



# Alternatives to detention: building a culture of cooperation

Evaluation of two-year engagement-based  
alternative to immigration detention  
pilot projects in Bulgaria, Cyprus and Poland

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<b>1. Summary findings</b>	<b>3</b>
<b>2. Introduction and background</b>	<b>4</b>
<b>3. Methodology</b>	<b>5</b>
<b>4. Key components of the pilots and case management process</b>	<b>7</b>
4.1 Case management	7
4.2 Case resolution	7
4.3 Screening and assessment	7
4.4 Case management process	8
4.5 Comparative presentation of the pilots	9
4.6 Case management in action – case studies	13
<b>5. Results of the two-year pilots</b>	<b>17</b>
5.1 Key findings	17
5.2 Total quantitative outputs of the engagement-based ATD pilots	17
5.3 Summary of the profiles of the individuals on the pilots	17
5.4 Qualitative impact of case management on individuals	19
5.5 Positive impact of case management	19
5.6 Individuals' experiences of the pilots	23
<b>6. Discussion</b>	<b>27</b>
6.1 Good practice in case management	27
6.2 Factors that limit the effectiveness of case management	28
6.3 Length of provision of case management	30
6.4 Three benefits of ATD	31
6.5 Conclusion	33
<b>Annex 1 – The European Alternatives to Detention Network</b>	<b>34</b>
<b>Annex 2 – Profile of individuals in the data pool</b>	<b>35</b>
<b>Annex 3 – The initial process of developing and implementing the ATD pilots</b>	<b>38</b>
<b>Annex 4 – Developing client summary sheets</b>	<b>41</b>
<b>Annex 5 – Client summary sheet</b>	<b>42</b>
<b>Annex 6 – Length of time in the pilots</b>	<b>47</b>
<b>Annex 7 – Case study template</b>	<b>48</b>
<b>Annex 8 – Client interview questions</b>	<b>49</b>
<b>Annex 9 – Case management cost</b>	<b>50</b>
<b>Annex 10 – Additional data on case management's impact</b>	<b>51</b>

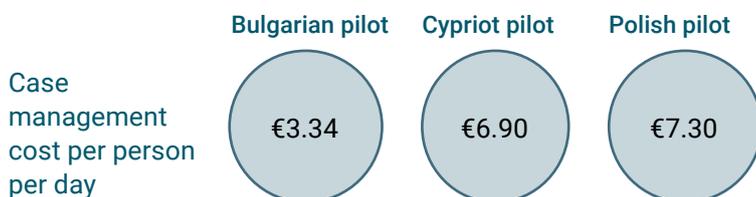
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# 1. Summary findings

- ▶ The three alternative to detention (ATD) pilots provided case management to 126 individuals with irregular immigration status. 86% remained engaged, 12% disengaged or absconded and 2% were forcibly removed. 25% achieved case resolution, with a permanent or temporary migration outcome.
- ▶ Consistently across the two evaluations in 2018 and 2020, it has been shown that the case management has had a positive impact on individuals' ability and capacity to work towards case resolution and can help them to stay engaged in migration processes. Case management had at least some impact, and in many areas a huge impact, on a wide range of areas of individual wellbeing and engagement. 99% of individuals had improved ability to participate in informed decision making and 96% had improved ability to engage with the immigration procedures over time.
- ▶ The positive impact of case management through the pilots can be more confidently asserted in this second evaluation due to the much larger size of the sampled data: client summary sheets of 99 out of 126 clients (79%) were examined in detail in 2020, as opposed to 31 out of 93 clients (33%) in 2018.
- ▶ A wider range of data examined for this evaluation, including 30 case studies and 12 client interviews (of which 7 were conducted by the evaluator), generally corroborate the data provided by the pilot implementors in the client summary sheets.
- ▶ Although the evaluation considered whether the cost-effectiveness of the three pilots can be established, limitations in the available data and other factors make it difficult to draw conclusions. Approximate average costs of case management per beneficiary per day for each of the pilots, based on available data, are:



- ▶ Given the positive impact generated by the pilots, their approach and principles could beneficially be extended more broadly throughout the migration systems. The pilots also identified gaps and shortcomings in each country's immigration system which are exposing individuals to unnecessary risk of detention and which, if addressed, can reduce the use of detention. A sustained and collaborative process of reform, based the learning of the pilots and involving structured collaboration among governments, migrants, civil society and other actors, could deliver systemic improvements that would benefit all stakeholders.

Interim evaluation in 2018	End of 2-year evaluation in 2020
3 alternatives to detention pilot projects in 3 EU countries	
Running since 2017 with 6 case managers	
A total of 93 clients	A total of 126 clients
8% achieved case resolution	25% achieved case resolution
97% of individuals remained engaged and didn't abscond	86% of individuals remained engaged and didn't abscond
3% disengaged or absconded	12% disengaged or absconded 2% forcibly removed
Of sample for qualitative evaluation from the three pilots:	
Analysis of 31 randomly chosen cases	Analysis of 99 randomly chosen cases
77% clients previously detained 65% with vulnerabilities	79% clients previously detained 82% with vulnerabilities
Positive impact towards case resolution in majority of cases (between 77% and 94%)	Positive impact towards case resolution in majority of cases (between 80% and 99%)

## 2. Introduction and background

Under its Thematic Fund on Migration and Detention, the European Programme for Integration and Migration (EPIM) has funded engagement-based alternative to detention pilot projects in three EU Member States since early 2017. Alongside, EPIM funds the European Alternatives to Detention Network (See [Annex 1](#) for further information) which supports peer-learning and capacity building of the three pilot projects in Bulgaria, Cyprus, Poland and others.

These engagement-based ATD pilots were not designed to replace parts of the existing immigration detention systems in these countries. Rather, as pilots, their practice, evidence and learning are expected to contribute towards the national and regional level discussions and actions instigated by the project implementors and others that will reduce and end immigration detention through the use of engagement-based ATD in the community.

EPIM commissioned a longitudinal evaluation starting in 2017, to capture emerging evidence from the pilots and to assist the project implementors to regularly reflect and learn from their own experiences.

As part of this ongoing evaluation, the interim evaluation report was published in 2018. This second evaluation report examines data collected in 2019, two years after the ATD pilot projects commenced. It analyses a larger sample and more qualitative information compared to the interim evaluation exercise which took place in 2018.

Similarly to the 2018 interim evaluation report, this evaluation investigates whether the pilots' case management increases individual migrants' ability to work towards case resolution by helping them to stabilise in the community and supporting them to explore all options for case resolution.

Further, this second evaluation aims to serve the following purposes:

- ▶ Scrutinise and substantiate the project implementers' and others' interpretation of effectiveness of engagement-based ATD;
- ▶ Establish authority, credibility and accountability of the ATD pilots by disseminating transparently the data and learning;
- ▶ Foster a consistent and structured implementation of case management across the pilots and help the pilots to develop full understanding of case management;
- ▶ Develop a mechanism for quality control for the pilots' work.

### The projects include:

**'Protecting migrants with precarious status: decreasing the use of detention and applying community-based alternatives'**

Implemented by the Center for Legal Aid – Voice in Bulgaria and the Bulgarian Lawyers for Human Rights, Bulgaria

**'Pilot project on the implementation of alternative measures: the Revised Community Assessment and Placement model in Cyprus'**

Implemented by the Cyprus Refugee Council (CyRC), Cyprus

**'No Detention Necessary'**

Implemented by Stowarzyszenie Interwencji Prawnej (SIP), Poland

**'From theory to practice: A Network of Alternative to Detention (ATD) Implementers in Europe'**

Led by the International Detention Coalition (IDC) and the Platform for International Cooperation for Undocumented Migrants (PICUM)<sup>1</sup>

They will be respectively referred to as the Bulgarian pilot, the Cypriot pilot, the Polish pilot and the Network hereafter. The pilots started, respectively, in January, March and June 2017 and the Network officially started in March 2017<sup>2</sup>.

<sup>1</sup> Detention Action (UK) withdrew from co-leading the Network in 2019. In 2019, three new ATD pilots joined the Network: 'Pioneer case management based ATD pilot' by HumanRights360 (Greece), 'Towards a more effective and humane migration management' by Coalizione Italiana per le Libertà e i Diritti civili (CILD) and Progetto Diritti (Italy) and 'Action Access – Community Engagement Pilot' by Action Foundation (UK).

<sup>2</sup> The previous interim report describes practical learning and findings from the initial process of developing and implementing the pilots: this information is provided in [Annex 3](#).

### 3. Methodology

This evaluation generally uses the same methodology as the interim evaluation in 2018, with some additional elements.

The evaluator supported the pilot implementers in developing and implementing a monitoring system from March 2017 onwards. The key piece of work during this initial stage was development of a client summary sheet in 2018, designed to capture qualitative data on the impact of case management, through a series of consultations with Network members. An updated version of the client summary sheet was also used for this second evaluation (see [Annex 5](#)).

The following methods, material and data were used for this evaluation exercise:

- ▶ Collecting output figures for each pilot, showing outcomes for each individual on the pilots;
- ▶ Compiling and analysing data collected through 99 client summary sheets and 30 case studies (which were completed by the implementers), 12 interviews with individuals on the pilots (of which, 7 were conducted directly by the evaluator);
- ▶ A site visit to the Cypriot pilot and interviews with the pilot clients and staff members of the implementing organisation;
- ▶ A review of a Bulgarian national report<sup>1</sup>, written by the project implementer;
- ▶ Reviewing grant applications and monitoring reports submitted by the implementers and the Network;
- ▶ Analysing information obtained as a participant observer at Network meetings (March 2017, June 2017, December 2017, June 2018, January 2019, September 2019) and other face-to-face and on-line meetings with Network members.

The table below compares the data used for the 2018 interim evaluation and this evaluation:

Interim evaluation (2018)	This evaluation (2020)
– Data on the process of setting up pilots	– Output data (for a total of <b>126</b> individuals, out of 183 individuals who were screened)
– Output data (for a total of <b>93</b> individuals)	– Client summary sheets (a total of <b>99</b> )
– Client summary sheets (a total of <b>31</b> )	– Case studies (a total of <b>30</b> )
	– <b>12</b> client interviews

The numbers of client summary sheets were as follows<sup>2</sup>:

Pilot country	Numbers of client summary sheets
Bulgaria	37
Cyprus	33
Poland	29
<b>TOTAL</b>	<b>99</b>

One of the problems identified during the last evaluation exercise was the inconsistency with which implementers recorded qualitative aspects of their case management work, which made it difficult to validate whether case management was carried out in a structured way as claimed. To address this, a case study form was developed, with the aim of assisting the case managers to record their interactions with the clients in a structured way, mirroring the stages of case management: screening and assessment, case planning, intervention, review and case closure. A trial run was conducted by the implementors at one of the Network meetings and the data gathered was used for peer-to-peer learning for the case managers, to reflect and review their case management work. See [Annex 7](#) for case study template.

<sup>1</sup> Giteva, D., Pavlova, R. and Radoslavova, D., (2019), *Final Report – Applying Engagement-Based Alternatives to Detention of Migrants in Bulgaria: Opportunities and Challenges*.

<sup>2</sup> A total of 99 client summary sheets were completed for the purpose of this evaluation exercise. This number represents 79% of the of cases which had received case management (126) at the time of data collection. The pilots were asked to randomly choose client files to be used to complete client summary sheets. The initial plan was to collect 100 client summary sheets; one duplicate reduced the total to 99.

Several limitations in data collection and data analysis have been identified below. Other limitations will be highlighted throughout the report.

- ▶ An optimal evaluation methodology would have involved direct examination of the case files by the evaluator and interview with a larger number of pilot participants. For reasons of limited time and resources, this was not possible. The data in the client summary sheets and case studies, which were used instead, is mediated by the implementors and is likely to be shaped by their subjective perspectives.
- ▶ Data, including client summary sheets, submitted by the implementors was accepted as given. While no triangulation was conducted to verify accuracy of the submitted data, the interviews and case studies generally corroborate the trends shown by the data from the client summary sheets.
- ▶ There were some variations in ways the implementors provided narrative accounts in the client summary sheets of how case management assisted individuals. Some accounts were comprehensive, noting unique personal circumstances that case management sought to address, while others were repetitive and general, making it hard to grasp exactly how case managers tried to assist individuals to overcome barriers to case resolution in each case.
- ▶ The evaluation, on the whole, seeks to find commonality of impact of case management across the pilots rather than differences between the pilots. While pilot-specific observations could occasionally be made, in general this evaluation does not attempt to analyse the effectiveness of particular pilots in their specific national contexts.

### Key challenges in monitoring and evaluating case management and sharing its results

Through the Network, the pilot implementers and the evaluator co-designed a common monitoring and evaluation framework to measure the qualitative impact of case management in influencing individual's levels of engagement with immigration procedures and ability to work towards case resolution. In doing so, we tried to address the tension between the quantitative evidence that stakeholders such as governments tend to seek and the primarily qualitative changes and data that are sought by the pilots by bringing them together in the report. Examples of the types of data and information being sought are shown below.

In an attempt to collect qualitative data of individual cases, there was a danger that we would end up simply with anecdotes. Therefore, in order to collect qualitative data about the impact of case management in a structured manner across the ATD pilots, a client summary sheet was developed through the Network (see [Annex 5](#)). The client summary sheet asks the case managers to answer a set of questions regarding case management and to record levels of impact their case management has had on individuals from a number of different angles while reflecting holistically on each case and identifying barriers to case management.

The evaluation aims to go beyond the basic quantitative questions that are frequently asked of ATD programmes, to understand at a qualitative level why ATD is or is not effective in helping individuals.

#### Quantitative questions frequently asked about ATD

How many people are processed by the ATD?

How many people return to their country of origin?

How many people regularise their status?

How many people abscond?

How many times does the case manager have to meet with individuals?

#### Qualitative questions considered by the evaluation

How do people respond to engagement-based ATD?

How does case management help people to engage with immigration procedures and take steps towards case resolution?

How can case management be provided?

What can undermine the impact of case management and how?

## 4. Key components of the pilots and case management process

This section provides brief explanations of some of the key components of the engagement-based alternative to detention pilots.<sup>3</sup>

### 4.1 Case management

These engagement-based ATD pilots were specifically built around case management, a crucial principle that underpins effective ATD.

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“Case management is a social work approach which is ‘designed to ensure support for, and a coordinated response to, the health and wellbeing of people with complex needs’. Many countries use this approach in their alternatives to detention programmes, including Sweden and Australia. In terms of overall approach, alternatives can broadly be divided into those that rely on reduced degrees of coercion and those that focus on engagement with migrants to promote cooperation with immigration systems. Case management models involve a case manager, who is not a decision-maker, providing a link between the individual, the authorities and the community. The case manager ensures that the individual has access to information about the immigration process and can engage fully, and that the government has up-to-date and relevant information about the person.”<sup>4</sup>

Case management does not include legal advice, accommodation or other basic services, but aims to connect individuals with these necessary services and support. They are considered to be minimum standards within the CAP model which states must respect and uphold for all individuals regardless of their immigration status. Minimum standards also include respect for fundamental rights, basic needs, formal status and documentation, interpretation, fair and timely case resolution and regular review of placement options.

### 4.2 Case resolution

Case managers’ role is to assist individuals on the pilots to work towards case resolution.

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“Case resolution is not the same as case management although they often overlap. Case resolution is focused on finding a permanent

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<sup>3</sup> For full explanations, see IDC, *There Are Alternatives: A Handbook for Preventing Unnecessary Immigration Detention (Revised)*, 2015.

<sup>4</sup> Detention Action (2016), *Without Detention*, p.26

or temporary migration outcome. While this responsibility ultimately sits with immigration authorities, case managers can contribute to timely case resolution by identifying legal, practical and personal barriers to likely outcomes and working on shared solutions. Case resolution can draw from a range of solutions including various visa and departure options.”<sup>5</sup>

### 4.3 Screening and assessment<sup>6</sup>

Individuals could be accepted onto the pilots when they meet certain criteria, after screening and assessment.<sup>7</sup> A screening and assessment process was developed by each pilot through which relevant personal data, information about the person’s immigration history, vulnerabilities and community ties can be obtained and considered. The criteria for suitability for the pilot projects include, for instance:

- ▶ Individuals have independent access to means of survival, in terms of accommodation and subsistence;
- ▶ Individuals have shown some interest and willingness to engage with the pilots and work towards their case resolution.

The pilots’ overall capacity is limited by the number of case managers working for each. Aside from understanding individuals’ situation, screening and assessment also ensures that the specific needs of individuals can be adequately met by the pilots.

