylum seekers originate from countries which are or were until recently in a state of war and/or repression. In other words there appears to be an objective basis for the fear of a lack of safety following their return, even though

the asylum seekers' fear is not recognised in that they are not granted residence permits.

Aside from the perception of safety issues in the country of origin, perceived possibilities regarding accommodation, employment, relationship with friends and relatives and the availability and accessibility of (social and medical) services also played a major role when people were weighing up whether to return.

In a study conducted in England, refugees and failed asylum seekers from Somali, Afghan, Iranian, Kosovar, Chinese and Tamil origin were asked what factors played a decisive role in their decisions to either stay in England or to return.⁷ Safety was mentioned as a first factor, followed by employment, family and health. In addition it became apparent that none of the decisions depended on any one single factor, but followed a staged response; where the main condition (safety) had to be met first, before the second condition (employment) was considered, followed by the third, and so on. Interestingly, the study found that the services of return migration programmes did not have any influence on their decisions. This was mainly due to the fact that respondents felt that return migration programmes were unable to meet the basic conditions for returning, i.e. safety and employment. A quickscan among those providing assistance to unaccompanied minors (UAMS) seeking asylum brought up the same factors.⁸ This quickscan involved asking those who provided assistance what might be some of the reasons for UAMS to return to their countries of origin or not. Respondents most commonly mentioned reasons that related to the situation in the country of origin: the degree of safety, whether UAMS felt they had a future there and whether they had friends and family.

A more recent study⁹ conducted among former UAMS confirms this impression. The majority of UAMS leave, destination unknown, once they reach the adult age. Details about the number of young people returning to their country of origin are not available. In general a large number of young people are thought to disappear by remaining in the country of destination illegally. The study included questions as to how former UAMS felt about returning to the home country or moving on to yet another country. It appeared that many preferred an uncertain existence as undocumented migrants in the Netherlands to uncertain new beginnings in their country of origin. Again factors relating to the situation in the country of origin appeared to play a decisive role in decision-making.

Opportunities in the country of destination

Asylum seekers who have exhausted their legal options weigh up the possibilities and opportunities they would have in the country of origin and a life in the country of destination. Official policy in most host countries is aimed at making life as a migrant with irregular status a very unattractive option, the rationale being that this will make it more likely that these irregular migrants will eventually leave. This reasoning is, however, extremely questionable as in fact many

studies have shown that the situation and opportunities in the country of origin are more important than the situation and opportunities in the country of destination. A recent study examined the effects government policy on undocumented migrants had on the life of rejected asylum seekers in Utrecht (the Netherlands).¹⁰ Eighty-eight former asylum seekers who had been undocumented for some time were interviewed for the study (with a large number of respondents granted residence permits at a later stage, within the context of a General Pardon). Respondents were asked inter alia what reasons they had for not returning to their countries of origin. Fifty-seven percent of respondents mentioned the current situation in the country of origin as a reason for not returning. On the one hand respondents were anxious about their personal safety, while on the other hand they did not wish to return because of the political, social and economic situation. People also frequently mentioned wanting to go back, without being able to actually return because of not being granted a *laissez-passer*.

Conditions are difficult for undocumented or irregular migrants in the Netherlands. They live in constant fear of being detained, they are finding it ever harder to obtain work, they have limited social networks and are only able to access medically necessary care. Research among former UAMS without legal residency status shows that living conditions among irregular migrants are extremely bad by Dutch standards.⁹ These young adults find it difficult to secure stable accommodation. They are largely dependent on minimal (financial) support by private community service organisations (such as churches) and friends. Even though most young people are able to provide in the basic necessities of life, this requires a lot of effort, and their situation is in stark contrast with that of their Dutch age group peers. They are entitled to medical care and make use of the healthcare system. However, even though many former UAMS indicated that they had mental health problems, not all of them knew where to seek adequate care. Their outlook in terms of education, training and employment is problematic. Their need for money and accommodation is so urgent that it may result in them accepting bad living and working conditions. They will shy away from reporting any cases of possible exploitation by employers for fear of being detained. In spite of these difficult circumstances, a majority of rejected asylum seekers choose to remain in the Netherlands. They feel that, in spite of everything, life in the Netherlands is better and safer than in their country of origin. This again shows that it is questionable whether stricter policies on migrants with irregular status would induce them to leave. At any rate it begs the question of whether such policies would in fact challenge basic human rights.

Health

People's perception of their own health is the third factor influencing their intentions to return. It would seem that the relationship between health and the decision to return is complex.¹¹ On the one hand, there are indications that health issues may contribute to people returning. This may be the case where

people blame their health issues on their stay in the country of destination and think that returning to their old familiar environment will cause these issues to disappear. However, most researchers assume that medical complaints may be an obstacle to returning. One frequently mentioned explanation would be the fact that medical services in the country of origin are often inferior to those in the country of destination, or not as readily accessible. It is also assumed that people suffering health problems are not as capable of seeking information about options for returning. Yet another explanation might be that people with health problems do not wish to burden relatives in the country of origin with their health issues and any associated costs. Moreover people who no longer have networks in the country of origin would face an especially uncertain future if they were to return there with their health problems.

The WODC study mentioned above confirms the link between returning and health.⁶ This study showed that the better the individual's health, the more positive their attitude towards returning and options in the country of origin. Health contributes to the (self) confidence needed for a successful return. It also became apparent that (mentally) healthy asylum seekers are more receptive to the information provided by various organisations and to the pressure from the government to voluntarily return to the country of origin at a point in time where they have almost exhausted their legal avenues.

2.2 Points of reference for psychosocial assistance for returnees

The ultimate objective of this approach is to improve the quality of assistance offered to returnees. This will be reflected in a focus on the health and wellbeing of the potential returnee in the process of return migration. What do we know about the health and wellbeing of (former) asylum seekers and undocumented migrants in the country of destination and how they fare once they have returned to the country of origin? What lessons can we learn from this when it comes to offering assistance in the country of destination? What points of reference does the literature offer with regard to the provision of better quality assistance?

The health of asylum seekers, refugees and undocumented migrants in the Netherlands

A 2007 study conducted in the Netherlands investigated the physical and mental health problems of 178 asylum seekers and 232 refugees from Afghanistan, Iran and Somalia. The study showed that their health was both worse than that of the Dutch-born population and worse than that of other immigrants from non-Western countries. Asylum seekers in particular reported many symptoms of Post-Traumatic Stress Disorder (PTSD), depression and anxiety. In addition, half of the asylum seekers and refugees reported chronic

complaints. The most frequently mentioned chronic health complaints were: serious neck and shoulder problems, painful backaches, migraines and severe headaches.¹²

A study among 920 UAMS in the Netherlands found that many reported having lived through life-changing events, including a large amount of sexual violence, with ten percent of all boys and forty percent of all girls reporting such experiences. Anxiety, depression and complaints of post-traumatic stress were especially frequently reported by the UAMS in the study.¹³

A variety of factors and mechanisms may contribute to the relatively poor health status of asylum seekers and refugees. Recent research has shown that once refugees get older they experience more health problems than the Dutch-born population and than other migrants, such as those of Turkish or Moroccan origin.¹⁴

Due to the poor quality of prior care, some asylum seekers arrive in the Netherlands with conditions such as intestinal parasitic infections, vitamin deficiencies, malaria, dental problems, skin problems, and problems with eyesight or hearing.¹⁵ Previous traumatic experiences also play a role. Asylum seekers who have been through many traumatic experiences are more likely to assess their health status as moderate or poor and are more likely to have symptoms of PTSD, anxiety and depression when compared to asylum seekers who have been through relatively few traumatic experiences.¹⁶

Age and gender may also play a role. Women report more chronic conditions and symptoms of PTSD, anxiety and depression. For asylum seekers the most common stressors are the duration of the asylum procedure, uncertainty about residency status, concerns for members of the nuclear or extended family who were left behind, boredom, housing and accommodation problems, lack of privacy, financial problems, loneliness and feeling homesick.¹⁶ Over a third of asylum seekers receives little or no support from those around them. These people have a relatively high rate of anxiety and depression-related complaints.

Research involving Iraqi asylum seekers showed that the duration of the asylum procedure was an important risk factor in relation to the development of mental health problems such as anxiety disorders, depression and somatoform disorders.¹⁷ For respondents in this study, the duration of the asylum procedure appeared to contribute more to the development of mental health problems than life-changing events they had experienced in Iraq. Unemployment, (concerns about) family members, loneliness and the stress of the asylum procedure in particular played a major role in this. For UAMS the absence of a social support network was a decisive factor.

To our knowledge, there has been no research to date comparing the health status of undocumented migrants with that of asylum seekers and refugees. Van den Muijsenbergh¹⁸ mentions a number of studies which recorded the types of complaints undocumented migrants sought help for. One of these studies¹⁹ which examined 16 family doctor practices and ten Emergency De-

partments found that family doctors were more likely to record mental health and social problems, skin complaints, and problems affecting the digestive and urinary tracts in relation to asylum seekers than in relation to regular patients in the same area. In addition, the latter appeared to have more serious health problems and were more likely to put off seeing a doctor. Another study²⁰ involving 169 undocumented migrants in Rotterdam showed that many of them had mental health problems. It also appeared that such mental health problems proportionally increased the longer the individual's illegal status continued.

Health status 'back' in the country of origin

There has not been much research into the health and wellbeing of returnees following their return to the country of origin. The only study we encountered which explicitly addresses returnees' psychosocial wellbeing suggested a number of reasons which might explain the paucity of data: firstly, returnees are often difficult to trace and, secondly, most return independently (and not through the return programmes) offered. Finally, not much is known about their health and wellbeing because any monitoring that is done focuses on the socio-economic, legal or logistical parameters of returning, and not on the wellbeing of returnees. Moreover there is the assumption that the returnees will be home, 'in the right order of things', and that everything will sort itself out automatically...²¹

The following issues turned out to be of importance when examining psychosocial aspects following return:

- 1 Where did the (potential) returnee feel at home?
- 2 What were the returnee's expectations regarding the process of returning?
- 3 How did the family feel about returning?

The study showed that in a quarter of all cases the decision to return caused a lot of friction between the spouses and/or their children. However respondents also reported feeling more anxious prior to returning (47 percent) than after the actual return to the country of origin (15 percent). Feelings of embarrassment and guilt often came to the fore after returning (feelings of having deserted family and friends at the time) as did feelings related to the 'new identity'. In addition, they had the impression of not being welcome, and of being seen as 'intruders rather than natives'.²¹ Others recounted how those who had remained in the homecountry did not show any interest in what had happened to the returnees while they were in Europe, as if that chapter had now been closed. Other reproachful comments directed at the returnees concerned claims relating to money, property and/or houses; to the fact that the returnees had brought back 'bad' (Western) habits and that those who had originally fled for political reasons could cause problems with authorities.²¹

Research among returnees in Kosovo showed that, two years after the end of the war and their return from their Swiss host society, ethnic Albanians were living in abject poverty.²² Moreover they showed high rates of chronic conditions as well as a high prevalence of PTSD, in addition to generally scoring poorly when it came to mental wellbeing. Almost a third of respondents reported that their health had deteriorated in the year leading up to the study.

A study among Togolese people who had returned to Togo showed that 90 percent indicated that they would prefer living in a Western country.²³ Returnees are in a vulnerable position due to the fact that, in order to start afresh, they need to rely on a social network that they may have neglected. Within a setting which is often characterised by scarcity (of money, employment, accommodation, food) return migrants need to compete in many ways. Feelings of embarrassment, powerlessness, reproach and guilt are frequently reported and are an impediment to embeddedness and integration. Meanwhile the study also showed that 15 percent of returnees felt at home in Togo, 25 percent felt part of society again psychologically speaking, while 60 percent felt disappointed and misunderstood by the community around them.

Half of the Togolese returnees studied felt like strangers in their own country and complained that family and friends had assumed that they would return with money and property. They indicated that they were wondering 'What now?', that they slept poorly and were afraid. The other half, however, indicated that their experiences in the home country had made them stronger. Interestingly it was usually women who expressed such positive comments. In a number of cases these women had divorced their husbands in Europe and had experienced their stay in Europe (and especially the lengthy asylum procedure) as very difficult. The fact that these women had had to face things on their own back in the country of destination had resulted in them feeling more confident about returning. Either that or their negative experiences in Europe had ended up making them more appreciative of Togo. Lastly, it was found that following their stay in Europe some returnees became more aware of abuses in their own country and of how the population was being suppressed and/or how corrupt their country was. This could be quite confronting to those who had stayed behind. Therefore, socialising with returnees is sometimes seen as dangerous.

A study entitled *Jong en Illegaal* (2010) included interviewing fifteen former UAMS who had returned from the Netherlands to Sierra Leone. The researchers conclude that: 'Those respondents who returned voluntarily (rather than mandatorily) have had time to prepare for their actual return. They have usually saved up money or received a contribution from the IOM [International Organisation of Migration]. Those young people who had been expelled and who, of necessity, had had to return without money, contacts or preparation, initially lagged behind those young people who had returned on their own. However, once they had returned to Sierra Leone, in most cases, this initial difference between voluntary and forced returnees disappeared, with both

groups facing comparable problems. After living in the Netherlands for many years, young people soon spent their money on everyday necessities such as accommodation and food or the cost of medical care for a family member. Contacts with relatives who had stayed behind were problematic for returnees. On the one hand this was due to the fact that family members had grown apart due to the long period of separation. On the other hand friends and family had high expectations of young returnees. Family members had often made a financial investment in helping the young people leave and now expect (financial) support in their turn. Aside from these high expectations, there was distrust in relation to the young people. Family members were often unable and unwilling to understand how come someone who had lived in Europe had now returned empty-handed. Such feelings of distrust and disappointment usually resulted in relatives not being willing to support these young returnees with food and accommodation. Hence in a majority of cases, contacts respondents thought to be able to count upon did not actually provide any support.⁹

Points of reference for assistance: coping ability and coping

Within crisis intervention the so-called equilibrium model is often used to map out the relationship between a person's *capacity* or *coping ability* and *stress load* or *burden*. Aside from the stress load which individual returnees have to deal with, there exist protective factors which may strengthen their ability to cope. An individual's capacity represents his abilities to cope with his problems. This ability varies from one person to the next and will also fluctuate at the level of the individual. When a person's stress load exceeds his coping ability for an extended period of time, that individual may develop all sorts of health problems, including headaches and abdominal complaints, sleep problems, depressive and aggressive responses, and also relationship problems. An individual's capacity or strength depends on a variety of factors, including his personality, physical health, support from people around him. It also depends on how the individual dealt with difficult situations previously, i.e. his coping skills.

There exists a wide range of coping styles. The use of various coping styles may have prevented someone from developing mental health problems. A recent review of the literature around the care provided for asylum seekers with mental health problems described a number of different useful coping styles.²⁴ These include: appealing to individual strength; praying or reading religious texts; seeking support from within one's own social network; seeking distraction through physical activities and games; sharing good memories and feelings within one's social network; intentionally refraining from discussing terrible experiences; and seeking alternative care, e.g. as provided by religious leaders and traditional healers. However there also exists a number of destructive coping styles, including eating too much food or sweets, smoking, gaming, or the excessive use of drugs (including qat or alcohol).

This diverse range of coping styles is described in research conducted among returned refugees from Africa and the former Yugoslavia.²⁵ The researchers distinguish between ‘active’ and ‘passive’ styles. Active coping styles help refugees to orientate themselves towards the future and towards achieving stated aims. Individuals who use passive styles describe their experiences of losing relatives, property and social status as irreparable. They live in relative social isolation and only possess small networks of friends and family members. The authors conclude that coping styles partly depend on refugees’ own resources, but have also partly been developed within the setting of asylum seeker reception centres. In these centres people are often treated as victims, and this undermines their autonomy as individuals. The fact alone that asylum seekers have taken steps to flee their situation may be taken as a sign of their strong and enterprising personality. A long stay in a reception centre for asylum seekers which offers only limited opportunities for employment, training and meaningful activities, will slowly but surely erode these strengths.

To our knowledge, there has been no research as to how and under what conditions assistance provided to returnees can actually contribute to their personal wellbeing and enhance the sustainability of the return migration. However, the area of health information does offer us a number of clues, with action planning being commonly used within this field.²⁶ This is a method for stating clear objectives and planning specific activities to achieve these goals. Within action planning there is considerable focus on sources of support which can be used to achieve the stated aim. In other words, people are challenged to formulate achievable aims and to seek solutions for any impediments.

With reference to returnees, action planning may invite clients to anticipate any possible problems they may face upon their return to the country of origin; to think of solutions and to independently identify what sources of support might still be available and what new sources of support might be found. Chapter Four and Appendix Four offer a detailed tool which is based on the action planning method.

2.3 Conditions for sustainable return

This section will address the question as to what might lead to a sustainable return and any possible contributions to be made by return migration programmes and return counsellors in the country of destination.

Embeddedness

The concept of embeddedness can be used to gauge sustainability. The success of return migration is reflected in the extent to which someone can become (re)

embedded in his country of origin. Embeddedness encompasses both a (psycho)social and a socio-economic component.

The psychosocial component refers to the extent to which somebody feels at home, his sense of safety and psychological wellbeing. As far as social embeddedness is concerned, those asylum seekers and refugees who had maintained contacts with friends and family in the country of origin have been found to be the most successful returnees.²⁷ Regularly sending small amounts of money to family members in the country of origin may lead to returnees not being given the cold shoulder so much following their return, because they are considered to have shown their solidarity. In addition such returnees are less likely to feel embarrassed ‘about having failed’, because they have demonstrated that ‘they have done everything in their power’.

The socio-economic component refers to the social position taken up by the returnee and his family in the country of origin. This component is associated with having work and money as well as a social network to fall back on.

In other words, there is more to embeddedness than merely offering the financial stimulus required to enable returnees to bridge the first period following their return. A paper reviewing factors affecting successful reintegration found that the following factors play an important role in ensuring a successful return and subsequent embeddedness:²⁸

- Safety and improved political, social and economic conditions in the country of origin – for example a relatively large number of successful returnees may be found in countries such as Chile, Vietnam, Angola and Cambodia;
- The desire to be reunited with family;
- The possibility of claiming one’s own property (land, house) and of finding employment;
- The desire to contribute to reconstruction of the country of origin;
- Poor living conditions in the country of destination (having to live as undocumented migrants, no access to social services, etc.);
- Return migration is supported by tailor-made assistance;
- Involving family members, community groups and local NGOs in the country of origin in the provision of information prior to and following the return.

Policy recommendations to enhance embeddedness

The literature on sustainable return migration offers a large number of specific recommendations to enhance the potential success of migration programmes. A number of these recommendations have been listed below.

- Clients should be given sufficient time and opportunity to adequately inform and prepare themselves. Help them use the internet and ensure that there are adequate facilities for internet use. Ensure there is a direct telephone connection with family members and organisations in the country of origin to enable the potential returnee to ask questions (about the safety of a particular location,

- employment, accommodation, healthcare, tracking down family members, etc.). Ensure that any (provision of) information about the country of origin is up-to-date, reliable and available to both those providing assistance and to the returnees themselves.
- Monitoring reports show that finding work in the country of origin is the most important element enabling the re-integration of returnees. Finding employment may not always be a smooth process. The local population may be envious of returnees, because the latter receive support, money and assistance.²⁹ For this reason return migration programmes should not only be beneficial to the individual concerned, but also to the local population in the country of origin in terms of capacity building or improvement of infrastructure, for instance by installing water pumps, building hospitals or roads, or by offering microcredit, etc.³⁰
 - Offer returnees the opportunity to learn a ‘trade’ (a practical, goal oriented training programme). Such practical training will enable them to build a new life in their country of origin. Practising a trade that is useful in the local context will increase the respect in which the returnee is held (social embeddedness), will reduce the possibility of return migration to the West and will also encompass local capacity building.
 - It has been shown that children who were born in or spent a long time living in a European country have inadequate skills in the language of the country of origin, resulting in poor integration. Therefore it is important that these children attend language classes shortly after arriving in their parents’ country of origin in order to enhance their contacts with age-group peers and promote re-integration of the family as a whole – whilst at the same time also enhancing the sustainability of the return migration.³⁰
 - Provide legal support in both the country of destination and the country of origin and ensure there are guarantees in relation to safety and freedom of movement in the country of origin. Make sure the returnee is guaranteed accommodation in the country of origin.
 - Seek out collaboration with local NGOs and religious communities in the countries of origin. It is important in this respect to share knowledge in relevant areas such as education and (additional) classes for children, local healthcare services, psychosocial support following return migration, working towards social inclusion and re-integration.
 - Organise follow-up assistance and/or monitoring in the first stage following return migration.³¹ Where returnees have medical or psychosocial problems, their situation should be monitored for a minimum of six months. Moreover clear arrangements need to be made with social workers and other service providers.
 - Agree on specific arrangements with the returnee, especially as regards the transfer of any financial means in instalments, on certain conditions and within a certain timeframe, where applicable.

Suggestions for individual return counsellors

The above recommendations are aimed at organisations and policy makers in particular, and relate to qualitative improvement and further configuration of return migration programmes. But what do these recommendations mean for individual return counsellors? Chapters Three, Four and Five will outline a more specific approach to the psychosocial factors which come into play in the course of return migration interviews. This section will outline an initial framework involving a number of important general conditions – based on an evaluation of return migration counselling by the IOM.³²

In order to provide good quality return migration counselling, the return counsellor needs to:

- Be aware of his own assumptions, principles, norms and values and of the fact that these may differ from those of the potential returnee;
- Accept that the potential returnee may have a different view in relation to (the lack of) opportunities in regard to return migration;
- Have the skills to elucidate the client's preferences, fears and expectations relating to return migration.

A good return counsellor:

- Is able to explain to each individual returnee what kind of support and services he has to offer, both in the country of destination and in the country of origin;
- Is realistic and clear: he is able to explain the framework, vision, mission statement, and activities of the organisation he works for;
- Is aware of the situation in the client's country of origin;
- Is able to speak foreign languages or will work through an interpreter if necessary;
- Possesses the skills to bring up in conversation topics which play a crucial role in return migration;
- Possesses the skills to set aside his own prejudices and assumptions when interacting with the client;
- Is able to interpret body language and is able to deal with feelings such as anxiety and anger;
- Respects the choices made by the client;
- Establishes a relationship of trust with the client;
- Is aware of the social map: he knows what other organisations are involved in migration and return migration; this enables him to offer the client adequate information and support.

Organisations have a responsibility to offer return counsellors the space to develop and utilise these competencies. Chapter Six offers some suggestions on how this can be done.

2.4 Conclusions

Thinking about returning is an inherent part of the lives of (former) asylum seekers and migrants with irregular status. Whether or not they actually decide to return depends on a large number of factors. For asylum seekers who have (almost) exhausted their legal options their perception of the safety situation in the country of origin appears to be the main factor in the decision-making process with regard to return migration. In addition they weigh up the opportunities they envisage for themselves and their children in the country of origin and the opportunities they assume to be open to them in the country of destination. The presence of any health problems also plays a role in their considerations as to whether to return or not.

Figure 1 briefly illustrates the theory – discussed above – about factors which play a role in decision-making. The arrows show the various (one or more) directions of influences or relationships between factors. The precise nature or significance of the relationship between factors is often not known. This visual overview does not claim to be exhaustive, but it does illustrate the many factors involved in the clients' considerations whether or not to go back and the fact that many of these factors mutually influence one another.