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<sup>5</sup> IDC (2015), *There Are Alternatives*, p.52

<sup>6</sup> According to the IDC, screening and assessment are ‘different yet complementary processes’. Screening ‘is the process to obtain basic information and individual attributes, such as bio-data. Information collected during screening includes, inter alia, an individual’s identity, nationality, legal status, health status, security indicators, vulnerability indicators and compliance history. This information can be used to determine the individual’s migration status and to make initial referral, management and placement decisions’. On the other hand, assessment ‘involves a more in-depth evaluation of an individual’s circumstances, vulnerabilities and/or risk factors. An assessment may be conducted to evaluate needs identified during screening (e.g. trafficking survivors or stateless) or it may involve an in-depth examination of the appropriate course of action to take for a particular person. An assessment may occur at the same time and by the same person conducting the screening, or it may happen at a later date and on a repeat basis by caseworkers, immigration officials and/or members of the judiciary. Assessments are used to make or adjust management and placement decisions.’ For further information, see IDC (2015), *There Are Alternatives*, p.35-36.

<sup>7</sup> Also see UNHCR/IDC’s Vulnerability Screening Tool which further expands and builds on the original IDC formulation on screening and assessment.

## 4.4 Case management process

Each ATD pilot has an established case management process that is based on the CAP model.<sup>8</sup> At the moment, all pilots provide case management with no maximum time limit.<sup>9</sup>

The case management process stage	Explanation	Example
<b>Referral*</b>	Efforts are made to encourage civil society organisations and other institutions to make referrals of suitable individuals to the pilots. In all countries, the authorities, sometimes including detention centre managers, were informed about the ATD pilots and their case management work. In some cases, individuals were routed into the pilots while they were in detention and were released into the community afterwards.	<b>Bulgaria:</b> Community outreach sessions were conducted at various spaces which are used by migrants in irregular situation to encourage self-referrals to the pilot.
<b>Screening and assessment</b>	Individuals' circumstances, needs, vulnerability and most suitable placement options are identified during screening and assessment. This is also a stage where individuals' suitability to the pilots is assessed and they and case managers agree to work together. One of the case managers said that screening and assessment gives him a much better understanding of the individual than the authorities currently have, giving him an advantage in supporting the client to take steps towards case resolution.	<b>Cyprus:</b> The team developed a screening and assessment process based on the UNHCR/IDC's Vulnerability Screening Tool.
<b>Case planning</b>	Based on the screening and assessment information, support needs and potential barriers to case resolutions are identified. Individuals and case managers agree how to address them as part of case planning.	<b>Poland:</b> The case manager and the individual agreed that addressing his addiction problem would help him to focus on case resolution better.
<b>Intervention</b>	Case management itself does not include, for example, legal advice, medical care or community activities. However, it can connect individuals with these necessary services and support. Sometimes, intervention simply involves giving individuals productive space to think through their options or focuses on stabilising individuals who are highly anxious and stressed. Sometimes, it involves a preventive measure to address potential disengagement. Note that case planning and intervention are regularly reviewed and repeated.	<b>Poland:</b> By liaising with medical practitioners, the case manager ensured that an urgently needed medication was obtained for an individual. Interruption in medical treatment might have de-stabilised the person and caused disengagement from the immigration procedure.
<b>Case closure</b>	This takes place when case resolution has been achieved. As explained above, case resolution involves finding a permanent or temporary migration outcome, from various visa and departure options.	<b>Bulgaria:</b> Through case management, a person who was in an irregular situation considered all options available and decided to opt for voluntary departure, in order to re-enter the country on a family visa.

\* Referral is not recognised as one of the stages of case management by the CAP model. However, we included it because it is an important component of these ATD pilots, which are not a formal part of the migration process, thus requiring a route through which individuals are accepted onto the pilots.

<sup>8</sup> The table is a modified version of the graph showing the case management process which appears in IDC (2015), *There Are Alternatives* p.49 and includes information that is specific to the pilots.

<sup>9</sup> This raises a question of whether case managers should be working to build individuals' own coping mechanisms over time so that they can eventually engage with immigration procedures on their own without case management. Another question that is raised here is whether a lack of any time limit places undue pressure on pilot capacity, if the expectation is to continue to provide case management indefinitely until case resolution is achieved.

## 4.5 Comparative presentation of the pilots

All the pilot implementers are relatively small specialist NGOs with technical capacity to provide legal and other support, such as psychological or integration support, to asylum seekers and migrants. Prior to the ATD pilots, however, none of the implementers had provided case management support.

The teams of case managers involved are small, containing between two and four people. This allows for relative ease of quality control and establishing a coherent approach to case management as a team, which is essential during the period of training and learning.

While it is not suggested that future ATD implementers ought to share the same organisational characteristics as these pilots, there might be possible advantages in terms of their ability to deliver the pilots. For example:

- ▶ The organisations have existing knowledge and expertise in asylum, migration and detention issues as well as in conducting direct face-to-face client work with the target populations. They can tap into this when designing and delivering pilots;
- ▶ Due to their longstanding work on the ground, the organisations have positive reputations, including as independent of the authorities, among refugee and other migrant communities, NGOs and stakeholders. This makes it easier for individuals and others to trust the organisations and work collaboratively with them, for example, when establishing formal referral mechanisms;
- ▶ The organisations provide legal advice and have core infrastructure to support recording of case progression data in an advice setting. While case management is distinct from legal advice, which is considered to be part of minimum standards in the CAP model, the organisational competency to provide structured advice such as legal advice (as opposed to informal emotional support) guarantees a certain level of professionalism and ability to conduct monitoring of data.

Over time, each pilot has developed distinctive practices and operational methods, shaped by the needs and circumstances of individuals as well as the organisation's strategic orientation towards their long-term advocacy aim of detention reduction. Enhanced quality and quantity of the data in this evaluation has enabled greater clarity on the distinctiveness of how the pilots worked with individuals and, equally importantly, with the authorities and other stakeholders within the immigration system and in wider society.

The differences in the case management of each pilot arose from the fact that the pilots were engaging migrants in different types of situation, in countries experiencing different migration trends, with different migration systems, practices and infrastructure. These structural differences have a tangible impact on irregular migrants' lives and the pilots' operational methods.

Case management for individuals often led to more direct and regular interaction with the authorities, such as detention centre management or the officials from the migration or asylum departments: this presented opportunities to introduce the potential value of case management to the authorities.

Case management had a positive impact across the pilots, despite the different approaches, showing that engagement-based alternatives to detention can adapt to a variety of contexts and populations. The differences also show that there is no one-size-fits-all approach to community-based ATD programmes, because each programme will inevitably need to be tailored to the national context.

## The role of local communities and workplace in case management

In the Bulgarian pilot, local communities, workplace, faith groups and migrant associations play a critical role in strengthening the impact of case management. Individuals and community groups often came together to support individuals on the pilot, providing a range of assistance, such as interpretation, logistical support, and help in securing housing and jobs.

Two thirds of the 50 clients assisted were involved in some kind of work, both formally and informally. Individuals and case managers often utilised relationships forged at work to secure informal access to various types of assistance and support that complemented case management. This seems to reflect the specific labour market conditions in Bulgaria.

The pilot implementor explains that *'Communication with Bulgarian employers during the project implementation has consistently shown a growing demand for motivated and trainable employees with medium and low levels of skill, particularly in the production and service industries. This is in line with data from the National Institute for Statistics, which has shown that 2016 saw the first decrease in Bulgaria's economically active population since 2011, particularly among working youth. Since young workers with lower levels of training make up the largest share of Bulgaria's refugees and migrants, this is an excellent opportunity for community development on both sides.'*<sup>10</sup>

In Bulgaria, asylum seekers can access the labour market if their refugee determination process has not been completed within three months of application. Many employers wish to retain them as employees, even after asylum has been refused, because they have already provided them with training and professional development opportunities. However, although employers can apply for work visas for their employees, many hesitate to do so, because the administrative procedure is onerous and expensive, and the employees need to leave the country to make an application.

The pilot implementor argues, therefore, that by legislating for tolerated status for unreturnable third-country nationals with labour rights, Bulgaria can create an environment which allows many people in irregular immigration status to work towards case resolution, supported by case management, while meeting the country's labour market needs.

## Bulgaria – The Center for Legal Aid – Voice in Bulgaria and the Bulgarian Lawyers for Human Rights

The Bulgarian pilot primarily works with migrants who are in an irregular situation or about to lose the legal right to be in the territory, placing them at risk of detention. The most common nationalities of the sampled 27 cases were Cote d'Ivoire (8), Iraq (6) and Iran (5). The pilot offers many individuals longer-term case management support: 73% have received case management for over 13 months, 38% received case management for over 19 months. Many of the clients are in employment and therefore were able to pay for their own accommodation and meet their subsistence needs. The case managers are also lawyers, and therefore case management is aligned with legal advice.

The pilot implementor published a report in June 2019, *Applying Engagement-based Alternatives to Detention of Migrants in Bulgaria: Opportunities and Challenges*, which disseminates the outcomes of their case management work. It also analyses the pilot's interface with the wider Bulgarian context and identifies changes that are necessary for community-based ATD to fully function in Bulgaria, based on the evidence of the pilot. The report's recommendations include:

- Legislative amendment for engagement-based alternatives to detention to be considered first and reasons being provided before imposing a more restrictive measure;
- Provision of tolerance status for non-returnable third-country nationals;
- Improvement of the quality of asylum determination procedure in accordance with EU standards and practices, so that the rates of positive decisions for nationals of a given country are more consistent with other EU countries, to reduce the risks of absconding and secondary movement within the EU;
- Inclusion of engagement-based ATD in the National Strategy on Migration, Asylum and Integration, in line the EC's proposal for the Asylum and Migration Fund 2021-2027 which specifically provides for its funding;
- Civil society organisations working with migrants adopt the case management method in their work, to support their cases holistically in long-term.

<sup>10</sup> Giteva, D., Pavlova, R. and Radoslavova, D., (2019), *Final Report – Applying Engagement-Based Alternatives to Detention of Migrants in Bulgaria: Opportunities and Challenges*, p.17-19

### Developing a process of safe release from detention to ATD pilot with the authorities

Stowarzyszenie Interwencji Prawnej (SIP), the Polish ATD pilot implementor, and the Border Police jointly developed a process that enables migrants' release from detention directly to the ATD pilot. The final text of their Memorandum of Understanding was agreed in February 2020.

Although it is still in its early days, as of 13 May 2020, two individuals have gone through this process, and one has been successfully released from detention into the community and is now receiving case management support from the pilot.

This agreement formalises a cooperation mechanism between the Border Police and the Polish ATD pilot, an example of collaboration between the authorities and a civil society organisation that directly results in release from detention.

According to the agreement, the Border Police at the detention centre notifies SIP when they are considering the possibility of releasing a migrant from detention because of their vulnerability and when they believe the individual will benefit from case management in a community setting.

SIP then carries out screening and assessment of the individual and explains the nature of the ATD pilot while they are still in detention. If they meet the ATD pilot criteria and agree to be released onto the pilot, SIP informs the Border Police. The Border Police then notify the headquarters of the final release arrangement.

This is the first example of government cooperation with one of the case management ATD pilots as a way of avoiding the use of detention.

SIP will continue to monitor progress of this mechanism and outcomes for individuals released onto the pilot. SIP believes it demonstrates the crucial role that civil society organisations can play in humanising migration governance systems.

A legal framework for ATD for vulnerable people already exists in Poland, but its implementation has not begun yet as no delivery institution has been contracted. In this context, this mechanism could be a stepping stone for the authorities to move towards case management-based community models in order to systematically minimise the use of detention.

### Poland – SIP

The pilot works with migrants in return procedures, including refused asylum seekers, who are unsuitable for detention due to their vulnerability. Some are already placed on reporting conditions. The pilot tries to engage them while they are in detention or are being considered for detention. The most common nationalities of the 29 sampled cases were Russian (Chechnya) (11), Ukrainian (6) and Tajik (3). The sampled cohort contains extremely vulnerable and complex cases which include families with children. Highly intensive, one-to-one support is provided for such cases.

About 76% of the sampled cohort are on the government's alternative to detention programme and are required to report regularly, usually once a week or month. They are under return orders and would be normally detained, but are allowed to live in the community instead, usually because they have children. The government scheme does not offer case management, so the pilot is filling this gap.

In a number of cases, especially where humanitarian protection is sought, there appears to be scope for the clients and case managers to work closely together to strengthen their cases. This often involves gathering evidence to support their cases, which can help to build trusting relationships. Case managers explain all options available, including possibility of return, even under very difficult circumstances of client vulnerability and denial of their situation.

Many individuals are referred to the pilot by the organisation's own lawyer, who comes into contact with them in detention. As in the case of the Cypriot pilot, case managers are not lawyers, and there is a clear division of roles. The implementor organisation's volunteers can also offer informal support to individuals.

### Cyprus Cyprus Refugee Council

The Cypriot pilot works with people in detention and at risk of being detained. The most common nationalities of the sampled 33 cases were Cameroon and Iran (10 people each), then Democratic Republic of Congo (4). The pilot works mostly with two distinct client groups: relatively newly arrived detained asylum seekers, and extremely long-term undocumented migrants, mostly residing in the community.

For the former group, case management starts while they are still in detention. Case managers conduct detailed screening and assessment, and based on its results and consultation with individuals, they recommend to the authorities their placement in the community instead. While they are still in detention, case managers ensure that individuals are properly engaged with the asylum procedures and that officials are aware of this. After these interventions, many are released into the community, albeit not always speedily. Screening and assessment often alert the authorities to individuals' vulnerabilities, which can trigger release. The pilot ceases case management at the point where individuals are stabilised in accommodation in the community, linked to services, and understand the asylum process and their immigration situation. Where individuals have vulnerabilities requiring ongoing support, case management support continues. Case managers do not explore voluntary return for this group, since the asylum case has only recently begun. As a result, average provision of case management in Cyprus is much shorter than the other two pilots: only 18% received case management longer than 13 months.

The second client group, long-term undocumented migrants, tend to have extremely complex cases that have remained unresolved over many years, and to have disengaged from the immigration procedures completely, having lost touch with the authorities years ago. They often have partners and children in Cyprus. 36% of the sampled individuals have lived in Cyprus for over 11 years, and in one case for 26 years.

The organisation employs a lawyer. Although few of the individuals on the pilot received individual legal advice, the lawyer visits the detention centre and alerts case managers to individuals who might benefit from case management.

The Cypriot pilot's case management work is characterised by frequent and sustained direct contact with the authorities. Aside from supporting individuals psychologically and connecting them to other available services, case managers spend much of their time, with the clients' consent, relaying information and requests from the clients to the authorities. This encourages the authorities to take into account individuals' circumstances when making placement decisions. In the long term, it could help to address the gaps in the administrative process and support the achievement of case resolution in a timely manner.

Case managers have developed constructive working relationships and regular, informal communications pathways with a number of government departments, including detention centre management, the migration department, the asylum department, social welfare services, the Ministry of Health, the immigration employment officer from the Department of Labour anti-trafficking unit. This has enabled collaborative work to find solutions for individuals who are receiving case management. There is now more awareness of case management and collaboration has yielded positive steps and outcomes for individuals.

### Screening and assessment tool and recommendation letters used by the Cypriot pilot

The Cypriot pilot developed a comprehensive screening and assessment tool, noting that the authorities did not have an adequate procedure and were failing to route vulnerable individuals out of detention. By using the tool, case managers are able to obtain accurate information about the individual, including their vulnerabilities, strengths and barriers to case resolution, to guide their case management work. Based on the obtained information, case managers can make a credible recommendation to the authorities that individuals should be placed in a community setting, and advocate for individuals' release from detention or their non-detention.

The pilot has developed recommendation letters to encourage the authorities to proactively consider release of specific individuals onto community-based alternatives to detention. The tool also draws attention to the need for screening and assessment and promotes the use of case management.

The letters, prepared by case managers, are sent to the authorities to recommend individuals' release from detention and placement in the community, as they are already engaging with the immigration procedure through case management. The letters can also request that specific actions be taken, such as reopening the case, granting humanitarian status, granting access to services so that individuals can be stabilised in the community. The letters are a practical way to demonstrate to the authorities the benefits of screening, assessment and case management.

In a number of cases, the recommendation letters triggered the authorities to take positive steps. The letters have also been received positively by other stakeholders: the ombudsman's office commended the clarity and usefulness of the letters, and regularly support recommendations made by the letters. An immigration liaison officer at one of the detention centres commented that case management could lead to higher levels of collaboration between individuals and the authorities and suggested to the pilot that they prepare a recommendation letter for a specific individual to be released into the community.