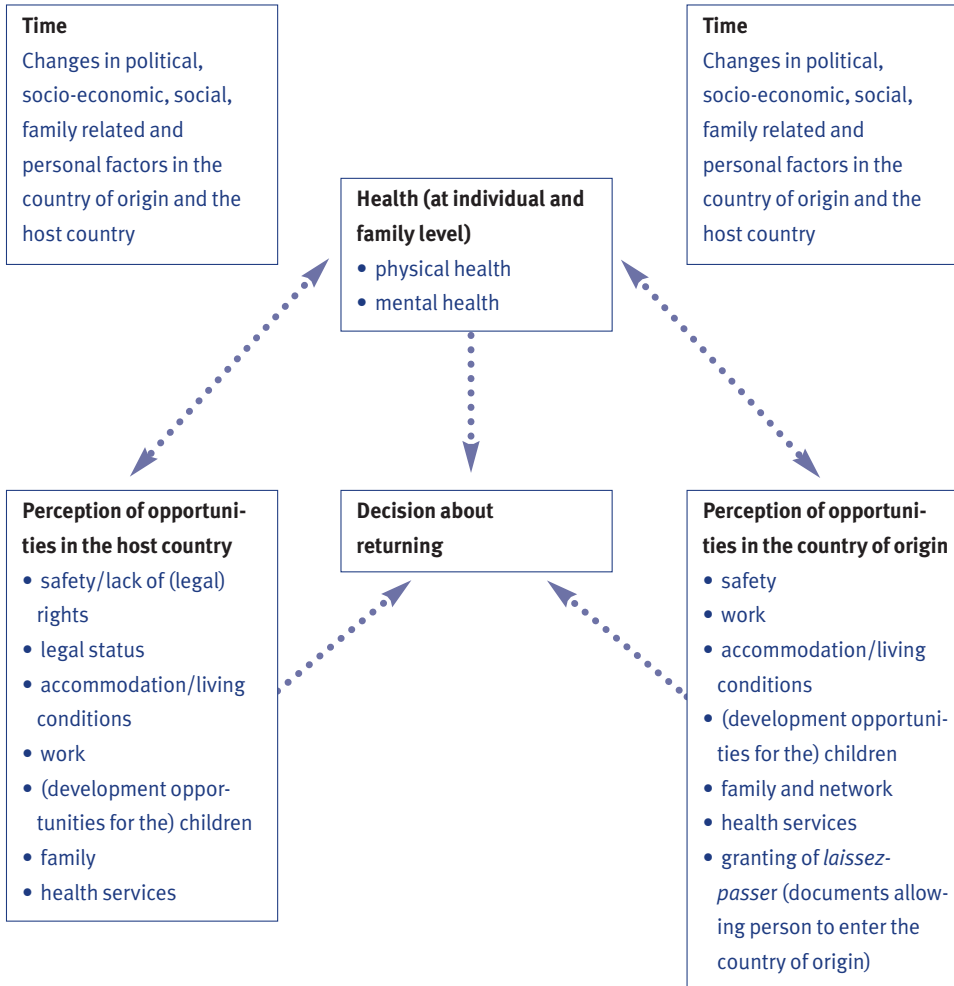
Reaching a decision about return migration is a very complex process. Decision-making occurs within a dynamic context which is subject to external influences such as regulations and the political climate within the country of destination and the country of origin. With the passage of time new factors may start to play a role in decision-making – alternatively, factors may acquire a different significance during the decision-making process due to new information becoming available or due to a change in circumstances.

All this will be different from one potential returnee to the next. In order for return counsellors to do justice to such individual differences it may be helpful for them to have a tool available which can be used to systematically map out which factors are at play in decision-making (in discussion with the client). This tool is described and explained in Chapter Three.

Previous experience has shown that it is important to focus on strengthening the returnee's coping ability through social support and through actively engaging people in establishing and executing specific plans for return migration or for the future – all this as part of the decision-making and actual planning process. It is really important to recognise that there is a large range of different coping styles. Any approaches, policies and actions which are based on the premiss that asylum seekers and refugees have been traumatised and are to be pitied will undermine their strength.^{25,33}

On the other hand, doubts and uncertainty are an essential component of any discussion about return migration. Dealing with this dilemma is the major challenge for return counsellors. Chapter Four and Appendix 4 present a personal action plan which can be completed by return counsellors in consultation

Figure 1 Thinking about and deciding on returning



with their clients. Aside from focusing on individual weaknesses, this plan leaves a lot of room for the principles of activating, strengthening and stimulating social support.

The recommendations and quality criteria discussed in Section 2.4, which are aimed at sustainable return migration and the quality of the counselling offered have been elucidated as much as possible in Chapters Three through to Five. The competencies of the return counsellors are further discussed in Chapters Five and Six. These chapters specifically address the role played by

the return counsellor and how both counsellors and returnees can deal with emotions.

Notes

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3

Supporting the decision-making process



In order to provide clients with tailor-made support in the decision-making process it is important to know which considerations and factors might be of importance to a particular client. What impediments does the client perceive in relation to return migration? What opportunities does the client envisage? Which of these impediments might possibly be resolved? Such an overview will assist in working out concrete plans for return migration and monitoring, even after a decision to return has in fact been made.

This chapter describes a method for mapping out the aforementioned factors to present an overview – for and with the client. The chapter will also describe how this overview can be used to work out more detailed plans, once a decision has been made to return.

It should be emphasised that this is not an approach aimed at directing the decision-making process. Using this approach will contribute to providing customised support: the client is seen within his personal context, the focus is on a range of emotions and on acknowledging any factors which may play a major role for the client. In addition this approach offers guidelines for supporting clients in reaching well-considered decisions and for activating clients to the point where they independently organise practical matters in relation to their return.

3.1 **Overview 1: Factors which play a role in reaching a decision on return migration**

Appendix 1 presents the overview discussed in this Chapter. Below the headings printed in bold you will see the factors you can score your client on. Try to allocate a score for each factor so as to arrive at a picture of your client's oppor-

tunities, strengths, weaknesses and threats that is as complete as possible. Please note the terms ‘positive’ and ‘negative’ do not represent any value judgement in relation to return migration.

Weighting of factors

- - - This factor has a very negative impact on return migration
- - This factor has a negative impact on return migration
- This factor has a slightly negative impact on return migration

N score: impact neutral or not known

- + This factor has a slightly positive impact on return migration
 - ++ This factor has a positive impact on return migration
 - +++ This factor has a very positive impact on return migration
-

You will be providing customised support by always asking each individual client what role a specific factor plays in the return process. In other words: none of the examples and benefits or disadvantages mentioned will have fixed associations. All of these will need to be assessed anew for each individual client.

With the passage of time, new factors may start to play a role in the decision-making process. Moreover, factors may acquire different significance, because circumstances change or new information becomes available. If return assistance carries on for a longer period of time you should consider going through the overview with the client once more and scoring the client again on all factors.

Your approach may vary from more of a directive role to more of a supportive and coaching role, depending on the client and the organisation you work for. For each factor you may ask yourself how the client experiences or assesses that particular factor. If this is difficult for the client to do, you can assume a more active role in this process. You should however be careful not to interpret too much on behalf of your client. You are referred to the TIP-methodology¹ for suggestions on the coaching role and on how to conduct motivational interviews in relation to return migration.

Attitude and approach

Many asylum seekers see return migration interviews as threatening. Whether or not they experience them as such will also depend on the atmosphere in which the interview takes place, the relationship of trust between the client and the person conducting the interview, the organisation arranging the interview, and last but not least the client’s residency status at the time.

Be open and honest in your dealings with the client. Be honest about your objective. This will vary from one person or organisation to the next: is it your

task to persuade the client to return voluntarily or to support the client as he orients himself towards the future? Also be clear as to what the client can expect from you: what are you able or not able to do? Where necessary you should also indicate your boundaries, for instance: no swearing or violence.

A colleague witnessed a return migration interview where it was the job of the person conducting the interview to say that the asylum seeker now had a period of 28 days in which to leave the country and that after this period of 28 days the asylum seeker would no longer be entitled to any of the services offered at the COA reception centre. The manner in which the person conducted the interview struck the observer as being very curt and abrupt. He saw how the client, a young man he had always known to be frank and strong, virtually shrank away and proceeded to mumble timidly. Afterwards the colleague observing the interview talked to the person who had conducted it, and asked him about his communication style. However, the former said he had to take that attitude in order to get the message across in a succinct manner, without leaving the client any glimmer of hope. But was he correct in thinking that?

You can employ the suggestions below regardless of the organisation you work for and regardless of the message you are supposed to convey. These suggestions will help contribute to a respectful attitude and will help establish a relationship of trust if required:

- Start at the beginning. Introduce yourself. Offer the client something to drink. Do not start asking questions without asking permission first. Ask your client whether he knows why he has been invited. If the answer is yes, please allow him to tell you why. If the answer is no, then ask him permission to explain the reason. Be honest about the objective of the interview and be clear about what your client may or may not expect from you.
- If there is time to conduct more than one interview, do not explicitly start discussing return migration during the very first interview. Instead enquire after the situation in the country of origin and their family over there.
- Ask permission: 'May I ask you some questions about that?' 'Would you like some information about this?' 'Could we discuss this further?'
- Recognise boundaries, know when to stop.
- Do not patronise. Do not approach the client as a victim.
- Leave room for emotions. If you do not, there is little chance of the client being able to listen to you and engage in real conversation with you.

Available time

In the most ideal scenario the return counsellor will have time to fully complete the overview with the client. Doing so is strongly recommended from a quality perspective. At the same time experience shows that we may be under pressure of time with little opportunity to provide clients with extensive sup-

port. In the latter scenario we would recommend that when using Overview 1 in Appendix 1, you skip any factors appearing below (*Perception of Opportunities in the country of destination*). The reason being that any threats and opportunities in the country of origin count for more than any threats and opportunities in the country of destination.

3.2 Starting point

Outcome asylum procedure

The outcome of your client's asylum procedure is of crucial importance, because it tells you something about the extent to which someone has the freedom of deciding whether to return or not. Moreover, it presents information as to how long the person has lived in the country of destination. It also clarifies the role of the authorities: is someone allowed to return or is he or she forced to return?

Someone who has been granted *refugee status* may decide to return on a completely voluntary basis, without experiencing any pressure from the government. Those holding residence permits are able to use the so-called *go & visit flights* in order to inform themselves as to the safety situation and the availability of necessary services in their country of origin.

However for those who have lived in the Netherlands for a longer period of time and whose *Vergunning Bepaalde Tijd Asiel* (VBTA) [Temporary residence permit] has expired or has been cancelled, return migration will probably be involuntary and complicated, especially when there are also children involved. Where people were granted permits within the framework of a certain category of protection policy it means they are by definition from an area which was very unsafe for a period of time. This raises serious questions: what are people returning to, what is left now, who is still alive and how safe is it now?

Those who have been through the *Algemene Asielprocedure* (AAP, General Asylum Procedure) have only been in the Netherlands for a relatively short period of time. Where someone decides to return after having had their application for protection status denied, this is not really voluntary return. In that case staying as a legal immigrant is not an option and overstayers run the risk of detention.

The same applies to those who receive a negative decision during or following a *Verlengde Asielprocedure* (VAP, Extended Asylum Procedure) and who are then forced to return. An added disadvantage is that people have lived with uncertainty for a relatively long period of time. Both this and staying at a centre for asylum seekers have an impact on mental health. The duration of stay in such centres may vary from six months to eight years.

Where immigrants are *undocumented* and decide to return to their country of origin, this decision often results from the tough reality of their irregular status: no work, no training or accommodation and barriers to accessing health-care services. The Dutch authorities recently proposed that irregular migrants

should be liable to prosecution and this will result in undocumented migrants living in fear of detention.

► In the overview in Appendix 1 indicate how Factor 1 ‘Outcome of the Asylum Procedure’ would impact on your client’s decision-making. It is difficult to translate this factor into a score, which is why space has been left in the overview to add comments.

3.3 Perception of opportunities in the country of origin

Subjective perception of personal safety in the country of origin

A person’s perception of safety conditions in the country of origin is the most decisive factor. If a client fears that his safety or the safety of loved ones will be at risk following return migration, he will most likely strongly resist (discussing) return migration. Those who have a more favourable perception of safety conditions in the country of origin, are less likely to dismiss the idea of return migration.

Potential returnees include a large number of vulnerable groups. It is important to view the client within the context of the country he might be returning to. Check whether the client is part of a vulnerable group. The most common attributes determining whether someone is assessed as being part of a vulnerable group include: gender and sexual orientation, age (e.g. UAMS), ethnicity, political and religious beliefs, health status and past experiences (violence, torture, human trafficking, etc.).

Sonia and Nadia are 23 and 24 years of age respectively. They are currently staying at a shelter for battered women. They both worked for a notorious Rumanian gang running street prostitution in The Netherlands. At this point in time they have been in the Netherlands as part of a so-called B9 procedure for over two years.* Sonia and Nadia are strongly considering returning to Rumania. They would like to return together in order to support one another through the problems which they will undoubtedly face. Early this year both women told their families what had befallen them and that they would like to return to Rumania. Unfortunately both families responded by saying that their daughters were no longer welcome. Sonia and Nadia find this very difficult to deal with, but they also find life in the Netherlands quite hard. They don’t know what to do.

* B9 arrangement: a temporary residence permit for victims and witnesses who have reported human trafficking

Being male or female can have an immediate influence on feeling (un) safe when considering return migration to the country of origin. A young man re-

turning to an area where armed conflict may develop in the (near) future runs the risk of being called up for military service. (Young) women may have become westernized in the country of destination which may lead to problems when going back to a country where women have a lower social status.² It may even be dangerous for single women to return to particular countries.

In 2010 and 2011 a 14-year old girl from Afghanistan called Sahar made the news. Sahar had been living in the Netherlands with her family for the past 10 years. They had been unable to obtain a residence permit until that point and were threatened with deportation. The family and others involved were resisting deportation. Their main argument was that Sahar had become westernized and would not be able to adapt to the values and norms that exist in Afghanistan without being untrue to herself and possibly being at risk. At the end of March of 2011 an official report appeared concerning school children in Afghanistan, particularly girls. Based inter alia on this official report, the Dutch Immigration Minister decided to grant Sahar and her family a residence permit after all.

An Iranian woman fled to the Netherlands with her husband. They were both granted a residence permit. While in the Netherlands the couple divorced. The woman said that returning to Iran was not an option for her. According to her the regime in Iran would not recognise the divorce and she would not be allowed to travel there without her husband's permission. She said that she would be branded a 'whore' by the Iranian community were she to return as a single woman and that she was afraid of being arrested.

What can we learn about the safety situation in the country of origin from various sources of information? Appendix 10 contains a list of such sources which may be consulted.

► In the overview, indicate how Factor 2: 'Subjective perception of safety' would impact on your client's decision-making.

Children

Parents of children who have lived in the country of destination for a longer period of time will face numerous dilemmas in their deliberations about return migration: will the children be able to attend school, will they be safe, what environment will they grow up in? Sometimes these children are not or are hardly able to speak, read or write the language spoken in the country of origin.

For some people having children can have a positive impact on their deliberations relating to return migration. Sometimes the fact that children are becoming too westernized is a reason for families to return to the country of ori-

gin. The fact that the country of origin may offer a broader network for looking after children may also be a consideration which plays a role.

‘In the video ‘Between head and heart’, a single mother from Bosnia tells her story. She had been granted refugee status in the Netherlands which would have allowed her to live there legally. She said that she had nevertheless decided to return to Bosnia after the war because she did not feel entirely at ease in the Netherlands. She was concerned that in the Netherlands her daughters would grow up on the streets because she could not be home for them. In Bosnia her mother was able to take care of her daughters after school, while she was at work. She admitted that the situation in Bosnia was difficult, but said she did feel safe there.’³

► In the overview, indicate how Factor 3 ‘Children’ would impact on your client’s decision-making.

Accommodation, work and training

The opportunities the client envisages for himself and his family in the country of origin strongly influence his or her view on return migration. This view will be based on various sources of information: his own experiences in the country of origin, experiences of compatriots here in the country of destination, family members in the country of origin, and news items. (Appendix 10 presents a list with sources of information available for consultation by return counsellors and their clients.) The more opportunities a client sees for himself and his family, the more positive his attitude will be vis-a-vis return migration. Checking out such opportunities may also serve as a lead-in to the next phase, during which the client will start making concrete plans.

Employment is a very important condition to successful re-integration into the country of origin. What opportunities for work, accommodation and/or training does the client see for himself in the country of origin? How specific are these opportunities or can they be made more specific? Appendix 4 presents a personal action plan which allows for opportunities for work, accommodation and training to be further elaborated on. In principle this tool is intended for the stage following on to the decision-making process. However a further detailing of plans may also play a decisive role in the decision to either return or stay.

► In the overview, indicate how Factor 4 ‘Accommodation’, Factor 5 ‘Employment’ and Factor 6 ‘Training’ would impact on your client’s decision-making.

Family/social network

The availability of family or friends in the country of origin and the quality of those contacts can influence the decision to return in a variety of ways. Firstly the presence of family members back in the country of origin may result in homesickness and the desire to be reunited with them. However some clients may feel embarrassed towards family and friends, because they did not make it in the country of destination and are returning empty-handed. Or because those who stayed behind got into debt in order to pay for the migrant's journey to Europe. In other cases a returnee may be seen by people in the country of origin as someone who has abandoned his country, for example in post-conflict situations, and may not meet with a warm welcome. It may also be that there are no family or friends remaining in the country of origin, or that contact with the latter has diminished or no longer exists.

It does happen in the case of (former) UAMS that the presence of family members in the country of origin may be of overriding importance in decision-making. Sometimes a young person is keen to return, but the family back home decides it is still too dangerous to return, or the family hopes that the young person will still make it in Europe.

Mr Ngomo is a young man from Nigeria. He 'fled' to the Netherlands because he could not find employment in his own country. He is highly qualified. His family members saved up money to enable him to make the trip. Out of the money he receives through the Agency for the Reception of Asylum Seekers he sends his family back home around € 25 a month. He told them he has a job and a car. He does not want his family to know that he is jobless and living in a centre for asylum seekers. He has exhausted all legal avenues and has to return to Nigeria.

A young Iranian man has been living in the Netherlands for several years when his mother becomes seriously ill. He decides to return to Iran to take care of her.

► In the overview, indicate how Factor 7 'Family/network' would impact on your client's decision-making.

Healthcare services

If your client has health problems, the availability, accessibility and affordability of healthcare services in the country of origin will play an important role in deciding whether to return or not.

(Appendix 5 presents an overview of questions which can be asked to check whether the necessary care is available, accessible and affordable in the country of origin.)

An Angolese woman has a serious kidney condition. She has had a kidney transplant in the Netherlands. She needs to take medication to prevent her body from rejecting the donor kidney. The Medical Advice Bureau (Bureau Medische Advisering) has decided that there is no longer any urgent medical reason necessitating her continued stay in the Netherlands because the required medication is available in Angola. Her legal counsel has made enquiries with health services in Angola and has found that the medication required would be unaffordable for her. For this woman return migration would result in her body rejecting the donor kidney, meaning she would need to depend on dialysis once again, however she would not be able to afford that either.

► In the overview, indicate how Factor 8 ‘Healthcare services’ would impact on your client’s decision-making.

Social norm with regard to return migration

Every individual is part of a social group, such as the group that shares the same residential unit in the centre for asylum seekers, the ethnic group, the family group, religious community, etc. What is the attitude of family and friends towards returning to the country of origin?

► In the overview, indicate how Factor 9 ‘Social norm with regard to return migration’ would impact on your client’s decision-making.

3.4 Perception of opportunities in the country of destination

Subjective perception of personal safety in the country of destination

There is a strong association between people’s perception of personal safety in the country of destination and their residency status. This perception will always be compared to their perception of how safe they will be in the country of origin.

Try to find out what the client thinks his opportunities would be if he were to stay in the country of destination. Is your client able to assess the threats and opportunities associated with an irregular status? Does he have contacts within support agencies in the country of destination (e.g. churches, family, Doctors of the World)? How useful and solid are those contacts? What part does his status in the country of destination play? For some the feeling that they will never really be a fully accepted member of the host society may be a reason to return.

-
- In the overview, indicate how Factor 10 ‘Subjective perception of safety in the country of destination’ would impact on your client’s decision-making.
-

Children

Any perceived future perspectives for their children will play a major role when people are deciding whether to stay in the country of destination. What rights and opportunities do children have in the country of destination? How safe will they be? What educational opportunities will they have? Clients will compare any perceived future outlook for their children in the country of destination with that in the country of origin. This will also depend on the client’s residency status: does the client have a permit or not? Is he aware what consequences the status of undocumented migrant will have for his children?

In the Netherlands the children of undocumented migrants are entitled to attend school until the age of 18. It is estimated that there are around 30,000 undocumented children living in the Netherlands. Relatively speaking, these children run a higher risk of physical abuse, neglect and sexual abuse than other children. In addition, their living conditions, including hygiene and privacy, are often cause for concern.⁴

-
- In the overview, indicate how Factor 11 ‘Children’ would impact on your client’s decision-making.
-

Accommodation, employment, training

Your client’s options in the area of accommodation, employment and training will vary depending on his residency status. What opportunities does your client expect to have in the country of destination? How realistic are these opportunities?

-
- In the overview, indicate how Factor 12 ‘Accommodation’, Factor 13 ‘Work’ and Factor 14 ‘Training’ would impact on your client’s decision-making process.
-

Family/social network

The extent of social embeddedness in the country of destination may play a role when considering whether to return or not. Social embeddedness refers to the quality and size of a person’s social network: does the client have friends, acquaintances and family in the country of destination? Does he have contacts within agencies which might be able to assist him in organising practical matters? Can he count on these contacts?

► In the overview, indicate how Factor 15 ‘Family/Network’ would impact on your client’s decision-making process.

Healthcare services

The accessibility and quality of healthcare services in the country of destination compared to those in the country of origin are an important consideration for people with health problems. The individual’s residency status comes into play here. According to the Netherlands Aliens Act 2000 undocumented migrants are entitled to medically necessary care. Even so undocumented migrants often wait a long time before presenting to a hospital Emergency Department with their complaints.⁵

► In the overview, indicate how Factor 16 ‘Healthcare services’ would impact on your client’s decision-making.

Social norm with regard to remaining in the country of destination

Every individual is part of a social group, such as the group that shares the same residential unit in the centre for asylum seekers, the ethnic group, the family group, religious community, etc. What is the attitude of family and friends towards remaining in the country of destination (illegally if need be)?

► In the overview, indicate how Factor 17 ‘Social norm with regard to remaining in the country of destination’ would impact on your client’s decision-making.

3.5 Health

Physical health

In general, people in good physical health are more favourably disposed towards return migration than those who have health complaints. However if healthcare services in the country of origin are inferior and less accessible, this factor will play a more negative role in the decision-making process. (Appendix 5 contains an overview with questions to check on the availability, accessibility and affordability of necessary healthcare services in the country of origin. Appendix 6 offers an overview which may be of assistance in mapping out the various signs.)

► In the overview, indicate how Factor 18 ‘Physical health’ would impact on your client’s decision-making.

Mental health

Mental health problems may influence and colour the way an individual thinks and acts, especially when the person has a mental illness. If the client has an anxiety disorder, this may result in him overrating realistic fears, such as the fears for his own personal safety. If someone is feeling depressed, he may lose interest in what his future holds. Where people suffer from schizophrenia we may need to assess to what extent they are able to test their ideas to reality.