For example, after meeting Mr X in detention and conducting face-to-face screening and assessment, the case manager sent, with consent, a recommendation letter to the migration department and the ombudsman's office. The letter explained that, having considered Mr X's needs, strengths, immigration history and other circumstances, the pilot concluded that the most appropriate placement for Mr X is in the community and that he had agreed to participate in the project. Although no formal response was received, Mr X was released from detention and is now working with the case manager on his case.

In 2019, the Asylum Service decided to adapt the pilot's screening and assessment tool to screen all new arrivals in Cyprus. The pilot implementor hopes that the Migration Department will also adapt the tool to improve their ability to make appropriate placement decisions and reduce instances of unnecessary detention.

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## 4.6 Case management in action – case studies

The pilot implementors compiled 10 case studies each to document the process of case management and the developments on individual cases, using an agreed format (see [Annex 7](#)). For each case study, the following information was recorded: client's profile, screening and assessment outcome, case planning work, interventions by case managers, review process and the latest status of the case or how the case was closed. Each pilot completed their case studies in their own way: some included personal reflections, while others collated key highlights.

The collected case studies demonstrate that all the pilots followed a broadly similar case management process, corroborating other evaluation data. However, they also show the wide diversity of approaches taken by case managers in working with individuals and other actors to respond to specific and changing challenges by developing strategies towards case resolution. This dynamic and flexible approach to case management is shown by the summaries and excerpts from some of the case studies, below. The names used in the case studies are not real names.

## Malik

Malik is a victim of torture and claimed asylum in the country with his family. He and his family moved to Germany without permission, in order to seek medical treatment, and made a new asylum application there. The family's asylum claim was refused and his wife and children were deported without him. He returned to the country with the intention of re-starting his asylum claim there, and ultimately bringing his family back to Europe, but instead faced a Dublin return procedure back to Germany.

The lawyer of the pilot's organisation intervened when Malik was facing the prospect of detention pending a Dublin return. Malik avoided detention and was instead given a weekly reporting condition.

Intensive case management began at this point, to psychologically support Malik to navigate complicated systems in two countries, requiring liaison with various institutions in both countries, and avoid detention. The case manager also organised for Malik to see psychologists, partly for the purpose of preparing a medical report to support his case. At the same time, Malik was very stressed as his family were now receiving threats in their country of origin. Malik was open to working with the case manager, and soon understood that his prospects of obtaining international protection in the country were slim and that he would be returned to Germany.

In the meantime, there was a further development in his country of origin. The case manager and Malik discussed the situation at great length and agreed that returning voluntarily would be the best course of action. The case manager helped Malik to make arrangements with the IOM and contact various government departments to speed up his voluntary return. However, at this point Malik's family were arrested in his country of origin. He withdrew his request for voluntary return, and the only option left was a Dublin transfer to Germany.

Malik understood this but was unwilling to be escorted by immigration officials to be returned to Germany, fearing he would be detained again. The case manager arranged for Malik to liaise with the authorities to discuss how he could travel back to Germany. The authorities agreed to let Malik decide his departure date and destination city in Germany. The case manager then relayed this information to a German NGO which offered assistance at the airport, in the light of the high risk of detention given his previous absconding.

Malik was able to return to Germany on his own and was not detained on arrival. Malik contacted the case manager immediately after he reached his destination, to inform her that he had safely managed to lodge his new asylum claim there.

## Serge

Serge arrived in the country seven years ago to claim asylum, which was refused some time ago. He is now in the return procedure. He is taking anti-depressants and is terrified of being apprehended by the authorities.

The case manager identified that Serge needed to access legal support for the return procedure, as well as psychosocial support. He was very reluctant to talk about the possibility of return to his country of origin, as he has no family left there. His lawyer was exploring options for humanitarian protection. The case manager assisted Serge to gather necessary information for the lawyer, which enabled him to access the humanitarian protection procedure.

Building trust with him was a slow process, but it developed with regular weekly contact. Generally, he appeared calm and reasonable, but when anxious he would withdraw into himself and become difficult to reach.

When Serge received a date for deportation, he disappeared for a few days, cutting contact with all his friends and supporters; later he admitted that he had left town, fearing that he would be arrested by the border guards at home. Even after he was reassured that his humanitarian residence procedure was opened and deportation was not imminent, Serge was still reluctant to report to the authorities as required, and the case manager spent a lot of time providing intensive emotional support to persuade him to report and comply with the immigration procedure.

Serge's case is ongoing and he continues to be in regular touch with the case manager. The case manager ensures that Serge is regularly updated about his legal situation, to reassure him that that everything that can be done is being done, so that he can see that his case is treated fairly and he can have more trust in the system.

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"I was working during these years for different people, they all liked me and wanted to help me, promised they will fix my documents. But from you [the Bulgarian pilot implementor] I learned the law is very difficult for that. I understood it will not work. But I cannot leave, I have nobody back in [country of origin]. I have to stay here. It's hard with no documents, but I have to stay."

**A quote from a Bulgarian pilot user**

## Layla

Layla appears to have been trafficked into the country. Layla's parents thought they were sending her through an agent away from a conflict situation in her country of origin to study for a qualification. However, on arrival she discovered that the study course did not exist and she ended up being locked in and forced to work as a domestic servant at the house of the supposed educationalist. When she escaped, Layla was apprehended and was detained for having no documents. She then applied for asylum.

The case manager met Layla in detention and identified indicators of trafficking. Eventually she developed trust with case manager and agreed to be referred to the anti-trafficking unit with a request to be released from detention. The case manager made the referral and requested safe housing and psychological monitoring from the social services as there was a risk of re-trafficking. As no communication was taking place between the departments and there was a lack of clarity over who should be handling Layla's case, the case manager proactively mediated between departments to facilitate the process. The case manager developed a good working relationship with an officer in the anti-trafficking unit, who proceeded to interview Layla in detention. Throughout, the case manager only acted after Layla was consulted and gave consent.

Although Layla was finally released from detention, she was not provided with safe accommodation or any information about what steps to take next, despite the case manager's attempt to trigger the safeguarding process. The case manager had to intervene directly to secure a place in the government shelter for victims of trafficking.

It required intensive engagement from the case manager to help Layla understand that her placement in the government shelter was the safest option, despite her fears that she would be locked in again.

Layla is still receiving case management and psychological support from the pilot organisation, where a psychologist is working in collaboration with case manager to monitor her psychological state. She continues to engage with the immigration procedure, and has developed a strong rapport with the case manager, becoming more communicative and confident.

## Alice

Alice is a victim of gender-based violence. She and her family had been returned to the country from a Western European country under Dublin a few years ago. After the case manager explained to her the EU law and Dublin Regulation, Alice gave up her plan to go back to the Western European country and agreed to engage with the asylum procedure in the country instead. The case manager arranged for Alice and her husband, who is a torture victim, to see a psychologist. She also found volunteers who could give Alice's children language lessons. Just as the lawyer, psychologist and the case manager were drafting a plan for the family to reapply for asylum, the family suddenly absconded and returned to the Western European country. Alice contacted the case manager immediately after their return, to apologise and explain that she had to leave again against her will because of the pressure from her husband's family.

## Tim

Tim has been living in the country for the last 17 years, and has been in irregular immigration status for over 10 years. He has a long-term partner, of a different nationality but also undocumented, with whom he has a child of school age. The child knows no other country as his home. Tim got in touch with the pilot, as he was anxious about the family's future without access to statutory services. Working without a permit has also been challenging.

The case manager and Tim discussed the limited range of options that are available. Tim could contact the authorities to seek humanitarian protection, but this also risked drawing their attention to the presence of the family, which could lead to detention and deportation. Tim took some time to consider the risks, and with the help of the case manager, decided to try to regularise his status.

The case manager and Tim worked together to prepare necessary documents which had to be submitted to the authorities, including letters of support from potential employer, a reference letter from an NGO supporting the family, and the child's school progress report. The documents have now been sent to the authorities and Tim is now awaiting a response.

## Elisabeth

Elisabeth is a single mother who was detained for over a year with her child, following their forced return to the country under the Dublin III Regulation from a Western European country. Elisabeth was suffering from serious psychological damage caused by her experience of detention. She self-referred herself to the pilot.

The case manager assessed her needs, strengths and barriers, and worked intensively to address her psychological state, extreme fear of the authorities and of re-detention, and lack of social ties in the community, to enable her to engage more fully with the immigration procedures.

The case manager supported Elisabeth to access counselling, language classes and medical appointments, providing necessary interpretation. The deep trust that developed meant that Elisabeth would telephone the case manager each time she had panic attacks, in order to calm down: the panic attacks were often triggered on seeing immigration officers at the asylum reception centre where she was staying.

Although Elisabeth knows that her situation is difficult, she is now much more aware of the system and more involved in her own case, after eight months of case management. She consults the case manager every time she has questions or doubts about the immigration procedure and remains engaged with the pilot. Elisabeth is realistically considering what might happen to her if she and her child were to be returned to her country of origin, and asked the case manager to look into what support might be available there to make her transition as smooth and safe as possible.

The case studies show that:

- ▶ Case management is complex and relational, based on a relationship between case managers and individuals. While following a broadly similar case management process across the pilots, case management is provided in a highly person-centred way, in response to individuals' changing circumstances and needs. It is not a series of tick box exercises which are applied uniformly to all.
- ▶ Case management can play a significant role in individuals' lives but still remains one among many internal and external factors which influence individuals' behaviour and decision making. Case management is not a transactional mechanism where an intervention automatically results in a desired change or outcome.
- ▶ Regularity and consistency of case management provision is the foundation on which case managers can help individuals to build resilience and coping mechanisms. Nevertheless, frequency and intensity of case management can fluctuate according to the needs and receptiveness of the individual.
- ▶ Setbacks can present high risk moments when individuals can lose trust and interest in the system and decide to disengage from the immigration procedures and the pilots. This element came through more clearly in this evaluation exercise than the previous interim evaluation, based on much longer-term observation of case management work.
- ▶ While case management appears to contribute positively to individuals' potential to resolve their cases in the community, the case studies also highlight internal and external factors that limit or undermine the impact of case management. These factors are often beyond the control of the pilots or case management.

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“The support of the organizations like SIP (the Polish pilot implementer) helps a lot to concentrate on the procedures and to become active. When you get the proper information when you start to understand what is going on, what you can do or what you cannot, where your limitations are – this makes you feel you have an influence on your life and you want to do it.

You (case manager) provided me with all this information, no one else. You gave me a lot of knowledge and support. Before there were some people who would tell me “you got a negative decision, you have to appeal”, OK, let's appeal it, but that was it. Nobody would explain me what was in the appeal, why, what would happen next. Everything was happening somehow by me, without my will or engagement. And it completely changed when I met you.”

## A quote from a Polish pilot user

# 5. Results of the two-year pilots

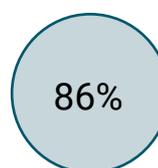
## 5.1 Key findings

- **The majority (86%) of individuals remained engaged with immigration procedures through engagement-based ATD in the community and 25% achieved case resolution.** 12% disengaged or absconded and 2% were forcibly removed.
- **Quality case management can increase individuals’ ability to work towards case resolution.** Case management had some or huge impact in the vast majority of cases, ranging from 80% to 99% in different areas. The positive impact of case management was particularly marked in terms of ability to participate in informed decision making (99% had some or huge benefit) and ability to engage with the immigration procedures overtime (96%). Even with diversity of circumstances and levels of vulnerability, qualitative evaluation suggests that holistic and individualised case management can have a positive impact on individuals’ ability to engage with immigration procedures, including cases of great complexity and with previous experience of detention, when certain conditions are met.
- **Case management alone, especially when applied only at the end of the immigration process, cannot rectify structural and long-term problems in the migration system that can undermine case resolution.** Nor can it compensate for systemic failures to meet minimum standards.

## 5.2 Total quantitative outputs of the engagement-based ATD pilots

The quantitative data shows that the engagement-based ATD pilots in Bulgaria, Cyprus and Poland provided case management support to a total of 126 individuals during a roughly two-year period, out of 183 individuals who were screened and assessed for their suitability for the pilots.

The vast majority (86% or 108 individuals) remained engaged with case-management based ATD in the community, including some case resolution: 12% (15 individuals) disengaged or absconded and 2% (3 individuals) were forcibly removed. Levels of disengagement or absconding were low across the three projects, ranging from 18% in Bulgaria to 7% in Cyprus (where case management frequently finished when a client was stabilised in the community, instead of continuing indefinitely).



The majority (86%) of individuals remained engaged with immigration procedures, including some case resolution, through engagement-based ATD in the community

## Output summary<sup>11</sup>

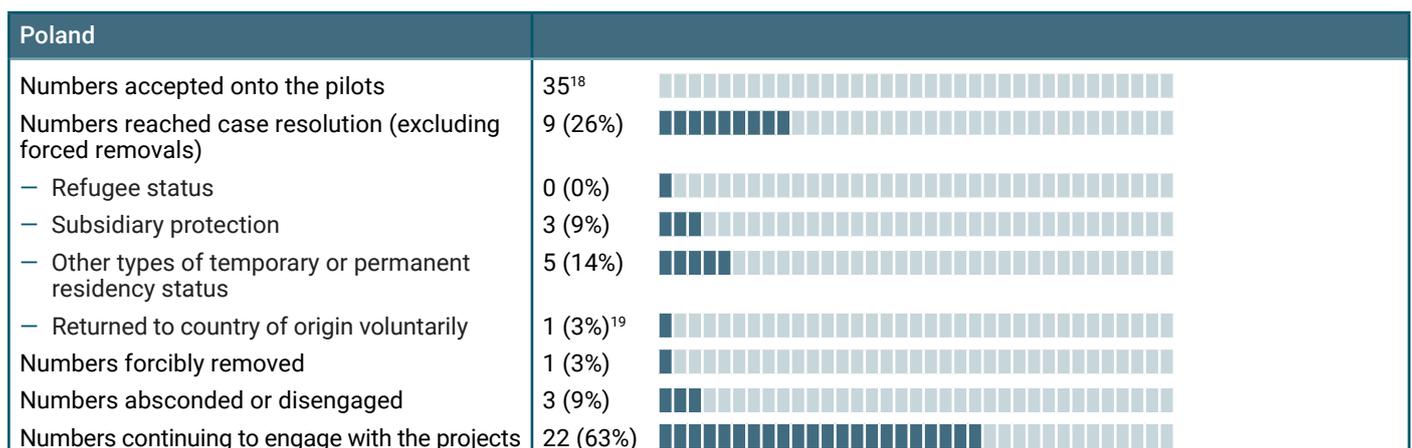
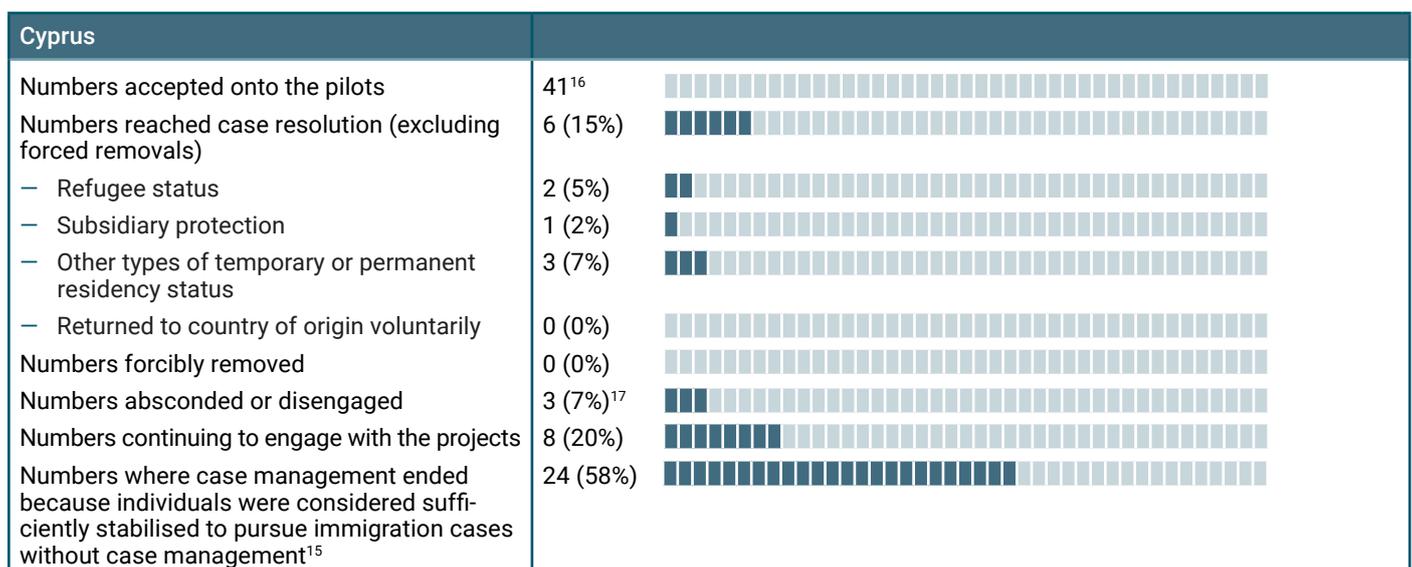
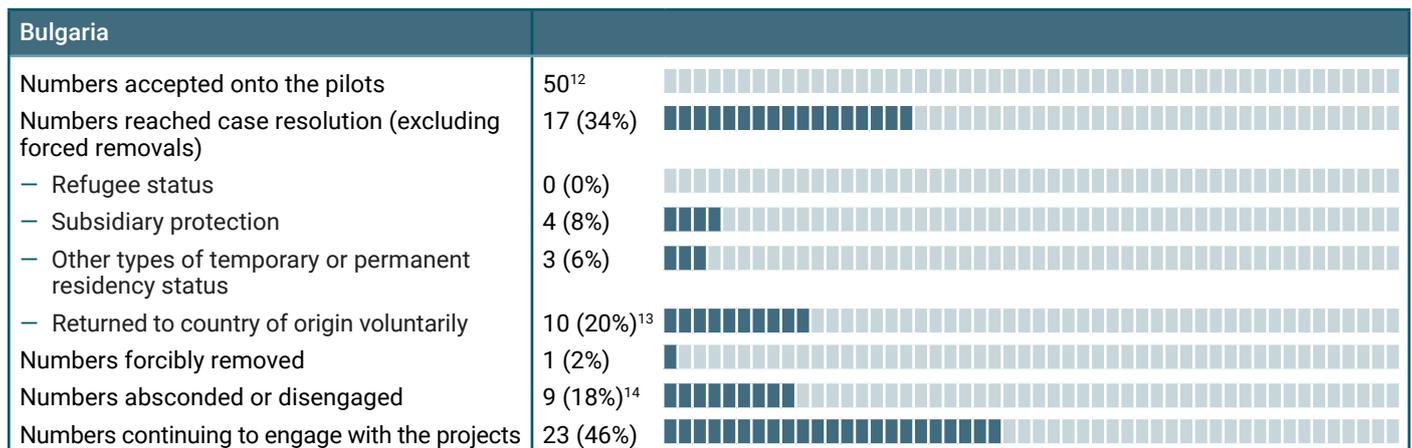
Total	Numbers	%
Numbers accepted onto the pilots	126	
Numbers reached case resolution (excluding forced removals)	32	25.4%
– Refugee status	– 2	– 1.6%
– Subsidiary protection	– 8	– 6.3%
– Other types of temporary or permanent residency status	– 11	– 8.7%
– Returned to country of origin voluntarily	– 11	– 8.7%
Numbers forcibly removed	3	2.4%
Numbers absconded or disengaged	15	11.9%
Numbers continuing to engage with the projects but without case resolution	76	60.3%