(Chapter Five will offer guidelines for dealing with clients with mental health problems and for the importance of being alert to threatened suicide. Appendix 5 has an overview with questions which can be asked to check the availability, accessibility and affordability of the necessary care in the country of origin. Appendix 6 presents an overview which may be used to map out possible signs.)

Mr Mahmad is from Iraq and has been living in the centre for asylum seekers for five years. He has been under mental health services for some time for psychotic complaints. At one stage he agreed to be admitted to a psychiatric hospital. Mr Mahmad has exhausted all legal avenues and was told to leave the country during a special interview. At that point in time he was not psychotic, but feeling well. During the interview he indicated that he would like to return to Iraq because his family lives there. He felt that his family would support him. However, during a subsequent interview Mr Mahmad was not well. He was angry and suspicious. When the word ‘return’ was mentioned he started shouting that the secret service was out to get him and that everyone was against him.

► In the overview, indicate how Factor 19 ‘Mental health’ would impact on your client’s decision-making.

3.6 Overview 2: Possibility of changing certain factors

In most cases deciding is not as easy as merely weighing up the positives versus the negatives. This is not what Overview 1 is intended for. By simultaneously mapping out all relevant factors, the client is encouraged to think about a large number of conditions and forces known to play an important role in decision making.

The next step consists in jointly considering which factors might be amenable to change. Which factors are currently on the ‘negative’ side of the balance sheet, but might be moved to the ‘positive’ side – for instance by new information becoming available or by organising certain practical matters? If someone thinks that there are few opportunities for employment in the country of origin, this perception might change if new information becomes available. Overview 2 in Appendix 2 serves to elucidate how you can go about this in such cases.

In cases where a large number of significant factors end up in the negative, especially in relation to personal safety in the country of origin, this will reduce the chances of the client actually returning. People may choose or may feel forced to become an overstayer or to move on to another country.

3.7 Overview 3: Important factors – Strengths and weaknesses

Overviews 1 and 2 offer guidelines for further preparation for planning in those cases where clients decide or have decided to return. These overviews show what factors deserve additional attention and where the person’s strengths and weaknesses lie. Strengths can be utilised, while weaknesses indicate areas where additional protection or strengthening is required.

Use Overview 3 in Appendix 3 to map out the most important factors which may be included in the subsequent process of making concrete plans for return migration. Also give an explanation as to how each factor should be addressed: is it a strength or a weakness? It should be added that Overview 3 may also be used with clients who choose to either move on to another country or to become overstayers.

Notes

¹ Grondelle, N.J. van (2008). *TIP-Methodiek. Methodiekb beschrijving: ‘Coachen in Toekomstgesprekken’*. Stichting Pharos.

² Graham & Khosravi, in: Mateman, S. (1999). *Terug naar de toekomst. Een onderzoek naar de psychosociale aspecten van terugkeer van vluchtelingen en asielzoekers*. Stichting Pharos.

³ Vluchtelingenwerk Vlaanderen (2010). *Vrijwillige terugkeer, moeilijk onderwerp, mogelijke toekomstpiste. Eerste stappen naar een integrale begeleiding in de asielopvang*.

⁴ Mensinga, M. & Bommel, H. van (2010). *Ongedocumenteerde kinderen en de toegang tot ziekenhuiszorg. Onderzoeksrapport*. Stichting Pharos.

⁵ Muijsenbergh, M. van den (2004), in: Mensinga, M. & Bommel, H. van (2010). *Ongedocumenteerde kinderen en de toegang tot ziekenhuiszorg. Onderzoeksrapport*. Stichting Pharos.

4

Personal action plans for return migration



Complete the action plan (in Appendix 4) together with the client.¹ The action plan is based on the principles of activating, stimulating of social support and proactive coping, i.e. on trying to work out possible solutions to potential problems beforehand. In those cases where an entire family is considering a return, the preferences, ideas and doubts of all family members as to the future and return migration should be mapped out. Where possible you should talk to each member of the family separately, enabling each of them to feel free to express their own preferences.

Ask yourself whether you have the right skills to engage in a conversation with children.

4.1 Personal background

By explicitly naming the client's capabilities, skills and talents, you are appealing to his opportunities and strengths. In addition it is important that you map out the person's experience and talents, because this will provide an insight into opportunities for employment in the country of origin. Once someone has returned, employment is the main condition for sustainable re-integration.

- Name the client's strengths and talents and together think how he could utilise these even more.
- Create an overview of his work experience; get the client to draw up a cv with you.
- Where clients are able to complete a programme of training in the country of destination this will improve their chances of building a new life in the country

of origin. Ensure they have as many certificates and qualifications as possible. Alert the client to the opportunity of attending a course or workshop which may prepare him for life and work in the country of origin.²

4.2 Personal goals

In thinking of personal goals each client should try and find a balance between dreams and reality. It is good to keep dreams and preferences as specific as possible, in order to test them against reality. The following questions may help to achieve this:

- What exactly do you want to do?
- When do you want to do this?
- Why do you want to do this?
- What would you need in order to achieve this plan/goal? This could involve training, time, money and other amenities.

In order to improve the chances of formulating goals which are realistic and achievable, you may want to get in touch with an organisation which can support you with this.

Next work on any impediments the client perceives in terms of accommodation, work, training, family, etc. in the country of origin and together with the client consider whether these can be resolved and if so, how.

4.3 Social support/social network

Work on mapping out and activating a support network in the country of destination and the country of origin. Work with the client to consider what this network could mean for the client.

Country of destination

- Many asylum seekers who have (almost) exhausted all legal avenues in the country of destination only have a small social network, which usually consists of people in the same situation. Work with your client to expand his network. Also consider including church organisations in this network.
- Former UAMs in the Netherlands can participate in a social network online: www.beyondborders.nu.

Country of origin

- Check with the client what contacts he still has in the country of origin.
- If a client has lost contact with family members the Red Cross can help trace relatives.³ Other organisations, such as the Mediation Agency for Return in

- the Netherlands, can also play a role here.
- Encourage the client to get in touch with relatives again. Depending on the time remaining in the country of destination you can propose the option of the client transferring a small amount of money to relatives each month.
 - List any support networks or support groups for women (and men, children) in the country of origin, such as religious groups or NGOs.
 - Get the client in touch with an organisation or NGO in the country of origin which provides re-integration support to returnees.
 - Get those who are active on the internet to work on creating a digital network through msn and chat rooms.

4.4 Children

In order to gain an understanding of children's psychosocial wellbeing following return migration it is important that the following items are identified or arranged beforehand:

- What is access to education like? What school or schools will the children attend? What distance is that from their future place of domicile? Specify this as much as possible prior to departure and advise your client to contact the school or schools of his choice ahead of time.
- To what extent do the children speak and write the language of the country of origin? Can the children be given any remedial language classes at this point?
- Is there a big difference in social etiquette between the country of destination and the country of origin? Can parents prepare their children for this?
- How can children get in touch with age group peers in the country of origin at this stage?
- Who will look after the children if the parents both end up working? Has this been arranged yet?

4.5 Safety

If the asylum procedure has been handled with care, one may assume that the client does not need to fear for his safety once he has returned to the country of origin. Clients who fear for their safety but whose fear is not recognised by being granted a residence permit, will be unlikely to opt for a voluntary return.

List the client's fears and uncertainties. Together with the client think of ways of dealing with these concerns and fears:

- Talk to the client to see to what extent he will feel safe in the area he intends to return to. Are there areas in the country of origin that may be safer? Does the client have any friends or relatives in those areas? What assurances can be given that he will be safe there?

- Together with the client think of possible forms of relaxation including exercise or sport, leisure pursuits and relaxation exercises. *Uit lijfsbehoud* is a book which offers many suggestions to this purpose.⁴
- Consider whether it is feasible for your client (especially women and children) to participate in a self-defence or resilience training. Such trainings are frequently offered in centres for asylum seekers.
- Get the client in touch with organisations such as the Mediation Agency for Return and the rom which may be able to support the client or liaise on behalf of the client in trying to find suitable accommodation in an environment where he may feel safe.

People returning to areas which have been subjected to ethnic cleansing may be faced with ongoing feelings of hate and resentment between the various ethnic groups. Someone whose house used to be in Bosnia, may find that it is now located in Serbia, even though the geographical location of the house remains unchanged. Aside from the question of whether people feel physically safe in ‘the country of their former enemies’, moving there will encompass all sorts of practical and emotional problems. Sometimes the returnee finds other people living in his home. In many cases houses have simply disappeared, because they were demolished or destroyed in the violence of war.⁵

4.6 Information

When preparing for the situation in the country of origin and for anything that may be different from the situation in the country of destination, it is advisable to consult as many sources of information as possible. This is especially important where clients have lived in the country of destination for many years, as may be the case, for instance with (former) UAMS, who often left their countries at a young age.⁶

- Encourage clients to seek out information about the situation in the country of origin. Find out if it is possible to (re)learn one’s language while (still) in the country of destination.

4.7 Health

Physical and mental health

There are various organisations – in the country of destination and sometimes also in the country of origin – offering special services for people with health problems. It is very important to ascertain whether any services provided in the country of origin are accessible and affordable. Appendix 5 offers an overview

of essential questions which need to be asked if the client has health problems, with answers obtained from reliable and verifiable sources preferably from within the country of origin.

4.8 Expectations from those who stayed behind

- Try to find out what the expectations are of those who stayed behind in the country of origin. Together with the client, think of ways of dealing with these expectations. Clients may be able to modify their expectations by getting and keeping in touch with those who stayed behind in the country of origin.
- What may be holding the client back from returning may be feelings of embarrassment, guilt and fear of losing face. Once he has returned those very same emotions may hamper his re-integration in the country of origin and may prevent him from feeling at home again. You need to take these feelings seriously. Together with the client, have a look to see how these feelings of embarrassment, guilt and fear of losing face could be reduced. What would be needed to restore someone's sense of honour?
- Advise the client to save some money to take back with him, if possible.
- If there are problems with family in the country of origin, you should arrange for returnees to initially be placed with non-family members, in order to allow them to get acclimatised first before meeting up with their relatives.

4.9 The individual's own expectations with regard to return migration

- Talk to your client about problems they might have adapting in the country of origin, especially if he has lived in the country of destination for a longer period of time. Everything will be different from the situation in the country of destination: the economic and political situation, opportunities for employment, the infrastructure, food supply, social and healthcare services, opportunities for education and accommodation.
- Tell the client that it may take some time before he feels he has become re-established and re-integrated in the country of origin. It may help if returnees can make a (positive) contribution to the community, the village, the country of origin. Discuss how the client may be able to deal with any stigma and any negative images.
- Identify any fears and uncertainties (see Section 4.5). Think of ways in which the client may be able to relax, e.g. through exercise, leisure pursuits and relaxation exercises and get the client in touch with appropriate support options, such as resilience training.

4.10 Practical matters

Arranging for someone to return includes a large number of practical matters, including applying for the necessary documents and air tickets. The current approach does not offer an overview of all practical issues involved in return migration. It does emphasise the importance of asking the client whether he is aware of everything that needs to be arranged and to encourage him as much as possible to undertake things for himself, taking into consideration the fact that some vulnerable people might need support in all this.

4.11 Handover and organisations involved

In order to let the client retain control over his return process, it will be good to check and map out properly with him what organisations will be involved in his return. Also describe what organisation bears what responsibility.

Give the client an active part to play in handover and alignment. If he consents to it, the overviews and personal action plan that are part of the current approach, can be part of the handover between organisations.

4.12 Monitoring following return

It is important to agree about monitoring the client's re-integration, health and wellbeing following his return. Find out how the client feels about this. Sometimes returnees want to re-integrate into society as soon as possible following their return and may not want to be monitored.

Find out which organisation is able to take on monitoring and up to what point in time. Where returnees have health problems we advise that monitoring should carry on for at least a year following the person's return.