Country breakdown overleaf →

<sup>11</sup> The data was collected in March 2019.

## Country breakdown

The percentage figures occasionally do not add up to 100% as they are rounded.



<sup>12</sup> 55 people were screened by the Bulgarian pilot during the period of 2 years and 2 months. Of those, (50 people (91%) were accepted onto the pilot.

<sup>13</sup> Of whom three re-entered with long-term residence visas.

<sup>14</sup> Of which three lost contact with the project.

<sup>15</sup> This course of action was only taken on the Cypriot pilot.

<sup>16</sup> 80 people were screened by the Cypriot pilot during the period of 2 years. Of those, 41 (51%) were accepted onto the pilot.

<sup>17</sup> One absconded, two disengaged.

<sup>18</sup> 48 people were screened by the Polish pilot during the period of 1 year and 8 months. Of those, 35 (73%) were accepted onto the pilot.

<sup>19</sup> Did not return to country of origin but voluntarily undertook Dublin transfer.

### 5.3 Summary of the profiles of the individuals on the pilots

In order to understand in more details the characteristics of individuals on the project, and to assess the qualitative impact of case management, the implementers completed the agreed client summary sheets for approximately 30 randomly chosen sample cases from each pilot. This has given rise to a data pool of 99 cases for this qualitative analysis. The data sample size represents 79% of all the total cohort of individuals who have received case management from the pilots.

Number of client summary sheets completed:

Bulgaria	Cyprus	Poland	Total
37	33	29	99

The profile of sampled individuals is highly varied, reflecting differences in the profiles of individuals that each pilot has worked with. This is to be expected given each country's distinct migration trends, as well as the distinct criteria used by each pilot in screening and assessment of individuals to enter the pilots.

- ▶ **82%** of the sampled cases were individuals in situations of vulnerability, often of a severe nature.
- ▶ **79%** of the sampled cases had experience of detention, which did not lead to their cases being resolved.
- ▶ **96%** had been in the country longer than one year.

The full breakdown of the profiles of individuals in the sample group are at [Annex 2](#).

### 5.4 Qualitative impact of case management on individuals

In order to capture the impact of case management in the ATD pilots, the case managers were asked to measure to what degree case management influenced individuals' actions and outlook over time, comparing initial situations at the time of entering the pilot (baseline information) with their present situations. The case managers were also encouraged to outline how barriers have been removed as a result of case management.

Using the client summary sheet (see [Annex 5](#)), case managers were asked to answer six questions, covering six areas of potential impact.<sup>20</sup> In order to establish qualitative changes achieved by case management over time in each of the six areas, case managers assessed each individual as to the level of impact, assigning them to one of six categories: negative impact, no impact, limited impact, some impact, huge impact and don't know.

<sup>20</sup> The evaluator and the implementers developed the questions, with reference to International Detention Coalition's *There Are Alternatives* and the EU Handbook on Return.

The six questions used in the client summary sheets were as follows:

1. In your view, has your case management support had any positive impact on the person's ability to engage with the immigration procedures over time?
2. In your view, has your case management support had any positive impact on the person's level of risk over time?
3. In your view, has your case management support had any positive impact on the person's level of trust in the system?
4. Has case management improved the individual's ability to participate in informed decision-making process in immigration procedures over time?
5. Has case management contributed towards timely and fair case resolution for the individual over time?
6. Is case management improving coping and well-being of individuals (that allows them to better engage with immigration procedures) over time?

### 5.5 Positive impact of case management

As the following graphs on pages 20-22 show, in all six aspects, the pilots' case management appears to have had positive impact. In the vast majority of cases, case management had some impact or huge impact, ranging from a total of 80% to 99% across the six areas. The positive impact of case management was particularly marked in ability to participate in informed decision making (99%) and ability to engage with the immigration procedures over time (96%). In no cases did case management appear to have a negative impact.

In addition, the pilots were also asked additional questions about case management's impact on informed decision-making, timely and fair case resolution and coping and well-being of individuals. Their results are shown in [Annex 10](#) of the report.

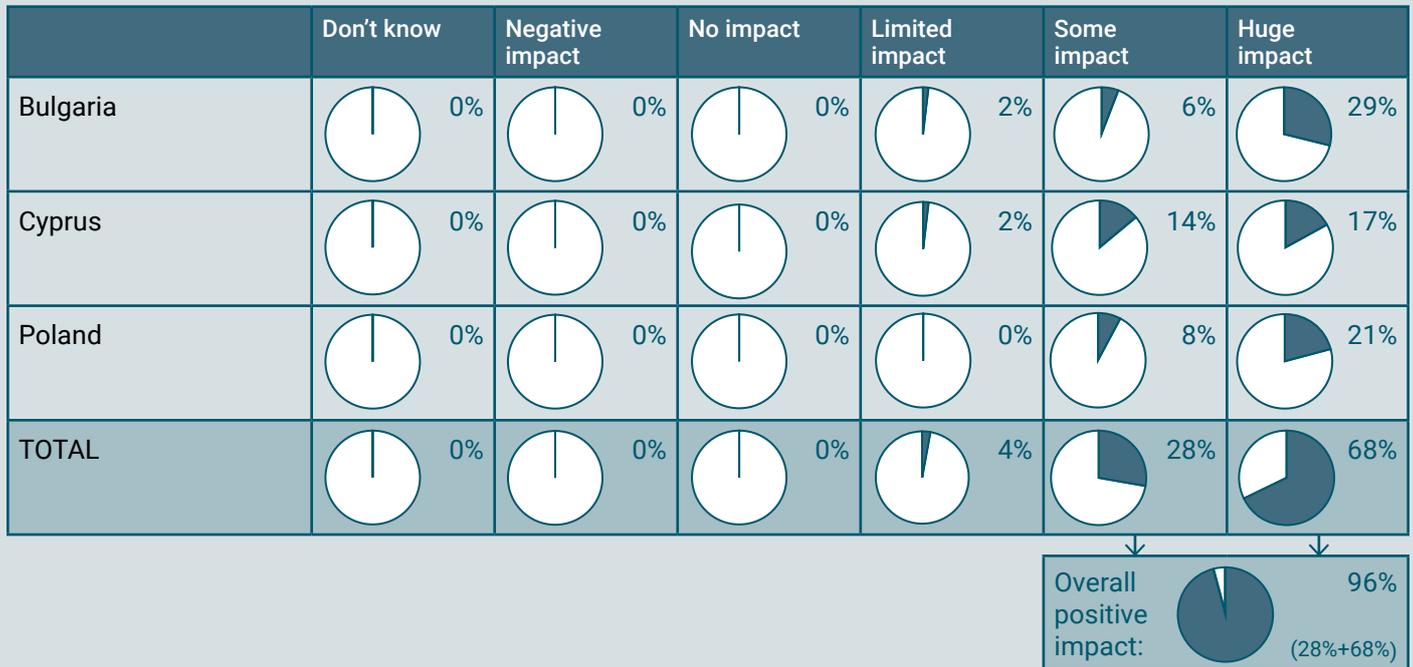
From the data, there are strong indications that individuals became more proactive and were better exploring all options. There are particularly strong indications that individuals were complying with conditions. The vast majority became less vulnerable and experienced improved psychological welfare. A large majority developed more trust in the system, although the case managers were unable to assess in a significant minority of cases. Likewise, a large majority saw improvements to their accommodation and subsistence situations.

Overall, the data supports our hypothesis that quality case management can improve people's ability to go through their immigration procedures outside detention and work towards case resolution.

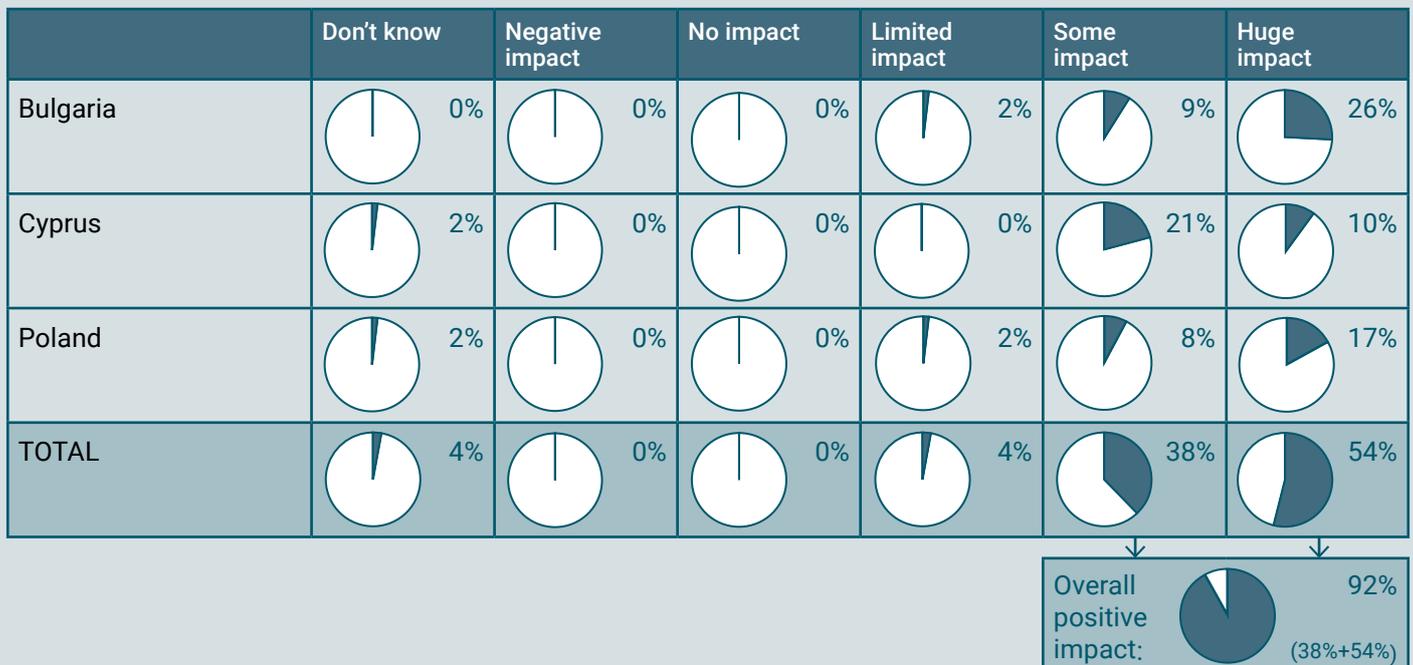
## Case management impact information

The percentage figures occasionally do not add up to 100% as they are rounded.

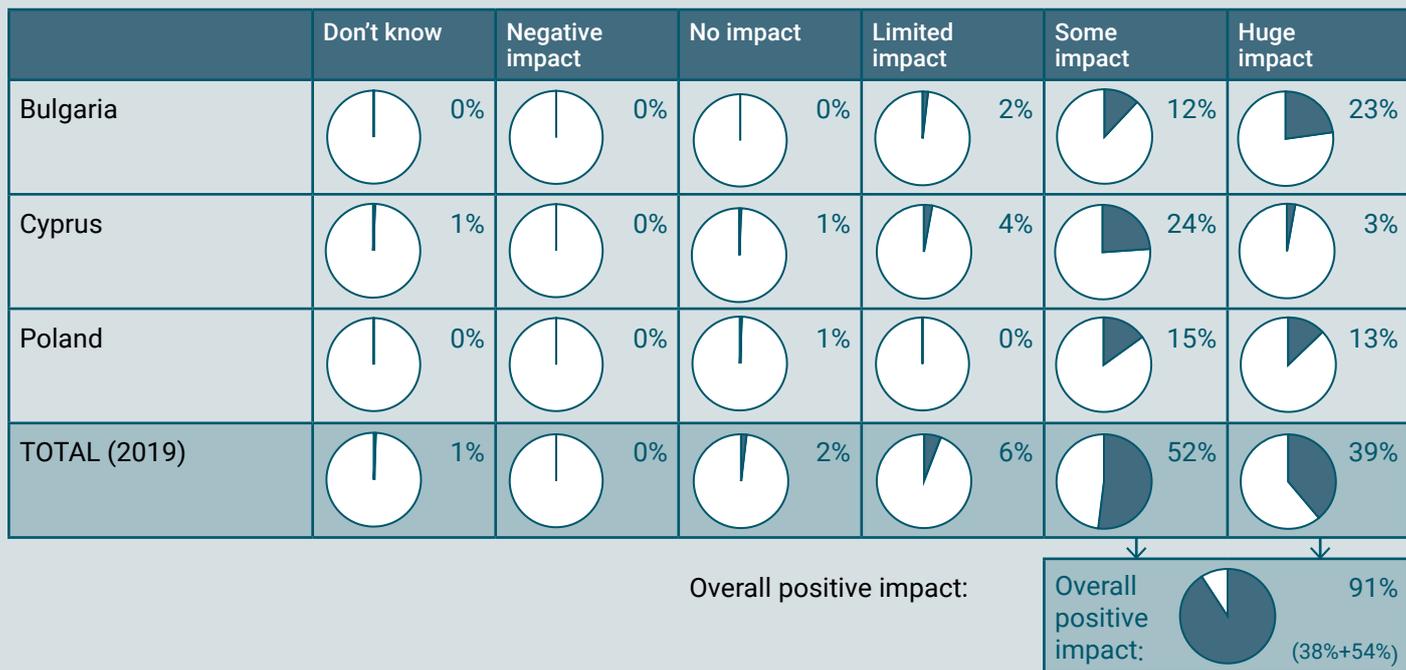
1) In your view, has your case management support had any positive impact on the person's **ability to engage with the immigration procedures over time**?