4.13 Practical agreements

The list of things agreed on in the personal action plan may assist in establishing concrete agreements and in handing control to the client. Again, taking into account that some vulnerable people may need support in all this.

Notes

¹ This plan is devised on the basis of the personal action plan developed by Beyond Borders for former unaccompanied minors.

² Beyond Borders. *Ondernemen in je eigen toekomst. Training toekomst.*

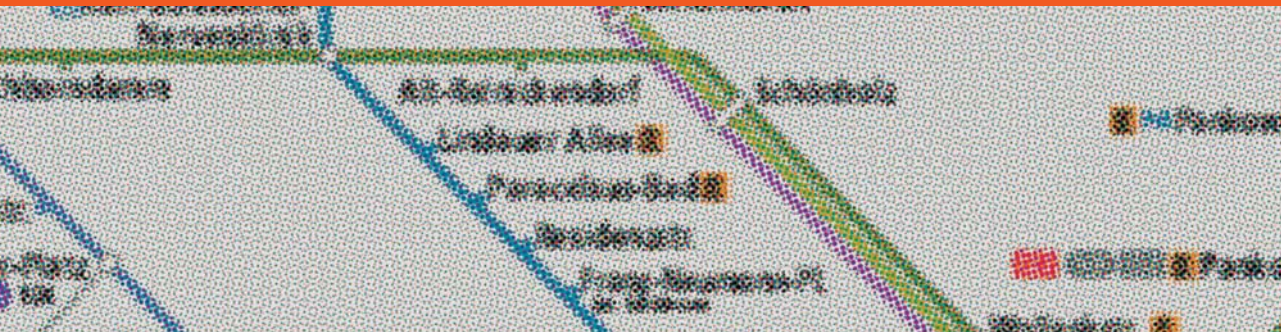
³ In most countries of destination the Red Cross has a department for tracing and restoring family links. See also www.icrc.org/FAMILYLINKS.

⁴ Vloeberghs, E. & Bloemen, E. (2005). *Uit lijfsbehoud. Lichaamsgericht werken met vluchtelingen in de GGZ*. Stichting Pharos.

⁵ Mateman, S. (1999). *Terug naar de toekomst. Een onderzoek naar de psychosociale aspecten van terugkeer van vluchtelingen en asielzoekers*. Stichting Pharos.

⁶ Schmidt, A. (2009). *Guardians of the unaccompanied minor asylum seekers*. MA thesis University of Amsterdam/Defence for Children.

5 Emotions and psychological vulnerability



Reaching a decision and making specific plans for returning can involve a lot of emotion. Various evaluations from training sessions have shown that those providing support during the return process find client emotions difficult to deal with. Even though return counsellors are not psychologists, they do have the job of supporting someone who may be overflowing with emotion during the decision-making process and of assisting him to make specific plans for the future if need be. This chapter provides suggestions as to how return counsellors can deal with such strong feelings.

This chapter will also focus on mentoring people with mental health problems through the return process. It should be emphasised that a return counsellor is not a healthcare practitioner and should not assume this role.

5.1 Client emotions

The field of psychology currently distinguishes seven basic emotions: fear, surprise, disgust, anger, anticipation, happiness and trust.¹ Within these a further distinction is made in terms of how intense these emotions are (weak or strong) and how they are perceived (pleasant or unpleasant). Talking, thinking and deciding about returning may provoke very strong and unpleasant emotions in clients. From the point of view of the counsellor such feelings may hinder the interview or the assistance provided. In such cases counsellors will not be able to carry on with the interview 'plan' or 'protocol'. Things won't go as expected. This may provoke a range of responses in return counsellors. Many of these responses stem from a sense of insecurity: 'What can I do?', 'Will I cause

the client harm if I carry on now?', 'He might harm himself...', 'How do I get him out of here 'reasonably okay'?

What should return counsellors do when a client is overcome with emotion?

- Show respect for the clients by accepting them as they are. This means accepting that these emotions exist without trying to push them away or downplaying them. Such feelings constitute your client's subjective reality: they are very real to your client at that point in time.
- Leave your client in control of the interview. You can do this by heeding your client's preferences when he indicates that he wants [you] to stop talking for a bit, and take a little break. If the client is unable to indicate this, you yourself may want to suggest to take a break, e.g. to get something to drink or to go for a little walk and continue the interview afterwards.
- If the client's day-to-day functioning is very much affected by emotions, he may have a mental health problem. This may be reflected in sleep disturbances or a change in appetite. The return counsellor is not a health professional. Nevertheless, a return counsellor may identify (mental) health problems, in which case it will be good if he knows what to do. Appendix 6 contains a stepped plan aimed at assisting return counsellors in objectively identifying certain signs. The aim of this list is not to turn return counsellors into 'screeners', but to provide them with some tools in cases where they suspect that specialised assistance may be required. Return counsellors can use the overview the better to underpin any suspicions they may have about signs the client is showing.

5.2 People with mental illnesses

Mental illness may result when the person's load is too much to bear, when their coping ability is inadequate or when there is a genetic predisposition at play. Serious long-term symptoms may have been present prior to a disorder becoming apparent. People affected by mental illness usually need help to overcome or control their problems.

In a number of traumatised (former) asylum seekers and refugees mental health problems may lead to a mental illness being diagnosed – in most cases this will involve depression or a Post-Traumatic Stress Disorder (PTSD). This section will provide some concise background information on these disorders and provide guidelines for possible approaches by return counsellors in such cases.

Depression

Depression may manifest itself in a variety of ways. Core symptoms of depression are a low mood and loss of interest and pleasure in things. Other symptoms may involve changes in appetite or sleeping patterns, fatigue, listlessness,

concentration problems and feelings of guilt and low self-worth. Depression may also manifest itself as agitation and this may be apparent by the person pacing back and forth restlessly, being unable to sit still, being quick to anger and not being able to listen very well.

In asylum seekers, undocumented migrants and refugees depression is often caused by extraneous factors such as traumatic experiences, the flight to the country of destination, the asylum procedure and the long time spent waiting in uncertainty, living in a centre for asylum seekers or constantly looking over one's shoulder whilst living as an undocumented migrant, uncertainties about relatives back in the country of origin and so on. Depression may also be caused by negative thoughts, the person's temperament or genetic predisposition. Once depression has been diagnosed, medication will often be prescribed. Some types of medicine have strong side-effects, leading people to oversleep or forget appointments, among other things.

Depression and return migration

It is hard to encourage a depressed client to take an active part in the return process. People who are seriously depressed are not always able to respond appropriately.

Sometimes it may take the client a long time to answer a question or he may start to cry in response. It will be difficult for the client to take the initiative, e.g. to visit an embassy himself (or to do other things he is asked to do by the counsellor). It may be that this is not a matter of him not wanting to do things, but a matter of not being able to do things. People who are depressed are often inhibited and their responses may be slower than usual. This requires additional or special assistance.

Anxiety and Post-Traumatic Stress Disorder

Anxiety is not an abnormal phenomenon in itself, but rather a normal response which occurs when people feel threatened. Anxiety may present as palpitations, shaking and perspiration. Anxiety is common among (former) asylum seekers. Undocumented migrants live in constant fear of detention; people opting for to return may fear for their safety. Sometimes even the thought of returning may cause people to feel very anxious.

There is a difference between fear as a normal and understandable response which has some basis in reality (existential fear) and fear as a component of a mental illness. What complicates things is the fact that both types of fear mutually influence one another. Existential fear may be coloured by mental health problems while significant existential fear may increase a person's burden to the point of causing mental health problems.

Anxiety which occurs in the absence of any objective threat is referred to as abnormal anxiety or an anxiety disorder. When fear is a component of a mental illness, the person will be fearful almost constantly. In asylum seekers,

refugees and undocumented migrants, abnormal anxiety is often caused by negative or traumatic experiences they have been through, such as rape, abuse or assault, torture, or an accident. In such cases we refer to this as Post-Traumatic Stress Disorder or PTSD. A relatively large number of asylum seekers and refugees are affected by PTSD.

Those who are affected by PTSD may be troubled by recurrent memories, nightmares, sleep disturbances, irritability, watchfulness/hypervigilance, difficulties concentrating, forgetfulness and depressive complaints, including suicidal ideation. Treatment often consists of medication (antidepressants) and counseling aimed at working through the PTSD. Many clients with PTSD are not under treatment, however, because of the limited time they have left in the asylum seekers. Treatment can be particularly difficult to realise for asylum seekers who have exhausted their legal options.

Anxiety and return migration

Counsellors can help or encourage clients to assess how realistic their feelings of fear are. To do this, it is important to define these feelings first, by asking the client what it is he fears exactly.

Checking whether the client's emotions have a basis in reality can be done, for instance, by:

- getting in touch with people in the country of origin to ask them what the situation is like over there;
- getting information from compatriots who have recently arrived in the country of destination;
- having a look on the internet (Appendix 10 lists a number of sources of information) and checking out local newspapers.

PTSD and return migration

Even the thought of returning may remind people of earlier traumatic experiences, both in cases of voluntary and forced repatriation. People may suffer 'flashbacks' even after returning to the country of origin because they are reminded of the reason they fled in the first place. Often refugees consider to returning to their country and community of origin, but not to the location where they were persecuted or imprisoned, which was often where they lived. For many, any renewed confrontation with the violence they were subjected to in the past can be very painful.²

In such cases the return counsellor should investigate whether it is possible and desirable for the client to settle somewhere else.

Threatened suicide

As a return counsellor you may be faced with clients who threaten to kill themselves or who actually attempt suicide. Such threats or attempts may have their

origins in mental illness, they may be an expression of powerlessness and despair or they may be a mixture of both. The assessment of whether someone is in fact suicidal³ will have to be made by a professional health practitioner. Such threats should always be taken seriously. Remain alert when someone is known to be depressed. People who are depressed are at increased risk of trying to kill themselves on impulse. If you sense that ‘all is not well’ with a particular client, you should act on that feeling and call in help. Your intuition will often prove to be correct.

Mr Ngonga is from Sierra Leone. He has been in the Netherlands for four years and has exhausted his legal options. Back in his country of origin he witnessed rebels murdering his sister and her children. He was able to get away himself. His wife and children were not home at the time. He does not know whether they are still alive. Mr Ngonga was with mental health services where he was treated for symptoms of PTSD. He has not been in therapy recently because of moving from one asylum seekers centre to another; he finds it too hard having to explain his story all over again.

Mr Ngonga has hardly any friends at the asylum seekers centre. He does not like talking to other people. Also, there are not many people who speak his language. He is still troubled by nightmares. He is quick to anger, finds it difficult to concentrate, and has symptoms of depression (no appetite, does not feel like doing anything, finds it difficult to get out of bed, cries easily and has suicidal thoughts. He is very passive.

Mr Ngonga has an interview with the return counsellor. The counsellor tells him all the things he needs to do in order to return. During each interview Mr Ngonga looks at the return counsellor with tears in his eyes. He says he understands what the counsellor is telling him, but all he wants is to be dead: ‘My life is meaningless, if I go back, they will kill me straightaway, so I might as well die here’.

What to do if the client threatens to kill himself:

- Acknowledge the problem. Tell the client what you notice about him. Take him seriously.
- Tell the client what you can and cannot do. Be clear and indicate what your boundaries are.
- Tell the client you are not authorised to deal with this problem and that he should see his family doctor. The family doctor can decide what steps to take next.
- If your client is an asylum seeker and refuses to go and see the family doctor, you need to consult a registered nurse at the Health Centre for Asylum Seekers (Gezondheidscentrum Asielzoekers or GCA. If necessary the nurse can ask a family doctor to come and see the client. This way the family doctor can assess there and then whether the person needs help.

The family doctor can ring the acute mental health services, whereas the counsellor cannot. If the client is seeing a healthcare professional with the

mental health services he can call him, as that health professional can then get the acute mental health services involved. The acute mental health services can be involved even where the client is an undocumented migrant and does not have health insurance.