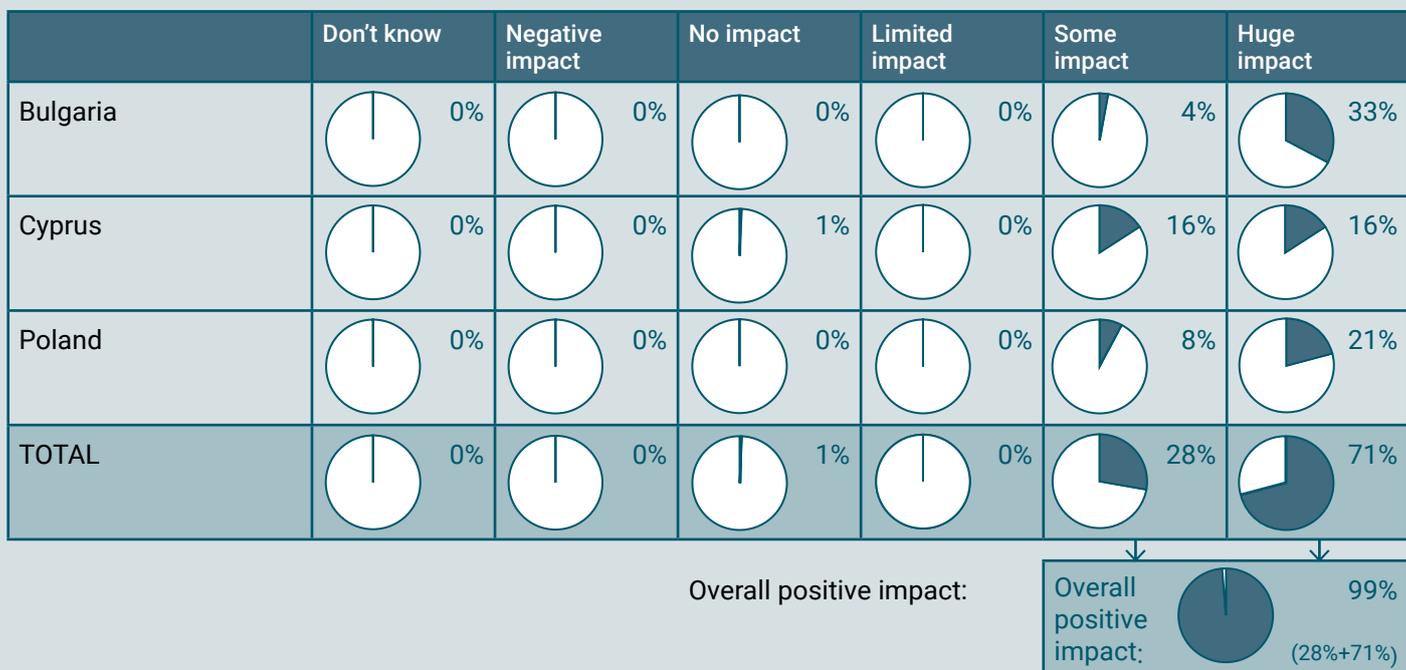
2) In your view, has your case management support had any positive impact on the person's **level of risk over time**?



3) In your view, has your case management support had any positive impact on the person's **level of trust in the system over time**?



4) Has case management improved the individual's ability to participate in **informed decision making** process in immigration procedures over time?



5) Has case management contributed towards **timely and fair case resolution** for the individual over time?

	Don't know/ No answer	Negative impact	No impact	Limited impact	Some impact	Huge impact
Bulgaria	2%	0%	0%	10%	6%	19%
Cyprus	3%	0%	2%	0%	14%	14%
Poland	2%	0%	1%	0%	8%	18%
TOTAL	7%	0%	3%	10%	28%	52%

Overall positive impact:



6) Is case management improving **coping and wellbeing of individuals** (that allows them to better engage with immigration procedures) over time?

	Don't know	Negative impact	No impact	Limited impact	Some impact	Huge impact
Bulgaria	0%	0%	0%	3%	11%	23%
Cyprus	1%	0%	0%	2%	16%	14%
Poland	0%	0%	1%	2%	16%	10%
TOTAL	1%	0%	1%	7%	43%	47%

Overall positive impact:



## 5.6 Individuals' experiences of the pilots

As part of this evaluation exercise, 12 interviews were conducted with the individuals who were on the pilots, in order for us to better understand individuals' experience of the pilots and their perspectives on the immigration procedures<sup>21</sup>. For practical reasons, no interviews were conducted with individuals who had disengaged from the pilots or absconded.

These interviews are the most direct and immediate evidence validating the reality and impact of the case management work described by the implementors. They show that the implementors' observations of individuals' responses to case management broadly correspond to individuals' own perspectives.

	Bulgaria	Cyprus	Poland
Total interviews conducted	3	5	4
Interviews conducted by the evaluator	2	3	2
Male	2	3	2
Female	1	2	2
Case resolution achieved	0	3	1
Case resolution not achieved	3	2	3

Individuals interviewed were overwhelmingly positive about the case management support that they had received from the pilots. It should be borne in mind that individuals willing to be interviewed cannot be assumed to be representative of the overall group, and that many of the interviews were conducted by the case managers themselves, which may have influenced responses. Nevertheless, a number of common themes emerged from the interviews, which appear to reflect the experiences of a significant proportion of participants in the pilots.

### Psychological impact on wellbeing and trust

The quality of personal interaction influences the level of trust individuals have in case managers. Interviewees consistently reported a strong sense of trust in the organisation and case managers providing case management, and that this trust changed their overall attitude. By extension, this can lead to increased hope and willingness to engage in the immigration procedures, although there was little evidence that it affects negative perceptions of the authorities.

<sup>21</sup> See [Annex 8](#) for the questionnaire used for nine interviews. The questionnaire was developed after the evaluator conducted face-to-face interviews with three individuals in Cyprus in January 2019, by refining the original set of questions and prompts used. An additional four interviews were conducted by the evaluator by Skype. There are variations in ways that interview records were produced by different case managers: some are more verbatim than others.

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*'I was received in a very friendly way and they gave me hope, my feelings were positive. Our case is not finished yet, it's been taking a very long time but I don't lose hope.'* Interviewee 9

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*'And I remember exactly that day and our meeting, I remember we were talking in the same room as today and I remember all the details and that I felt the hope coming back, I felt a very strong psychological support. At that moment, I desperately needed legal help and I needed someone who could support me, explain things and help not to lose hope.'* Interviewee 11

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*'I trusted your organisation because I saw that many of my friends got good developments with you... (I) do not trust much to authorities, but will need them to help me with documents.'* Interviewee 1

The flexibility, accessibility and regularity of case management were crucial to building this trust. Interviewees appreciated the person-centred support, involving different formats including face-to-face meetings and being accessible by telephone to respond to unexpected developments and their questions. Simple factors like being on time, keeping promises and responding to telephone calls conveyed a sense of respect, which interviewees often said was lacking from the authorities.

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*'I could contact (the case manager) whenever I needed by phone or just come to the office to talk about my case, my plans, my concerns. I get help with all my paperwork and documents that I needed, the lawyer prepared the appeals, I could count on their advice along the way. It was really, really helpful.'* Interviewee 10

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*'After the first meeting, every time there is a problem, new issues to share and discuss, (the client) spoke directly with (the case manager). (The case manager) was on time and went to her to see (the client) as and when necessary.' After the client was released from detention to an accommodation centre due to her high level of vulnerability, 'the only person who was regularly asking 'How are you?' and checking how she was (was the case manager).'* Interviewee 2

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*'Besides from the practical ways that (the case manager) assisted me, just the phone calls themselves (...) was very helpful even when there was no specific issues to discuss (...). The frequency and regularity of communication and meetings (with the case manager) and the fact that someone would be*

*there and answer my calls gave me a sense of security and comfort. I was treated with respect, especially during a time when the authorities mistreated me.'*

**Interviewee 8**

*'It's face-to-face, sometimes on the phone, if it's not possible to meet. For serious stuff, (I) make appointments in the office. This (whether to make an appointment) depends on the situation and the complaint.'*

**Interviewee 3**

*'(The case manager) was immediately calling back straight away, no matter what time it was, he called back when I called.'*

**Interviewee 5**

*'The fact that we can contact (the case manager) any time, whom we trust a lot, not only about our administrative cases, but also when we have problems with doctors or need assistance in our son's school, or about accommodation – this gives us hope and the feeling of safety.'*

**Interviewee 9**

This renewed sense of trust and hope was connected to an improvement in personal wellbeing. The person-centred approach of case managers, treating individuals as human beings, appeared to have a major impact on their mental health and state of mind.

*'After meeting (the case manager), I started having more hope in my life, and felt more optimistic in my case. I felt that someone is there that actually cares for me, and wishes to help me.' (...)* before meeting (the case manager), I did not know who to talk to about my situation, and what the documents that I possessed meant, how to receive help with my asylum, my rights and so on. Also my psychological well-being was not in a good state. In addition, I gradually learnt to trust people. ... They were always there for me whenever I needed anything, they helped me understand my situation better, advised me towards my choices concerning my stay, employment and so on. They also helped me in trusting more, and feeling more certain about my everyday life.'

**Interviewee 7**

Interviews underlined the intense stress experienced by people in detention or going through asylum procedures, and the value of case management support in enabling them to cope with their situations. Case management appeared to have a therapeutic benefit in enabling participants to feel calmer and better manage their stress. This emotional benefit appeared to further support improved engagement with immigration procedures, since individuals could better focus on their cases and make more considered decisions.

*'When I first met (the case manager), I had a positive impression because I was in immigration detention and alone with no emotional support. It calmed down. He understood my case and was trying to help me.'*

**Interviewee 5**

*(On the day of asylum interview) 'We (the client and the case manager) walked to the asylum department together. (...) It was very difficult – I had to remember all the things that I was trying to forget. That was very difficult. When I finished interview, I called (the case manager) afterwards. He came and asked how I was. He helped me to process.'*

**Interviewee 5**

Several interviewees mentioned feeling more hope regarding their immigration cases. This is not in itself an indicator of quality case management, since advisors can create unfounded hope by making false promises. However, in context, it appears that hope can be an important factor supporting individuals to engage actively with immigration procedures, instead of absconding or becoming passive.

### **Access to information and space to make plans**

Most people had little knowledge of the immigration procedure before arrival and lacked access to information about it thereafter.

*'I knew nothing. I was so young. I did not know even the word 'refugee.'*

**Interviewee 1**

This lack of information appeared to be a significant factor in individuals making decisions which they subsequently regretted, including absconding.

*'Before I met (the case manager) I didn't know almost anything about the procedures. The first time I started to understand, it was after I met (the case manager) and started to talk to them often. (The case manager) is explaining me everything. If I had known them since my arrival to Poland, my situation would have been completely different today. I would have never left to Germany illegally and wouldn't have spent many months in detention as a result.' There is a big difference. We feel we are protected right now. We know our rights and understand our situation much better than before.'*

**Interviewee 9**

Individuals regretted the lack of effective channels of communication with the authorities, and ways to get more information about the immigration process. In the absence of accessible and prompt information, unreliable sources of advice in the community could fill the gap.

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*'In the Asylum Service, they were more respectful (than the police) and did not show any malice, which had a neutral experience in regards to treatment. However, information-wise I could not rely on them, as there is no information online, their office is understaffed and always crowded, making it kind of impossible to ask and receive information. I also felt that there were unspoken rules that for example, if I asked them very often about my case, it may have led towards their negative view towards me. Therefore, the information and guidance I was getting (from the case manager) was always highly valued.'* I was more able to engage with the authorities as a result of (the case manager's) support.' **Interviewee 8**

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*'I think there should be a better channel of communication with the authorities so that we could better know what documents are needed in our cases. You should also be able to have easier access to your documents. I send them emails and it takes months before they even respond, and if they do, usually it is just general information.'* They should employ people in immigration office who actually want to work because it takes so long to get any decision or information.' **Interviewee 10**

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*'There is actually no contact with the authorities, no information from them. You only give the interview and then you keep on receiving negative decisions. If you want to ask them about something, you only hear 'You have to wait'. And that's it.' 'All these years... it was such an inhuman stress... I could be in a completely different life situation today if they did not make wait and suffer from anxiety and uncertainty for such a long time. Now I feel I can start a new life, I can sleep well and make plans for the future but I need a lot of time to recover.'* **Interviewee 11**

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*'No, I didn't know anything (about the immigration procedures). I learnt it only when I met you (the case manager). Normally, when you come, you apply for asylum. For a couple of months, maybe a year, you don't know anything at all. You start to look for information when things turn bad. Now I can understand it. I observe now other people who are just arriving and I can see that they are passive as I used to be.'* **Interviewee 11**

In this context of lack of information, case managers play an important role by providing information, sometimes very patiently, in detail and repeatedly. Individuals recognised that this helped them to engage more proactively and it increased their sense of security and safety. In particular, it is vital to have space to discuss information, reflect and make plans. It is not enough to simply

provide the information; individuals need the opportunity and safe environment to think through the implications in a structured way, consider their options and make decisions.

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*'What is very important for me is that (the case managers) are very precise in explaining me my situation. I always end up with understanding all the details even if it is very complicated. And when I understand it, I feel calmer. So, they care not only about helping me, they want me to understand, they treat me as a partner, they want me to be a part of what is going on and to make decisions. It is important for me, it makes me feel I have an impact on my situation.'* **Interviewee 9**

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*'The support of the organisations like (case management provider) helps a lot to concentrate on the procedures and to become active. When you get proper information, when you start to understand what is going on, what you can do or what you cannot, where your limitations are, this makes you feel you have an influence on your life and you want to do it. (...) Before there were some people who would tell me 'You got a negative decision, you have to appeal', OK, let's appeal it, but that was it. Nobody would explain me what was in the appeal, why, what would happen next. Everything was happening somehow by me without my will or engagement. And it completely changed when I met you.'* I regret I didn't have it myself from the beginning. I lost a lot of time.' My husband wanted us to leave xxx (and go to another country) and was trying to persuade me it would be the best solution for us. I would never agree.' **Interviewee 11**

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*'I didn't go to (another country) where my daughter is. Even if I managed to go there, it will lead to a bigger problem if I do things illegally. After I've found out what will happen if I just went there, I preferred to go through a proper channel and do not want to jeopardise my situation.'* **Interviewee 12**

### **Perceptions of the system**

The authorities and the system itself are often perceived as hostile and uncaring, both by individuals and by their wider communities.

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*'Everything is a trouble. (The authorities) just fulfil their roles as a matter of formality. The same with their interviews. They don't listen.'* They don't give time (to you), they don't care. It's worse for people from Africa. If they are from Middle East, they listen.' They tell you have interviews on this day. But when you go there, they don't have translators available.' **Interviewee 3**

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*'The system kept (my) husband away from (me) and put him in another prison. They didn't know or show them where (we) could go and nobody was there to help.'* **Interviewee 2**

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*'They don't care – the system is very bad. I was thinking – who are these people and what is this system? Anyone not here is treated badly.'* *'They said 'just wait'. In detention no one called me. (But the case manager) helped me to make an interview with the asylum department (...).'* *'Everything (about immigration detention) was new to me – detention centre people just kept on say go back to (his country of origin). It was very hard.'* *'If the guard says someone (from the authorities) is going to come next week and they don't come, the next time when they come and tell me someone is here, I just ignore them.'* **Interviewee 6 who received refugee status**

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*'In my experience, I feel that (the authorities) never cared, they never gave any information about anything, and when they decide to change something or stop giving you something, they suddenly change or stop and do not give you reason or explanation so that you can understand why, ending up causing additional stress on you instead.'* *'My experience has also shown me that a lot of state officials or government employees do not listen, resulting in me becoming angry and talking bad to them in the past.'* **Interviewee 7 who received refugee status**

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*'I cannot generalise but I have the impression that they quite often do not consider all the documents/ information we provide them with and they do not draw proper conclusions – they are not willing to properly understand our situation. There is a kind of aggression towards us in their attitude and conduct.'* *'What makes it difficult to concentrate on the administrative process is that the authorities make you feel they are not willing to help us at all. You immediately understand – it is in their attitude, in the way they talk to you, they treat you, the way they answer your applications – that they are against you. This is not helpful at all.'* **Interviewee 9**

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*'The immigration system here is designed not to make lives easier. It is very bureaucratic. (The authorities) hardly has anyone who speaks English. It is just difficult.'* **Interviewee 12**

However, interviewees did not always blame individuals working for the authorities, whom they sometimes recognised were making an effort to treat them with respect.