People who threaten to commit suicide because they have to return to their country of origin often hold extreme fears for their safety. It may also be that they fear losing face. Some clients literally make their counsellor responsible for their lives: 'They will kill me if I go back, it will be your fault if that happens.' You are advised to proceed according to the steps outlined above with these clients as well.

Counsellors need to be alert to signs which indicate that the client is not really capable of making a decision (due to mental illness). This will need to be assessed by a doctor/psychiatrist.

Appendix 6 contains an extensive list of signs which may offer the counsellor some clues in trying to objectively interpret these signs. This may assist you when you suspect that professional help may be required.

Notes

¹ Man, L. de (2005). *Gedragswetenschappen 4 – Beslissen*. Uitgeverij de Boeck, Antwerpen.

² Mateman, S. (1999). *Terug naar de toekomst. Een onderzoek naar de psychosociale aspecten van terugkeer van vluchtelingen en asielzoekers*. Stichting Pharos.

³ Suicide: Ending one's own life

Attempted suicide/suicide attempt: Trying to end one's own life

Suicidal: Somebody says he wants to end his own life. The situation is even more serious if the person has already made several attempts to end his own life.

6

The quality of service provided



The fourth objective of this approach is: to offer return migration counsellors and organisations guidelines for monitoring and promoting the quality of the service provided from the perspective of the psychosocial wellbeing of the (potential) returnees. These suggestions run through the entire book. Chapter Two gave a list of qualifications return counsellors should meet. Chapters Three and Four provided overviews and an action plan, with clarifications, all of which contribute to quality improvement by outlining guidelines for psychosocial assistance. Chapter Five provided a contribution to quality improvement by giving suggestions on how to deal with client emotions and by providing some background information on mental illness.

This Chapter finalises the approach by providing suggestions on ways in which organisation(s) and return counsellors can remain alert to the quality of the service they provide to clients whilst also remaining alert to the wellbeing of the service providers themselves.

6.1 Balance between engagement and distance¹

Guiding others through the return process may provoke a raft of emotions and responses in the return counsellors themselves. These may range from hope, satisfaction and (self-)confidence to feelings of anger and powerlessness. Such emotional responses may affect the personal wellbeing of the return counsellor and the quality of work provided. For this reason it is important that a balance is found between involvement with the client or keeping the client at arm's length.

Mr and Mrs A. are from Northern Iraq. They and their four daughters sought refuge in the Netherlands four years previously. This couple has been through traumatic experiences in Iraq, and for that reason they are now under Mental Health Services for treatment. Their children have witnessed these traumatic experiences. They suffer from sleep disorders and are also in therapy. The family exhausted all legal options a few months ago and have to return. The parents do not want their children to grow up as undocumented migrants, so they are cooperating with plans for their return. In the course of interviews, however, the couple appears to be at the end of their tether. They cry a lot and tell the return counsellor that their life has lost its meaning, but that they carry on because of their children. During the interviews they indicate that they understand everything and that they will do everything they are asked to do. However at the next interview, it always turns out that they have not done what they agreed to do. Whenever the return counsellor asks them why, they indicate that they don't know why they have not done anything. The return counsellor does not know how to provide assistance to this couple. He feels powerless and frustrated and expresses this by getting angry. At the same time he feels guilty because he knows that things were difficult for the family in Iraq and they do not really want to return. The counselling situation is caught in a deadlock.

Responses like the ones listed below may indicate that the return counsellor is tending to distance himself too much:

- Denial: 'You have probably misunderstood, what happens is...'
- Minimising: 'I think you are exaggerating, it cannot be that bad.'
- Distorting: 'Yes, I thought so, but it wasn't like that, it...'
- Avoidance: 'I heard you. Now we will discuss what you are going to do about it.'
- Indifference: 'Oh well, we all go through things from time to time.'
- Withdrawal: 'If you are mean to me like that, I won't help you anymore.'
- Blaming the client: 'You must have brought it on yourself.'

Responses like the ones listed below may indicate that the return counsellor is tending to get overly involved:

- Taking responsibility from the client: 'I am sorry things went this way, I will try my best to get you through this as best I can.'
- Getting caught up in the client's story: 'Oh, I am so sorry, that's so bad. I understand you cannot do anything right now, that's so dreadful.'
- Allowing the client's responses to control you: 'Please don't get angry like that, I cannot help you when you get like that, please try your best for a change.'
- Tending to act like a saviour and action man: 'I will make sure you get refugee status/that visa/the *laissez-passer*'.
- Feelings of guilt and embarrassment: 'How terrible that my country is doing this to you, that is no way to treat people.'
- Suffering from feelings of loyalty and moral dilemmas: 'Why are they sending innocent children back into another war?'

- Feeling victimised and falling ill: ‘Nobody recognises how hard I work for them; they aren’t taking me into account at all.’

Both types of response may impact on the quality of counselling provided. Offering too much support and being overly involved can have an adverse impact on the client. This will encompass ‘making the victim’ rather than ‘blaming the victim’.

6.2 Reasons for emotional responses in return counsellors

There may be a number of reasons for return counsellors responding emotionally to clients.

Compassion

The most logical explanation for such emotional responses is that the counsellor feels touched by the client’s story, out of compassion. When working with asylum seekers and refugees one is inevitably confronted with sad, horrible and possibly traumatic stories. This can eventually lead to ‘compassion fatigue’ especially in healthcare professionals. This happens when someone has heard so many tough and intense stories that he has become emotionally blunted and exhausted so to speak. To a certain extent this may be the case with return counsellors as well.

Transfer and counter-transfer

Transfer and counter-transfer are two concepts used in healthcare settings in particular. However, these processes may also affect return counsellors to a greater or lesser extent. Transfer refers to the client projecting his emotions on the counsellor. Clients may project general feelings of anger and dissatisfaction about living in a centre for asylum seekers or having their application for asylum rejected on the counsellor personally and take these out on him. Counter-transfer refers to the counsellor’s response to the client’s behaviour. Counter-transfer has its origins in unprocessed emotions and subconscious problems affecting the counsellor.

If a return counsellor responds with counter-transfer he may react by shouting angrily or by becoming very anxious. If the return counsellor does not respond with counter-transfer, he will describe what he does not like about the client’s behaviour. He will draw boundaries, and may express some understanding. He will request that the client stay calm or that the conversation is continued some other time.

Working conditions

Working conditions may also lead to somebody responding emotionally to a

client's story. Every individual will experience a certain degree of work-related stress. If a stressful situation continues for a long time it can lead to physical and mental health problems. For this reason it is important to keep listening to one's body.

6.3 Intervention and preconditions from within the organisation

In principle it is up to the organisation to look after its employees and to monitor the quality of the service provided. In addition it is important that the organisation ensures a number of conditions are present which enable return counsellors to do their job well.

Intervision provides a valuable tool for allowing co-workers to discuss complicated cases with one another. Moreover, colleagues can reflect on their emotional responses to clients in a group context.

Appendix 7 contains an exercise which can be done either by return counsellors on their own or together with colleagues. This exercise asks counsellors to think about possible emotional responses to clients and their stories. It also invites them to think about the impact such responses might have.

Appendix 8 offers a list of stress-related symptoms. It also contains suggestions as to what individuals or organisations can do to reduce stress and pressure of work.

Appendix 9 contains a second tool.² This intervention tool invites to a more in-depth consideration of the impact various factors may have on the individual's work satisfaction and on his general wellbeing.

Suggestions for organisations and supervisors/managers:³

- Offer intervention and supervision. This will allow counsellors the opportunity to talk about possible emotional responses to clients ('stories').
- Tread carefully where the counsellor's caseload is concerned. Ensure that an employee's caseload does not just consist of people who have been through traumatic experiences, because such a caseload is usually too heavy to carry.
- Show appreciation for the work done by your staff.
- Allow staff some influence on their work (environment).
- Where necessary offer training programmes or training courses to improve staff resilience.

Notes

¹ This also refers to responses based on counter-transfer. Providing further detail is outside the scope of this approach. Those who wish to develop a deeper

understanding of such processes are referred to: Haans, T. (1998). *Het labirint van Ares. Werkbelasting door hulpverlening aan geweldsoverlevenden*. Stichting Pharos.

² This tool was developed by Marjan Mensinga of Pharos .

³ Donk, A.J. (2000). Hoe een betrokken organisatie zijn vermoeide medewerkers kan opvangen. Frustraties, conflicten, burn-out. *M/v zorg* (1).

APPENDICES





Appendix 1 Overview 1: Factors which play a role in reaching a decision on return migration

How to use this overview

Score each factor ranging from - to - - - (lefthand column) and from + to +++ (righthand column).

- Return	Starting point	+ Return
	1 Outcome of asylum procedure	
	General Asylum Procedure/Extended Asylum Procedure/ Temporary Residence/undocumented migrant/refugee	
	Use this space for any comments relating to this factor:	
	(Perception of) Opportunities in the country of origin	
	2 Subjective perception of safety in the country of origin ¹	
	3 Children	
	4 Accommodation	
	5 Employment	
	6 Training	
	7 Family/social network	
	8 Healthcare services	
	9 Social norm with regard to return migration	
	(Perception of) Opportunities in the country of destination	
	10 Subjective perception of safety in the country of destination ¹	
	11 Children	
	12 Accommodation	
	13 Employment	
	14 Training	
	15 Family/social network	
	16 Healthcare services	
	17 Social norm with regard to remaining in the host country	
	Health	
	18 Physical health	
	19 Mental health	
Total -		Total +

¹ Own and that of family

Appendix 4 Personal action plan

Information on organisation

Name of return counsellor	
Organisation	
File number	
Date	
Present	

Client's personal details

Name	
Date of birth	
Telephone number	
E-mail	
Address	
Country of origin	

3 Think what people/organisations might be able to help you and how

Both in the country of destination and in the country of origin.

	Who?	How?
Family members		
Friends		
Organisations		
Religious communities		
Internet groups/ social media/ chat rooms		
Other		
Will it be necessary to rekindle previously existing contacts or to find new contacts? For instance with family members, organisations, internet groups. With whom? How will you go about this?		

4 Children

School, education and training, child care, facilities, future development, safety.

(Where) Will children be able to attend school? Has there been contact with the school as yet?

Are the children able to speak and write the language spoken and written in the country of origin?

How will children be able to learn the language better?

Are there big differences in social etiquette between the country of destination and the country of origin that you would like to prepare your child(ren) for?

How can children get in contact with age group peers in the country of origin? What activities might children be able to participate in?

5 Safety

Are you worried about your safety or that of your children/family if you were to return to your country of origin?

What are you worried about?
Would it be possible to reduce your concerns for your safety? What would it take for you to feel safer? Think of five things that might make you feel safer.
What would be the most realistic ways/solutions to make you feel safer?

6 Information

How can you get information about what is in store for you after your return to the country of origin? (informal sources of information, internet, TV, newspapers).

Sources of information
If possible think of some other sources of information together with the client

7 Health

See Appendix 6 for supporting plans for return migration in cases where the client has health problems.

	Yes	No
Have you got any physical health problems?		
Will the necessary care be available?		
Will the necessary care be affordable?		
Will the necessary care be accessible?		
Have you got any mental health problems?		
Will the necessary care be available?		
Will the necessary care be affordable?		
Will the necessary care be accessible?		

8 Expectations from those who stayed behind in the country of origin

1	Did your friends and relatives in your country of origin harbour certain expectations when you fled/left as to what you would achieve in the country of destination? What were those expectations?
2	Do they still harbour these expectations? Why or why not?
3	What do these expectations mean for you? (e.g. embarrassment, fear of losing face, feelings of guilt)
4	If applicable: think of what you might be able to do in order to modify these expectations.
5	If applicable: think of what you might be able to do in order to reduce your feelings of embarrassment, guilt and fear of losing face. Are any practical solutions possible? Think of who might be able to assist.