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*'To tell you the truth... How to say it... I had a kind of luck that I was always treated well even by those who were acting against me, like (immigration officials) who came to take me (to start the return procedure). The fact itself was very unpleasant and I was dying from fear, but at least they were nice towards me, they were trying to calm me down and explain the situation.'* **Interviewee 11**

# Discussion

Compared to the interim evaluation, improved data collection methodology and a bigger data sample over a longer period enabled more confident analysis of the impact of case management. Factors found to influence the impact of case management, alongside the quality of case management itself, relate to the wider context and the individual. Contextual factors include quality of the immigration procedures and interaction of the authorities, while individual factors include the nature of the case and the individual's understanding and mental health.

## 6.1 Good practice in case management

We have seen in the earlier sections that the pilots have a broadly positive impact on individuals' ability to work towards case resolution. This positive impact of case management was seen across different pilots and contexts.

While following the principles of the CAP model, case management was delivered quite differently across different pilots, responding to individual needs and the specific structure of immigration systems unique to each national context. Nevertheless, the positive impact of case management was a common feature across the pilots, showing that engagement-based alternatives to detention can adapt to a variety of contexts.

A number of common good practices and approaches used by the pilots could be identified through analysis of the narrative data (narrative information in the client summary sheets, case studies and interview results). This learning can inform future development of alternatives to detention pilots in the community based on case management.

- ▶ Individuals must be treated with respect and dignity as human beings, to enable them to trust case managers. Individuals stressed the importance of *how* they were treated by case managers, not just *what* case managers did.
- ▶ Case managers should spend time to build trust with individuals. After trust has been built, individuals were more able to disclose information about themselves, particularly regarding vulnerabilities, which was crucial in identifying support needed.

### Case study 1

Building trust with the client was difficult during the first month due to her severe depression and suspicion, after her experience of detention with her family. While she was cared for in a crisis centre which referred her to the pilot, a case manager had a number of face-to-face meetings for the sole purpose of building trust. Three different interpreters were used before the client finally felt safe enough to communicate with a case manager. The client is now actively engaging with the immigration procedure and has been on the pilot for 1 year and 2 months.

- ▶ Case managers and individuals need to work together as a team in a spirit of cooperation. Individuals should always be consulted and give full consent whenever case managers make interventions on their behalf: this appears to increase individuals' confidence in case managers and their sense of control over their situation. Individuals should be empowered to take proactive steps for themselves as much as possible.
- ▶ Information about the immigration system and procedures must be provided repeatedly and in full, until individuals understand it. Often individuals are confused about the procedures, making it difficult for them to understand what options are realistically available to them. Questions about immigration procedures should be answered promptly. Case managers should help individuals to understand letters and instructions from the authorities promptly.
- ▶ Individuals' legal situations should be fully (re-)assessed by competent lawyers to ensure understanding of both individuals and case managers of their legal situations<sup>22</sup>. In two of the three pilots, case managers coordinated effectively with their own in-house lawyers to support individuals. Case management and legal advice are distinct but can complement each other. Case management needs to respond appropriately and flexibly to individuals' evolving legal situations.
- ▶ Case management should be provided over a sustained period of time where necessary. Case managers and individuals should maintain contact regularly

<sup>22</sup> Many were not receiving any legal advice before entering the pilots, or if they did, it was one-off advice with no follow-up. In some cases of long-term irregularity, the pilot found that individuals became victims of exploitative lawyers and their cases were mishandled. (Based on communication with the pilot implementors.)

and frequently using accessible methods, including pre-arranged face-to-face meetings, drop-in sessions, emails and instant messaging platforms. Case managers should adjust the frequency and intensity of case management according to the needs of individuals. Vulnerable individuals can need time to build trust and stabilise emotionally before they can engage with challenging questions relating to their cases. Case managers should act as a sounding board when individuals need time and space to discuss what steps they should take next.

- ▶ Case managers need to intensify their support for individuals at moments of crisis and setbacks, both unexpected or foreseen. At these points, individuals can feel discouraged and lose trust in the system. In such circumstances, intensive case management can sometimes, but not always, prevent individuals from disengaging from the immigration procedures and the pilots.
- ▶ Helping individuals to access services such as accommodation, healthcare, language courses and schools can enable individuals to build a community of support around them, as they develop relationships and trust with a wider range of services. This can support growing resilience and reduce the risk of dependency on case managers.
- ▶ Discussing with individuals all possible options and outcomes of their legal cases, including the possibility of rejection and return, can be challenging and needs to be conducted with great sensitivity. However, in some cases, this helped individuals to recognise the potential consequences of not engaging with their cases, and spurred them to become more proactive in working on their legal cases, as well as better preparing them for negative outcomes.
- ▶ Case management should start as early as possible in the process to ensure individuals fully understand and engage with the immigration procedure. Case management applied towards the end of the process does have value, but restoring a sense of trust in the system can be difficult when individuals already feel that they have not been treated fairly.

## 6.2 Factors that limit the effectiveness of case management

Our analysis of the narrative data identified a number of common factors that limit effectiveness of case management, hinder individuals from engaging with immigration procedures and act as barriers to case resolution.

These factors primarily derive from inadequacies of the immigration and asylum systems, but also include individuals' lack of understanding and trust in their interactions with those systems. These shortcomings appear to be both actual and perceived, and are mutually reinforcing.

As individuals do not trust the system, they are unwilling or unable to cooperate with authorities. As a result, the authorities lack information and understanding of individual circumstances and act towards individuals in a manner which further undermines their trust in the system.

Taken together, these factors tell us that what case management can achieve for individuals is to a significant degree determined by the context and the system in which the alternative to detention pilots are operating.

### Lack of information about and understanding of immigration systems and procedures.

- ▶ As a result of having limited access to accurate information, legal advice or guidance about appropriate steps to take, some individuals entering the pilots had already failed to comply with the immigration procedures in a timely manner, making case resolution more difficult. It is not always possible to undo the damage of an earlier error through case management or legal advice. Therefore, case management should be provided at an earliest opportunity possible, rather than only at the end of the process.

#### Case study 2

The client was apprehended while travelling with a fake document to seek asylum elsewhere and was imprisoned. He claimed asylum straight away but when the prison guard told him inaccurately that asylum seekers spend more time in prisons than others, he withdrew his claim and was sent to a detention centre. The process of reopening his asylum claim took months, delaying his access to reception support.

- ▶ Inaccurate information and advice can circulate in communities, leading individuals to make poor decisions, sometimes influenced by pressure from their families.

#### Case study 3

Although his living circumstances were stable, with a supportive employer and friends in the community, the client was feeling anxious about his future after his asylum case was refused. Case management helped him to continue to engage with the immigration procedure. The case manager repeatedly explained Dublin procedures and the EU migration and asylum system, to mitigate the risk of his leaving for another EU country. However, most of his social group from his community started absconding and ultimately he did as well, although he was one of the last in his community to do so, after 1 year 2 months of case management.

#### Case study 4

At the time the client came into contact with the pilot, he was considering leaving irregularly for another EU country where his fiancée lived. After he has been

informed about the immigration procedure by a case manager and be made aware of consequences of such an action, he has changed his mind and explored other options.

#### Case study 4

The client was confused and uncertain when he was released from prison after his second unsuccessful attempt to leave the country irregularly; his ability to cope was negatively impacted by his prison experience. The case manager provided information about the immigration system, helping the client to explore possible steps and what their consequences might be. After three months of intensive case management, the client decided to return to his country of origin voluntarily, rather than risk being apprehended again during irregular border crossing.

#### **Lack of trust in immigration systems undermines and reduces willingness to cooperate.**

- ▶ Lengthy immigration processes, including decision making and appeals, can be exhausting and frustrating for people who feel stuck in a system that does not appear to listen to their circumstances carefully and move towards a conclusion. This frustration can sometimes lead individuals to take ill-considered decisions.
- ▶ Failures of the authorities to follow procedures in a predictable and transparent way impede individuals from navigating the system effectively.
- ▶ Experiences of detention and perceptions that the authorities are hostile or disinterested can generate reluctance to contact the authorities.

#### Case study 6

The client lived in the country for six years and was detained twice, leading to fear of interaction with the authorities. After being on the pilot for 1 year and 4 months, in discussion with a case manager over a period of a month, he made the difficult decision to return voluntarily, as all legal options were exhausted. His fear of a re-entry ban remained as a barrier in his preparation for return but, after the case manager spent time explaining the migration system and procedure, the client became more confident that he was making a decision that benefited him in the long-run.

#### Case study 7

The client had low trust in the system because of previous experience of detention. He had exhausted all legal avenues to obtain refugee status to stay in the country, or to join his partner in another EU country. He was reluctant to consider the one remaining op-

tion of voluntarily leaving the country and seeking a family visa to join his partner in the other EU country, as he was anxious about being detained at the airport and being banned from re-entry to the EU. The case manager supported him for two months and actively facilitated communication with the authorities, including accompanying him to the airport to reassure him that the agreed procedure would be followed. The client left the country, married his partner and obtained a visa for her country of residence, where he joined her.

#### Case study 8

The client, who has resided in the country for over a decade, is married to a citizen with a child and is close to her family. His applications to remain in the country have been refused, with a ban to enter the country for five years. There is no embassy in his country of origin where he can make a family visa application: he would need to travel to another country to begin the process, which he believes is impractical and in any case would not succeed because of the 5 year entry ban. Despite his worry that he might be detained, with help of a case manager, he is maintaining contact with the authorities and, with his wife, is taking steps to prove his paternity of the child. However, a lack of progress on his case is taking a psychological toll. He has been on the pilot for one year and 9 months.

#### **Mental health, past trauma and other situations of vulnerability can make it difficult or impossible for individuals to focus on case resolution.**

- ▶ Mental ill health and psychological vulnerability make it hard for individuals to focus on their immigration case.
- ▶ Extreme vulnerabilities can remain unaddressed due to lack of access to adequate medical care.

#### Case study 9

Upon serving his criminal sentence, the client was detained for deportation. He was receiving case management while in detention to work towards his release into the community, as he wished to collect his belongings and certificates and return through IOM's voluntary return programme. His request for release was refused. During this period, his advanced illness was not detected and he passed away while in detention.

- ▶ Basic needs of housing and subsistence are not met.

#### Case study 10

The detained client suffers from a severe psychiatric condition. Communication with the case manager is difficult due to his illness and he appears to be unable to engage with immigration procedure. The case man-

ager arranged a psychiatric report to seek his release from detention. The report stipulated that the client requires specialist clinical support and should be placed in a calm and stable environment. The case manager made a request to social services to provide him with necessary accommodation but it was refused. The client remains in detention and continues to be denied adequate medical treatment.

Several of the pilot implementers argue that the impact of case management is limited by a lack of accessible regularisation mechanisms or positive asylum or immigration decisions, in cases when individuals cannot in practice return. However, without independent, third-party legal analysis of the case files, it is not possible to establish whether asylum has been incorrectly refused or whether return is in fact impossible. Case resolution work assumes that options will be limited, and that not every individual will be able to remain in the country of asylum or migration. Case resolution will be impossible in some cases where the case is refused fairly and lawfully but the individual is unwilling to return.

### 6.3 Length of provision of case management

The second year of the pilots allows us to see to what extent longer periods of case management lead to increased impact. The question of length of case management provision is challenging for migration policy-makers concerned that providing support for longer periods will be more expensive, and may direct attention away from speedy case resolution.

Generally speaking, the assessment made on the client summary sheets shows that there was more positive impact over the longer period of case management up to 2019. There have also been significantly higher numbers and rates of case resolution in 2019. This could be attributed to a number of possible reasons, including that:

- ▶ the clients benefited from a longer period of case management, leading to a greater cumulative impact<sup>23</sup> (see [Annex 6](#)), possibly because they need a longer period of case management to build trust and stabilise before positive impact can be seen;

<sup>23</sup> While 31 cases for which client summary sheets were prepared in the 2018 evaluation exercise less than 12 months of case management support, 41% (44 out of 99 cases) of the 2019 cohort received case management support longer than 12 months and 10 of them received case management support longer than 22 months (all Bulgarian cases).

	Overall positive impact in 2018	Overall positive impact in 2020
1. In your view, has your case management support had any positive impact on the person's <u>ability to engage with the immigration procedures over time</u> ?	 90%	 96%
2. In your view, has your case management support had any positive impact on the person's level of risk over time?	 87%	 92%
3. In your view, has your case management support had any positive impact on the person's level of trust in the system over time?	 77%	 91%
4. Has case management improved the individual's ability to participate in informed decision making process in immigration procedures over time?	 95%	 99%
5. Has case management contributed towards timely and fair case resolution for the individual over time?	 77%	 80%
6. Is case management improving coping and wellbeing of individuals (that allows them to better engage with immigration procedures) over time?	 93%	 91%

- ▶ case managers have improved their skills and their interaction with individuals, leading to more positive change.

Overall, it appears that case management over longer periods had greater impact on individual outcomes. However, it is not possible to establish the precise causes of the improved impact over the longer period of case management. Length of case management is one factor alongside quality of case management and wider contextual and individual factors that may affect engagement with and outcomes of case management.

Likewise, it is not possible in this evaluation exercise to establish the optimum length of case management in terms of case resolution rate and cost effectiveness. Increases in positive impact from the longer period of case management are relatively small. Assessment of the relative impact of length of case management would require a larger sample group, with different periods of support, alongside a control group.

The length and slowness of migration procedures also pose challenges to case management. The Cypriot pilot decided to end proactive provision of case management for asylum-seekers released from detention once they were stabilised in the community, as the length of the procedures, which they believe to take from 3 to 5 years, meant that there was little prospect of resolving their cases within the period of the pilot. Similarly, the Bulgarian pilot considered 2 years, the planned duration of the pilot, to be 'at the lower end of the range of average time needed to achieve case resolution in what are usually complicated migration situations'.<sup>24</sup> All the pilots, particularly in Cyprus, worked with individuals who were long-term resident in the country, suggesting substantial barriers to case resolution that may not be quickly resolvable.

In any case, the wider learning from this evaluation is of the need for flexibility and adaptability to the context and individual needs. As a result, it is unlikely that any standardised period of case management could be effective for all individuals or in all contexts. It is likely that a flexible approach to length of case management, that takes into account individual needs and systemic factors, will generate most impact and be most cost-effective. There is a need to design case management based on thorough analysis of the migration system and needs and strengths of recipients. Some individuals may need short-term support to resolve cases, whereas people in situations of protracted unremovability may require much longer support.

<sup>24</sup> Giteva, D., Pavlova, R. and Radoslavova, D., (2019), *Final Report – Applying Engagement-Based Alternatives to Detention of Migrants in Bulgaria: Opportunities and Challenges*, P.9

## 6.4 Three benefits of ATD

### Do the pilots deliver the three benefits of ATD?

Most existing global research and studies<sup>25</sup> converge in identifying three benefits to case management-based ATD in the community:

- ▶ Compliance and case resolution
- ▶ Cost benefits
- ▶ Protecting health and wellbeing

This two-year evaluation data shows that the three ATD pilots generally achieved positive impact on compliance and case resolution, and in protecting health and wellbeing of individuals.

In terms of cost benefits, we calculated approximate cost of providing case management per person per month on each the pilots. We also found approximate average living costs in each city where the pilot is taking place. There are, however, a number of remaining caveats, and it is not possible to meaningfully and accurately establish the costs of the ATD pilots as a whole within the remit of this evaluation exercise.

### Compliance and case resolution

The large majority (85%) of individuals on the three pilots over the two-year period remained engaged with immigration procedures, with 25% achieving case resolution through a temporary or permanent migration outcome. 12% disengaged or absconded and 2% were forcibly removed.

The lack of control group makes it somewhat difficult offer further interpretation of this data. However, the individuals on the pilot were deemed to be at risk of detention by the pilot implementors, and it is encouraging to see that the large majority were not detained.

In Bulgaria, overall absconding rates have been estimated at around 75%.<sup>26</sup> The absconding and disengagement rate on the Bulgarian pilot was only 18%, suggesting that case management for the pilot cohort achieved a dramatic reduction in the rate of absconding.

Corroborating the above, the qualitative impact of case management also shows that in most cases case management has positive impact on the following elements

<sup>25</sup> Council of Europe, Steering Committee for Human Rights (CDDH) (2018), *Analysis of the legal and practical aspects of effective alternatives to detention in the context of migration*.

<sup>26</sup> Centre for Legal Aid reported in February 2018 that 'The evidence collected so far is suggestive that the rates of absconding of migrants who are supported through case management are much lower than the general rates (for Bulgaria, around 75% absconding rate for 2015). These preliminary results have been used for advocacy before the authority nationally and at EU level.'

which contribute over time towards compliance and case resolution:

- ▶ ability to engage with the immigration procedure (96% positive impact)
- ▶ risk of disengagement (92%)
- ▶ level of trust in the system (91%)
- ▶ ability to participate in informed decision making process (99%)
- ▶ timely and fair case resolution (80%)

While the three pilots' case resolution rate over the two-year period remains relatively low (25%), it is also important to remember that 79% of clients in the sample were detained previously. Where detention previously did not lead to case resolution, the pilots succeeded in resolving a quarter of cases, while many others are in the process of working towards case resolution.

### Cost benefits

Improved cost-efficiency has been identified as one of the key benefits of ATD compared to detention. Where costs of detention and costs of ATD are available, global research shows that ATD are more cost effective than detention.

This evaluation considered whether the cost-effectiveness of the three pilots can be established, but limitations in the available data and other factors make it difficult to draw conclusions.

We arrived at *approximate* average costs of case management per beneficiary per day for each of the pilot using the available data (see [Annex 9](#)).

### Case management cost per person per day for each of the pilot (EUR)



However, there are caveats to this calculation:

- ▶ Precise cost figure for developing and delivering the Bulgarian ATD pilot is not available. While EPIM's Cypriot and Polish grants were awarded exclusively for the purpose of developing and delivering ATD pilots and for conducting associated advocacy, the Bulgarian grant covered a wider range of work which includes the ATD pilot;

- ▶ The total costs of the ATD pilots include initial set-up costs and ongoing management costs, which are spread across the number of individuals who come into contact with the pilots. It also includes the cost of conducting screening and assessment for individuals who are not enrolled onto the pilot. This could be significant sum in the Cypriot pilot which screened and assessed 80 individuals, but accepted only 41 onto the pilot;
- ▶ Since the pilots do not have a cut-off point after which case management is no longer provided to individuals, case management for many of the sampled cases was still ongoing at the time of evaluation exercise. In the case of the Bulgarian pilot, 54% of the sampled cases were ongoing, and for the Polish pilot it was 67%. Therefore, the average length of case management provision could be longer than our calculation suggested.

### Protecting health and wellbeing

Alternatives to detention are inherently beneficial to individual welfare inasmuch as they enable people to avoid the harm of detention.

The qualitative data shows that case management provided by the ATD pilots had a positive impact on individuals' coping ability and wellbeing in the great majority of cases (91%). Where only limited impact of case management was seen, it was because either the person had a high level of wellbeing from the very beginning, or the person was suffering from a serious untreated mental health issue.

Interviews with individuals confirm that case management greatly contributed to their wellbeing, particularly on an emotional and psychological level, enabling them to engage proactively with immigration procedures.

### The potential of the pilots to initiate processes of systemic reform

In the light of the learning, it is best to consider the pilots as potentially initiating a process of system change, towards more effective, collaborative and person-centred migration governance systems based on case management.

The quantitative outcomes of the pilots are encouraging but do not provide conclusive evidence of the effectiveness of case management in achieving a high rate of case resolution. The pilots have not reduced the use of detention in the three countries either. This is to be expected, as the pilots remain small projects within wider migration systems. It is clear that the flaws and gaps in the various migration systems, which frequently fail to meet minimum standards, limit the effectiveness of the pilots that operate within these systems. Case management can improve individuals' abilities and willingness to engage with the system, but it cannot overcome structur-

al flaws in the system. Individuals on the pilots continue to lack trust in migration processes, which continue to be perceived as slow, inconsistent and unaccountable. These structural issues appear to limit the effectiveness of case management and work to attain case resolution.

Nevertheless, this evaluation gives grounds to believe that the approach and principles of the pilots, if extended more broadly through the migration systems, could have a transformative impact. Case management has been shown to build trust and support migrants to stay engaged in migration processes. The pilots highlight shortcomings and gaps in the system that are likely to lead to greater use of detention.

As yet, there is only limited structured collaboration between government and civil society in the three countries, rather than a sustained and collaborative programme of reform. Nevertheless, the pilots have found limited ways in which to work constructively with the authorities and other actors within existing procedures. In order to fully realise the potential benefits of case management, it will be necessary to go further down this process. The pilots' greatest potential is as trust-building starting points for migrants, governments, civil society and other actors to work together to strengthen, make fairer and build trust in migration processes.

This suggests that the pilots should not be considered primarily as discrete good practices or examples, that could be simply rolled out at scale or imitated in other contexts, but as the starting point for a potential collaborative *process*, that can bring a shift in emphasis away from detention and enforcement and towards engagement with migrants.

The pilots also demonstrate willingness of some civil society actors to participate constructively in such a process of improving migration systems. The evidence and working relationships obtained through the work of the pilots can be built on to initiate collaboration with the authorities to test approaches and learn how better to achieve compliance and case resolution while minimising the use of detention. Such a process will require sustained collaboration of multiple actors, including civil society, national and international institutions and migrants themselves. Any such process needs to be grounded in the specific national context, to be rights compliant and to make use of the existing resources in society to address the specific challenges and priorities.

## 6.5 Conclusion

The evaluation shows that with a modest amount of financial investment, civil society organisations can design, develop and implement alternatives to detention pilots in the community.

The pilots demonstrate positive impact of case management on individuals' ability to work towards case resolution. However, they take place in deeply flawed immigration systems and it is unrealistic to expect dramatic results. Individuals' experiences and outcomes are shaped far more by the overall system rather than by case management. System change is necessary to achieve the full potential impact of case management, but requires willingness of the authorities.

The pilots are most valuable when they identify challenges and opportunities within existing systems. They are willing to share their learning with the authorities and some are beginning to do so already. Such conversations can be a starting point for more collaborative work among civil society organisations, migrants, governments and other actors, building on and strengthening positive practices that enable individuals not to be detained while working towards systematic improvements. The learning from the pilots can assist in guiding such system change.

All the three pilot implementors were awarded further grants by EPIM in summer 2019 to continue their ATD pilots and advance their advocacy aimed at detention reduction. It is hoped that their continuing work will inform ongoing conversations about alternatives to detention in Europe and beyond.

## Annex 1

# The European Alternatives to Detention Network

The European Alternatives to Detention Network was formed to support the NGOs implementing the engagement-based ATD pilots in the community, aid exchange among them and link them with regional and global organisations where relevant. The Network conducts and facilitates advocacy, learning and evidence gathering among the Network members. The Network's ultimate goal is to reduce detention and end detention of vulnerable people by building greater momentum for engagement-based ATD in the community. Their work is informed by their unique approach of '(a)dvocacy, learning and evidence building through doing'.

The Network sees engagement-based alternatives to detention as a strategy for detention reduction, working directly with the pilot implementers provides an important opportunity for sharing practical experience and knowledge among the different pilot projects, as well as building evidence for advocacy and momentum around engagement-based ATD in the community at the national and regional levels.

For the Network, this simultaneously addresses the two key barriers in traditional ATD and detention reduction advocacy.

The first barrier has been a lack of practical examples of engagement-based ATD in the community in any specific national context. The pilots are designed to provide demonstrable examples and both quantitative and qualitative evidence that good quality engagement-based ATD in the community with case management can meet the needs of both the government and individuals. They are designed to fill the gap between ATD discourse and ATD practice. These pilots and evidence from them should encourage more dialogue

with governments on solution-based approaches that reduce the use of detention. They also signal a shift in advocacy style, from "telling the governments what to do" to "showing the governments what they can potentially do".

The second barrier has been a lack of alignment between the national-level evidence-gathering and advocacy, and EU-level advocacy. The project brings in national-level implementers, regional actors and an evaluator from the very beginning of the process in order to achieve effective synergy, production of evidence and effective messaging rooted in practical examples.

Involving a number of national and regional actors with different expertise and strengths, this innovative and exciting project also presents many challenges. For example, previous experiences of civil society-led engagement-based ATD in the community suggest that successful implementation of ATD requires a constant learning process. There is no 'one-size-fits-all' solution to ATD or case management, and the implementers need to be able to come up with their own practices and solutions. In terms of evidence-gathering, there is no consensus on how the effectiveness of case management should be monitored, so this needs to be developed and tested over time with a particular focus on qualitative data. Another major challenge has been effective communication and coherent messaging of the pilots, taking into account the highly politicised nature of migration governance and a lack of consensus among the governments, civil society organisations and other stakeholders about what ATD means and can do.

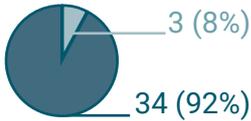
More information about the Network is available at [www.atdnetwork.org](http://www.atdnetwork.org)

## Annex 2

# Profile of individuals in the data pool

The percentage figures occasionally do not add up to 100% as they are rounded.

### Gender

	Bulgaria	Cyprus	Poland	Total
Female	 3 (8%)	 13 (39%)	 11 (38%)	 27 (27%)
Male	34 (92%)	20 (61%)	18 (62%)	72 (73%)

### Age

	Bulgaria	Cyprus	Poland	Total
18–29	15	11	4	30 (30%)
30–39	16	10	13	39 (39%)
40–49	5	7	5	17 (17%)
50–59	1	3	7	11 (11%)
Over 60	0	1	0	1 (1%)

### Vulnerability – Number of individuals identified as vulnerable

Bulgaria	Cyprus	Poland	Total
23 (out of 37)	32 (out of 33)	26 (out of 29)	81 (out of 99)
62%	97%	90%	82%

### Experience of detention

Bulgaria	Cyprus	Poland	Total
36 (out of 37)	27 (out of 33)	15 (out of 29)	78 (out of 99)
97%	82%	52%	79%

### Nationality

Commonest countries of origin:

#### Bulgaria

- ▶ Cote d'Ivoire (8)
- ▶ Iraq (6)
- ▶ Iran (5)
- ▶ nationals of 14 countries

#### Cyprus

- ▶ Cameroon (10)
- ▶ Iran (10)
- ▶ Democratic Republic of Congo (4)
- ▶ nationals of 12 countries

#### Poland

- ▶ Chechnya (11)
- ▶ Ukraine (6)
- ▶ Tajikistan (3)
- ▶ nationals of 10 countries

## Length of time in the country

	Bulgaria	Cyprus	Poland
Less than 6 months	0	0	0
6–12 months	0	4	0
1–2 years	2	13	1
2–3 years	5	2	8
3–4 years	7	1	7
4–5 years	2	1	1
5–6 years	8	0	2
6–7 years	9	0	4
7–8 years	0	0	2
8–9 years	2	0	0
9–10 years	0	0	1
10–11 years	0	0	0
11–12 years	1	1	0
12–13 years	0	3	2
13–14 years	0	1	0
14–15 years	0	2	0
More than 15 years	1	5	1
Longest period in the country	25 years (B-8)	26 years (C-29)	26 years (P-14)

## Length of time in the pilots

	Bulgaria	Cyprus	Poland
1–3 months	2	6	1
4–6 months	2	8	3
7–9 months	2	8	3
10–12 months	4	5	8
13–15 months	3	5	6
16–18 months	10	1	5
19–21 months	4	0	3
22–24 months	10	0	0

## Risk level

	Bulgaria	Cyprus	Poland	Total
Low	9	32	24	65
Medium	14	1	5	20
High	14	0	0	14

At the screening and assessment stage, the case managers assess the level of risk. Here, we define the risk as *'(perceived) risk of the person disengaging from the pilot and/or immigration procedures, including whether the person might abscond and disengage from the immigration procedures altogether, over time as a result of case management'*<sup>27</sup>. The pilots examined particular experiences such as release from detention, past breach of conditions or long term irregularity as potential risk markers, while also exploring potential mitigating factors including likely impact of case management, before arriving at the final risk assessment.

The purpose of this risk assessment is for the case managers to identify potential barriers and challenges to case management and consider whether realistic tools are available to manage and overcome such challenges. It was not used to exclude individuals assessed to pose higher levels of risk.

The table shows that there are considerable differences in trends of the (perceived) risk levels of individuals each pilot has taken on. For example, of the cases for which client summary sheets were completed, almost every individual accepted onto the Cypriot pilot was assessed as 'low risk'. This contrasts with the Bulgarian pilot, on which 38% (14 out of 37 individuals) was assessed as 'high risk'.

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<sup>27</sup> The Network discussed at length how to approach this concept of risk and agreed to use the above definition when conducting monitoring and evaluation. It was agreed that awareness of risk can help the pilots to consider how to provide structured support to individuals to manage it, what interventions to deploy as well as to understand and assess each individual's situation.

## Annex 3

# The initial process of developing and implementing the ATD pilots

The key observations and learning from the process of setting up the engagement-based ATD pilots in the community in Bulgaria, Cyprus and Poland were the following:

- ▶ A relatively small amount of financial resources from private foundations can enable the establishment of engagement-based alternative to detention (ATD) pilots in the community based on an individualised case management approach which generate rich advocacy, learning and evidence building opportunities.
- ▶ In designing and setting up the pilots, the implementers used the International Detention Coalition (IDC)'s Community Assessment and Placement Model (CAP) as a conceptual framework. Its non-prescriptive approach seems to have been helpful: the model outlines a structure and a process that that can be adapted to each national context, while reminding the implementers how necessary elements of ATD should come together to achieve optimal results. It also encourages each pilot to creatively use resources that are available in each national context.
- ▶ Even with such a Model being available, significant amounts of time, preparation and reflection were required to set up and operationalise engagement-based ATD programmes in the community from scratch. The preparatory tasks included, for example, developing protocols and guidance for case managers and informing and gaining buy-in from stakeholders who were unfamiliar with engagement-based alternatives to detention or case management. The pilots also needed adjustments after they had started. All the implementers reported that this initial process of setting up the pilots required more time than anticipated (3-6 months). The pilots continued to modify and adjust their structure and practice as they gained more knowledge and experience.<sup>28</sup> The Network provided vital space for the implementers to work on such teething problems together. None of the ATD pilots operates as a formal part of the existing migration system and a certain degree of improvisation was necessary. Awareness of ATD from other stakeholders was also relatively low in each country. However, the fact of implementing the pilots appears to have given implementers not only confidence but authority and legitimacy when engaging with other stakeholders.<sup>29</sup>

Building competency in case management was a challenge for all. While all the implementing organisations already had core competency in conducting case work (they all provide legal advice as organisations), this holistic social work approach of case management in the context of ATD was difficult to learn and apply in practice. An ongoing series of peer-to-peer reflection sessions to learn from their own and others' experience organised by the Network was noted by all as helpful. Ongoing learning appears necessary: case managers appear to be torn between assisting individuals to achieve case resolution in an open-minded manner and wishing to see a certain outcome. There may also possibly be some confusion around what case management does or does not include or how case management is distinct from straightforward legal advice.<sup>30</sup>

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<sup>28</sup> These involved internal reviews within each pilot as well as utilising space offered by the Network for joint learning, reflection and discussions. The pilot implementers were also required by EPIM to provide regular monitoring information.

<sup>29</sup> The Cypriot pilot notes, for example, that the way that the organisation has consistently raised the issue of ATD for some time and is now demonstrating how ATD could work in their national context has given them a leadership role in ATD advocacy in Cyprus.

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<sup>30</sup> Sometimes in the way that case managers describe their work there was an impression that case management was equated with provision of legal advice.

## Process of setting up the pilots

The NGOs the Center for Legal Aid – Voice in Bulgaria and the Bulgarian Lawyers for Human Rights (Bulgaria), the Cyprus Refugee Council (Cyprus) and Stowarzyszenie Interwencji Prawnej (SIP) (Poland) received funding from EPIM to develop and implement engagement-based ATD pilots in the community. All implementers decided to use IDC's Community Assessment and Placement (CAP) Model for reference.