10 Practical matters (*laissez-passer*, accommodation, employment, flight)

What practical matters need to be taken care of?
Who is going to do that?

11 The organisations involved and the handover

Which organisations are involved in your return?
Which organisation is responsible for what?
How does handover occur from one organisation to the next?
What is your role in the handover between organisations?

12 Monitoring following return migration

Do you wish to receive assistance following your return?
Do you mind if we get in touch with you to find out how things are going at various points in time following your return?
For what period and at which points in time?

Appendix 5 Check list in case of health problems: Availability, accessibility and affordability of care

Any answers to the questions below need to be obtained from reliable and verifiable sources of information, preferably from the country of origin. The questionnaire below can be used to check whether medication and care are available, accessible and affordable. The answers to these questions can be part of the handover file.

Condition and symptoms
• What is the name of this condition in French/Spanish/etc.?
Medication
• What medication is required? Write down the generic name.
• Are there any alternatives in case medication is not available (anymore)?
• Is this medication available in the country of origin?
• Where will medication be available? Will this be accessible for the client?
• What is the cost of this medication? Is this affordable for the client?
• How much will transport to the pharmacy cost?
Healthcare services
• What healthcare services will the client need?
• Where will these healthcare services be located?
• What will these services cost?
• Will the person be able to afford this care?

Network/volunteer aid work

- Is a social network available to welcome, support and take care of the client?

- Is this network already aware of the client's health status?

Please note: in the absence of a social network, return migration can become extremely problematic. Consult the Mediaton Agency for Return, HealthNet TPO (in the Netherlands) or IOM in order to contact organisations which may be able to support the client on the spot.

Decision-making ability /Mental competence

- Is there any doubt about a client's decision-making ability/mental competence?

- If yes, then please get this assessed by a doctor/psychiatrist.

Handover

- Have arrangements been made for a handover between the client's medical practitioner in the country of destination and a physician/care facility in the country of origin? How?

- Who will take over client care and health records? [Name of medical practitioner and care facility]

- Will the client's medical practitioner in the country of destination be able to provide supply of medication?

- Will the client need medical supervision during the trip? This will need to be assessed by a medical practitioner.

Ensure that all relevant information is included in a medical passport, preferably in a language used in the country of origin. The medical practitioner can arrange for such a medical passport.

Appendix 6 Health problem questionnaire Identification of signs, assessment and referral

Definitions

Identification of signs	observing an event or situation which may indicate that there is a problem
Assessment	assessing (severity, meaning/significance, need for care) of any possible problems based on sign identified
Referral	referring to other (healthcare) professionals

Origin of signal

• Through talking to the client himself (client reports problem, asks for help)
• Through talking to people around the client (teacher, colleague, friend, family member)
• Through observing his behaviour (observable signs such as agitation or passive behaviour)
• Through previous information (intake, past history)
• other, i.e.: ...

Possible signs

Problems sleeping	Distinctive behaviour
• problems falling asleep or sleeping through	• passive, apathetic, introverted
• anxious dreams or nightmares	• impossible to get through to
• feeling tired during the day	• appears sad, down, weeps
• problems getting out of bed	• nervous, anxious, jumpy, restless
• fear of going to sleep (by oneself)	• irritable, quick to anger
• use of sleeping tablets	• poor self-care and poor grooming
• use of alcohol to go to sleep	• not open to reasoning, incorrigible
• ...	• overly socially desirable behaviour
	• does not keep to appointments
Physical complaints	• unable to work well with others
• pain (abdominal, head, neck, back)	• poor attendance at school (or training)
• pain related to experience of violence	• does not stick to the rules
• lack of appetite (or occasionally: overeating)	• ...
• nausea and vomiting	
• constipation, diarrhea	Other complaints
• (sensation of) tightness in the chest	• problems concentrating
• feeling dizzy or faint	• forgetfulness
• palpitations	• problems with sexuality
• uses or asks for pain medication	• does not trust anyone, distrustful
• ...	• ...

Risk factors and protective factors

Risk factors	Protective factors
• loss	• parent(s) present, quality of contact
• experience of violence	• family members present, quality of contact
• witnessing a traumatic event	• social contacts, friends
• situation of war	• meaningful activities during the day, leisure activities
• problems during and after the flight	• opportunity for cultural rituals and customs
• accommodation problems	• religious or political (sources of) inspiration
• no or few social contacts	• optimistic, resilient personality
• no contact with family possible	• adequate coping styles
• being idle, not having anything to do during the day	

What to do in case of healthcare problems?

Assessment
<p>It is a good idea to draw up an inventory of any problems in addition to the (first and original) signal, so as to get a good overview. The above list may assist in doing this.</p> <p>Based on the data collected in this way and often in consultation with others (colleagues or health professionals) an assessment can be made of:</p> <ul style="list-style-type: none"> • the severity: to what extent does the problem stop the client from functioning properly? • the need for care: is a referral necessary? • the willingness to ask and obtain assistance?
When to refer?
<ul style="list-style-type: none"> • When in doubt: discuss, and ask for advice or consultation. This will assist the assessment. • When faced with problems requiring specific expertise. • When lacking experience. • When the assistance or support provided reaches a deadlock. • When the relationship with the client is not constructive.
Whom to refer to?
<ul style="list-style-type: none"> • Colleague (with more experience of with a different type of experience) • Primary healthcare provider (family doctor, general social work) • Specialised healthservices (GGZ Mental Health Services/Riagg Regional Agency for Ambulatory Mental Health Services) • Condition: ensure you have good contacts with social workers and health professionals (networking)
How to refer?
<ul style="list-style-type: none"> • Gauge client's willingness for referral. • Ask client for permission to consult others. • Consult about referral (providing information, checking to see if this would be the correct place, agreement about roles to be played by the various people involved and how they will keep each other informed).

Appendix 7 Impact of emotions on ability to function as a professional

1 Exercise

You can do the exercise below by yourself or together with colleagues.

Have you ever been faced with clients who provoked intense feelings in you or whose stories really affected you? What kind of emotions did they provoke?

Give examples for one or more of the key words listed below.

- Feelings of annoyance

- Powerlessness and frustration

- Anxiety

- Abhorrence and disbelief

- Anger

- Alarm/shock

- Low mood/sadness

- Caution

- Uncertainty

- Respect

- Feelings of guilt

- Satisfaction

--

How did this feeling impact on:
1 Your contact with and assistance provided to the client?
2 You personally?

2 Signs

The signs listed below may be an indication that your professional actions (or those of a colleague) are affected by emotional responses. The signs below may also indicate a general sense of dissatisfaction with the work you do. These signs may impact on the quality of service given to the client. See to what extent these signs appear familiar.

Signs of emotional responses at professional level

1 General signs:
<ul style="list-style-type: none"> • performance deteriorates • exhaustion • irritability and increased conflict • avoidance of troublesome assignments • withdrawal • feelings of abhorrence • low morale (less interest in work) • increased absenteeism
2 Signs in contact with the client:
<ul style="list-style-type: none"> • Tipping the balance in favour of either too much distance or being overly involved • Not sharing and discussing information in order to avoid difficult situations
3 Signs within the team and within the organisation:
<ul style="list-style-type: none"> • withdrawal and not sharing things with one another • decline in output and creativity • complaining a lot and whispering in corners • conflicts spiraling out of control • inability to put things in perspective • feeling victimised, feeling unable to have any influence • angry reactions towards supervisors or third parties • viewing management as being at odds with the person's own role • sabotaging management decisions

Appendix 8 Signs of stress in return counsellors

Recognising stress

This list is intended to help you recognise stress. If you recognise more than one sign, do consider:

- seeing your family doctor
- discussing these signs with your employer
- asking for intervention, supervision, coaching

Below the headings of the signs of stress you will find a list of possible stress reduction measures.

Signs of stress:

- sleeplessness
- anxiety
- palpitations
- headache
- shortness of breath
- unease
- fatigue
- muscle tension
- indecision/indecisiveness
- reduced concentration
- constant worrying
- not feeling like sex
- smoking a lot
- drinking a lot of alcohol
- crying easily

Preventive measures aimed at reducing stress at the personal level

- Physical selfcare: nutrition, sport, rest and relaxation
- Emotional selfcare: inspiration, friendship, love, being alert to emotions, receiving therapy if need be
- Improving skills such as assertiveness, stress reduction techniques such as meditation, time-management, resilience training

Preventive measures aimed at reducing stress at the professional level

- Varied duties at work
- Work breaks
- Earmark time to create overviews and to organise yourself: having an overview reduces stress
- Keeping an eye on time: no unlimited overwork, fixed amount of time for each client
- Supervised team intervision or intervision with professional colleagues outside of the organisation
- Supervision (independently from the organisation)
- Network of professional peers, also in other organisations

Appendix 9 (Personal) interview tool

Ask yourself whether the following factors impact on your work in general or on the counselling you are offering a specific client

1 Society
<ul style="list-style-type: none"> • political ideas on asylum seekers • ideas within society on asylum seekers • national legislation • international legislation
2 Work environment
<ul style="list-style-type: none"> • way in which the work needs to be done (for instance the number of people to be seen in one day) • manner in which supervision is provided • extent to which people can have a say in their work • degree of support from supervisor • degree of support from colleagues
3 You personally
<ul style="list-style-type: none"> • your personal wellbeing, aside from work • your way of dealing with stress • how much enjoyment and satisfaction you get out of your work • the quality of your leisure pursuits and satisfaction you gain from your leisure pursuits • your personality: are you a perfectionist? • balance between involvement and distance: where do you find yourself on the continuum? How do you respond to clients? What are your own attitudes towards and perceptions of asylum seekers and return migration? • perceptions about asylum seekers held by your family and friends • the extent to which you possess the knowledge and skills to do your work
4 The client
<ul style="list-style-type: none"> • the client's life history, what has he been through up until now? • how long has he been in the country of destination, how did he get there? (did he pay a lot of money?) • in the case of an asylum seeker: how did his asylum procedure go until now? • what sort of experiences has he been through in the centre for asylum seekers? • is the client single or does he have a family? • what is his physical and mental condition like? Is he receiving help, if required? • is he in touch with people or agencies within the host society (and is he aware about the perceptions which exist about asylum seekers)?

Appendix 10 Information sources

General sources of information for clients and return counsellors

- News/information from recently arrived compatriots
- News/information from family and acquaintances in the country of origin
- Experiences of local mediating organisations
- UN Refugee Organisation UNHCR: www.unhcr.org
- European Country of Origin Network: www.ecoi.net
- Médecins Sans Frontières: www.msf.org
- International Red Cross: www.redcross.int
- Amnesty International: www.amnesty.org
- Human Rights Watch: www.hrw.org



FACING RETURN



For asylum seekers there is always the possibility that they are refused residence in the country where they sought refuge or a better future. Return counsellors play an important role when their clients have to decide on their prospects or have to resign themselves to the fact that they have to leave. The book *Facing return* is specifically intended for return counsellors working with (rejected) asylum seekers and undocumented persons. It provides practical tools as to how to discuss the topic of 'return migration' and how to pay attention to the psychosocial aspects inextricably bound up with this complex process. *Facing Return* is based on hands-on experience gained in a number of organisations in the Netherlands dealing with return migration of (former) asylum seekers and irregular migrants. The book gives an inside view into the different phases of decision-making, resignation and preparation for return. As such, it is a valuable source of information for anyone who is interested in the topic of return migration.

Pharos is a Dutch Knowledge Centre that provides information, training and advice on the health of migrants and refugees. We aim to equip professionals and organisations that work in the field of health care with practically applicable knowledge and tailor-made advice. In our attempt to enhance the quality of the health care system, we strive to:

- improve the health of migrants and refugees (or to reduce health disadvantages)
- make the health care system more accessible to migrants and refugees