The process of setting up the pilots was a challenge because of a lack of positive examples to learn from. Europe does have several programmes which could be potentially considered as alternatives to detention in the community, such as the Returns Houses in Belgium or Family Returns Process in the UK. However, in some crucial aspects, they do not appear to satisfy IDC's 'Foundations of effective case management' framework.<sup>31</sup> Firstly, they are almost exclusively focused on returns instead of exploring all options to achieve case resolution. Secondly, these programmes do not deploy independent case managers to provide intensive case management support. In any case, the implementers were aware of the importance of developing a pilot that responds to each respective national context.

To overcome this absence of positive examples to follow, the implementers invested heavily into process of developing their own programmes. Aside from studying the CAP model in detail, some of the practical steps taken included:

- ▶ Analysing the national context to identify how the pilots can progress ATD advocacy<sup>32</sup> aimed at systematically reducing detention
- ▶ Reviewing relevant literature on good practices and recent development on ATD such as the UNHCR/IDC Vulnerability Screening Tool
- ▶ Identifying individuals and groups that pilots seek to engage

<sup>31</sup> IDC's 'Foundations of effective case management' includes elements such as early intervention, face-to-face, one-one-one contact, regular assessment and review, confidentiality and information management, consulting key stakeholders, trust, building rapport, consistent relationships and information provision, explore all available options to empower individuals to make decisions, clear roles and expectations, resources and options for individuals as needed. IDC (2015), *There Are Alternatives* p.50.

<sup>32</sup> Note both the Bulgarian and Cypriot pilots benefited from previous grants from EPIM which provided them with an opportunity to begin consideration of alternatives to detention in their respective national context. The Bulgarian implementer was involved as one of the stakeholders of an ATD working group in Bulgaria facilitated by another NGO in 2016. The Cypriot implementer produced a research paper on the possibility of developing and implementing ATD in Cyprus in 2016.

- ▶ Developing procedure, protocol, methodological guidelines to be followed by the pilots<sup>33</sup>, including screening and assessment process, risk assessment etc.
- ▶ Creating or adapting tools and forms necessary for the pilot administration and monitoring, staff recruitment and (ongoing) training<sup>34</sup>
- ▶ Conducting stakeholder engagement, particularly service providers to whom referrals might be made<sup>35</sup> or are taken from and the authorities who need to be aware of the pilots
- ▶ Setting up monitoring and evaluation framework.<sup>36</sup>

The pilot implementers were clear from the beginning that involving the authorities wherever possible was a vital part of their work: they were conscious that the pilots are not merely service delivery projects but rather part of a larger advocacy plan, the ultimate aim of which is to persuade the authorities to minimise the use of detention. We have not yet assessed to what extent the authorities in these three countries have been sensitised about engagement-based alternatives to detention in the community or understand the benefits of case-management in migration governance. However, when the pilots and the authorities are dealing with the same individuals, the implementers were occasionally able to demonstrate to the authorities the potential benefits of their holistic approach.

<sup>33</sup> The Network meetings in Sofia in June 2017 was largely devoted to sharing such information (including forms they are using to record their case management work) amongst the implementers to encourage peer-to-peer questioning and reflection.

<sup>34</sup> While the Polish and Cypriot pilots were delivered by their organisations' existing staff members, the Bulgarian implementer initially trained and recruited new staff members (trainees) to join their case management team. The trainee posts were later deleted.

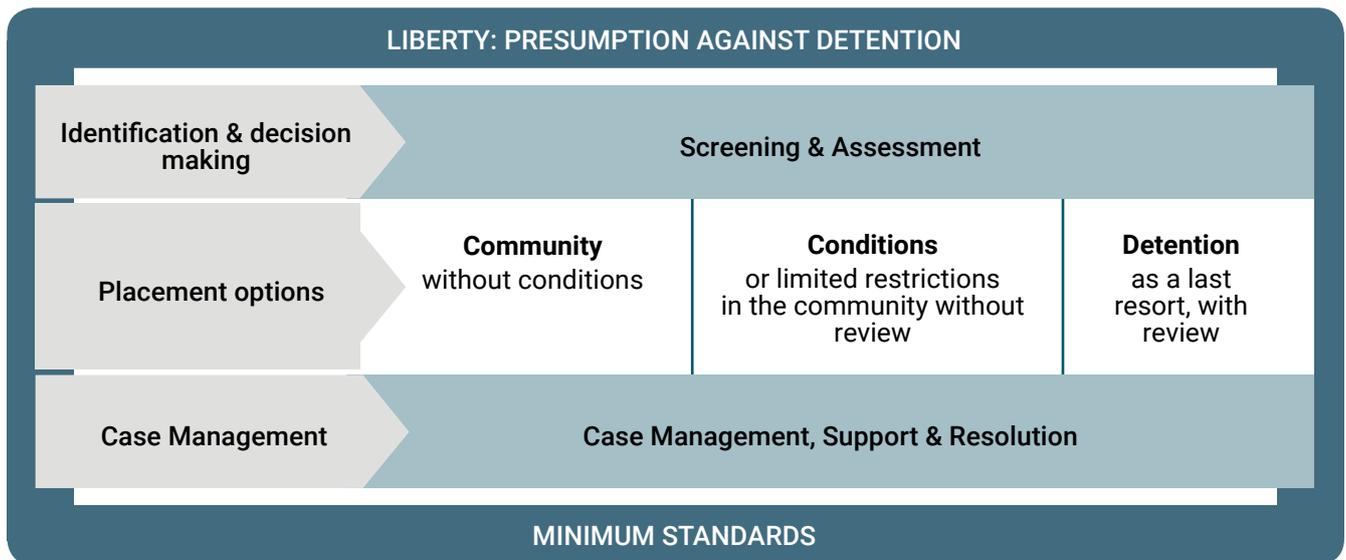
<sup>35</sup> The Cypriot pilot hosted a well-attended ATD workshop for civil society organisations together with International Detention Coalition and Detention Action in December 2017.

<sup>36</sup> Developing a monitoring and evaluation framework for case management started with a great deal of uncertainty and perhaps scepticism as to whether it was at all possible to measure qualitative impact of case management delivered by different case managers in different countries across the board. Initially, there was no consistent understanding of what case management is, its purpose, its success indicators or what it should look like. Gradually, a firmer consensus on and shared understanding of case management has emerged although variations in the case managers' approach to case management remain.

**International Detention Coalition’s Community Assessment and Placement model (CAP)<sup>37</sup>**

The Community, Assessment and Placement (CAP) model was developed based on global research on alternatives to detention by the International Detention Coalition. The model is a tool designed to enable ‘governments, civil society organisations and others to review current migration governance systems and identify how they can be improved to reduce the use of detention.’ The model is underpinned by two principles, liberty (presumption against detention) and minimum standards.

Its interlinked components are identification and decision-making (screening and assessment), placement options and case management. ‘The unique advantage of the CAP model is that it draws attention to elements other than detention laws, practice and conditions and facilitates a more holistic approach to detention reform.’ Further information about the CAP model is available from The International Detention Coalition (IDC), (2015) *There Are Alternatives: A Handbook for Preventing Unnecessary Immigration Detention* (Revised).



<sup>37</sup> IDC (2015) *There Are Alternatives*. A brief description of the CAP model is also available in Detention Action (2016), *Without Detention* p.17-19.

## Annex 4

# Developing client summary sheets

As mentioned in an earlier section, an optimal evaluation methodology for analysing the impact of case management would have involved examination of the case files and interviews with the individuals on the pilots by an evaluator. For reasons of limited time and resources allocated for the evaluation, this was not possible. Therefore, we had to choose another method that allows much of the initial data collection to be completed by the implementers by themselves. Given that the implementers' time is also limited, we were conscious that the framework would have to be relatively simple for them to use while allowing for deep, individualised, qualitative data – particularly changes in individuals over time – to be collected.

The client summary sheet which was used for the interim and this evaluation went through a series of stages before the final version was agreed.

- ▶ Two dedicated sessions took place during two Network meetings where the evaluator and the implementers discussed monitoring and evaluation process. The topics of discussion included:
  - Potential indicators of effective case management by revisiting IDC's *There Are Alternatives* and other material.
  - What case management data the pilots should capture through their day-to-day monitoring work to prepare for a future evaluation process.
  - Types of questions which should be asked to establish effectiveness<sup>38</sup> of ATD and individuals' ability to work toward case resolution.
  - Anticipated challenges in collecting comparable data across the pilots and how to overcome such challenges.
  - The format of the future evaluation report.
- ▶ Through the discussions above, it was agreed that a client summary sheet should be developed.
- ▶ The evaluator prepared the draft client summary sheet and the implementers tested it to identify areas of improvement.

- ▶ The amended client summary sheet was used for the purpose of collecting data for this interim evaluation report. A separate guide for using the client summary sheet was also produced to increase the case managers' understanding of the questions as well as coherency of answers given.
- ▶ After the draft version of this report was prepared, the evaluator and the implementers reviewed the client summary sheet again and agreed to strengthen some of the questions in the sheet and to discuss how qualitative data can be better captured for the evaluation exercise, including appropriate format of case studies.

The task of co-designing our common monitoring and evaluation framework in general and the client summary sheet in particular was time-consuming but valuable. As discussions and practices on engagement-based alternatives to detention evolve in the future, we expect more refined evaluation frameworks that capture the qualitative impact of case management will emerge among the practitioners.

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<sup>38</sup> When considering the meaning of "effectiveness" of ATD, we examined IDC's *There Are Alternatives* but also looked at documents such as the *Return Handbook* of the European Commission.

# Annex 5

## Client summary sheet

EPIM ATD network – client summary sheet March 2019.

**ATD pilot location** \_\_\_\_\_ **Client reference number** \_\_\_\_\_

When answering multiple questions, please highlight your answers. Thank you!

### Profile information

	Question	Answer																																				
1	Gender																																					
2	Age																																					
3	Nationality																																					
4	Any vulnerabilities	<table border="1"> <tbody> <tr> <td>Child</td> <td></td> </tr> <tr> <td>Pregnant woman or girl, or nursing mother</td> <td></td> </tr> <tr> <td>Sole or primary carer/s (of dependent child, elderly person or person with a disability)</td> <td></td> </tr> <tr> <td>Gender-based violence, sexual violence, family violence and abuse</td> <td></td> </tr> <tr> <td>Sexual orientation and gender identity</td> <td></td> </tr> <tr> <td>Physical and mental health concerns</td> <td></td> </tr> <tr> <td>Risk of suicide</td> <td></td> </tr> <tr> <td>Disability</td> <td></td> </tr> <tr> <td>Elderly person</td> <td></td> </tr> <tr> <td>Substance addiction</td> <td></td> </tr> <tr> <td>Destitution</td> <td></td> </tr> <tr> <td>Refugee and asylum-seeker</td> <td></td> </tr> <tr> <td>Survivor of torture and trauma</td> <td></td> </tr> <tr> <td>Survivor of sexual or gender-based violence or other violent crime</td> <td></td> </tr> <tr> <td>Victims of trafficking in persons</td> <td></td> </tr> <tr> <td>Stateless person</td> <td></td> </tr> <tr> <td>An individual may belong to a minority that in the country of arrival gives rise to the risk of xenophobic violence requiring careful management and safeguards.</td> <td></td> </tr> <tr> <td>As a general observation, men and boys are often ignored in discussions about vulnerability yet they can be at risk of violence, self-harm, and recruitment by violent groups.</td> <td></td> </tr> </tbody> </table>	Child		Pregnant woman or girl, or nursing mother		Sole or primary carer/s (of dependent child, elderly person or person with a disability)		Gender-based violence, sexual violence, family violence and abuse		Sexual orientation and gender identity		Physical and mental health concerns		Risk of suicide		Disability		Elderly person		Substance addiction		Destitution		Refugee and asylum-seeker		Survivor of torture and trauma		Survivor of sexual or gender-based violence or other violent crime		Victims of trafficking in persons		Stateless person		An individual may belong to a minority that in the country of arrival gives rise to the risk of xenophobic violence requiring careful management and safeguards.		As a general observation, men and boys are often ignored in discussions about vulnerability yet they can be at risk of violence, self-harm, and recruitment by violent groups.	
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		<p>For persons held in detention there can be vulnerability factors additional to those highlighted thus far that can result in continued detention being injurious to the individual's health and welfare. Also, past experience of detention (immigration or otherwise) can be associated with trauma. Persons entering the community from detention can require considerable and complex support.</p> <p>Language barriers (especially for indigenous or rare languages), illiteracy, learning and educational barriers, social isolation, lack of understanding of legal processes and lack of access to legal advice can all reduce a person's capacity to seek help and to engage in the asylum or migration system.</p> <p>Natural disasters are likely to increasingly render people vulnerable, resulting in migration flows with implications for migration systems and support options.</p> <p>New arrivals requiring critical health care unavailable to them in their home country raise the right to health with implications for migration systems and support options.</p>	
5	Any family and community ties in the country		
6	Any conditions the person has been placed under by the authority		
7	The length of the time the person has been in the country (years, months, weeks)		
8	Any experience of detention (length, number of instances of re-detention)		
9	The length of the time in the pilot (months and weeks)		
10	The frequency and duration of your interaction with the person (a brief description, such as if you have had face to face interactions and how long each such session was. Or frequency of telephone or other communications.)		
11	How the person came into the project (from detention, from community, referred by another organisation, self-referral, other)		
12	If you made contact with the person while s/he was in detention, was the person released into the community subsequently?		
13	Was this person known to the organisation before s/he was introduced to the pilot?		
14	What was your assessment of risk (of disengaging and/or absconding) at the time of induction? (High risk, medium risk, low risk, don't know)		

15	Is the individual staying in touch with the project, disengaged from the pilot, absconded from the authorities, has moved on as a result of case resolution (regularisation, return, removal), re-detained or other?	
16	Anything else you want to add about this person's personal resources, vulnerability, protection factors or risk factors?	

### Case management information

1. In your view, has your case management support had any positive impact on the person's ability to engage with the immigration procedures over time?

Negative impact	No impact	Limited impact	Some impact	Huge impact	Don't know/ can't tell
-----------------	-----------	----------------	-------------	-------------	---------------------------

2. In your view, has your case management support had any positive impact on the person's level of risk over time?

Negative impact	No impact	Limited impact	Some impact	Huge impact	Don't know/ can't tell
-----------------	-----------	----------------	-------------	-------------	---------------------------

3. In your view, has your case management support had any positive impact on the person's level of trust in the system over time?

Negative impact	No impact	Limited impact	Some impact	Huge impact	Don't know/ can't tell
-----------------	-----------	----------------	-------------	-------------	---------------------------

### Cluster 1 – informed decision making

1. Has case management improved the individual's ability to participate in informed decision making process in immigration procedures over time?

Negative impact	No impact	Limited impact	Some impact	Huge impact	Don't know/ can't tell
-----------------	-----------	----------------	-------------	-------------	---------------------------

2. Were there particular barriers to engaging with immigration procedures with regards to participating in informed decision making (at the beginning of or during case management support)? What were they? Have they been overcome?

--

### Cluster 1 – Prompt questions:

3. Are they receiving more information and advice than before to help them understand their own situation and plan for their future better?

Yes	No	Don't know
-----	----	------------

4. Are they making more constructive choices about their immigration cases? (For example, did they have any intention to go underground / abscond before?)

Yes	No	Don't know
-----	----	------------

5. Are they feeling more confident in engaging with immigration procedures?

Yes	No	Don't know
-----	----	------------

6. Are they better engaged with case managers?

Yes	No	Don't know
-----	----	------------

7. Are they better able to consider consequence of their actions?

Yes	No	Don't know
-----	----	------------

## Cluster 2 – timely and fair case resolution

1. Has case management contributed towards timely and fair case resolution for the individual over time?

Negative impact	No impact	Limited impact	Some impact	Huge impact	Don't know/ can't tell
-----------------	-----------	----------------	-------------	-------------	---------------------------

2. Were there particular barriers to contributing towards timely and fair case resolution (at the beginning of or during case management support)? What were they? Have they been overcome?

--

## Cluster 2 – Prompt questions:

3. Are they taking more initiatives to contact the authorities? Do they more regularly work on their immigration cases? Are they taking steps to progress their case resolution?

Yes	No	Don't know
-----	----	------------

4. Can they exercise their legal and other rights better?

Yes	No	Don't know
-----	----	------------

5. Can they explore all options, including regularisation better?

Yes	No	Don't know
-----	----	------------

6. Are they cooperating better with any conditions that have been set for them by the authorities?

Yes	No	Don't know
-----	----	------------

7. Do you think the authorities have more/better information about the individuals' cases now, because of better communication?

Yes	No	Don't know
-----	----	------------

### Cluster 3 – coping and well-being of individuals

1. Is case management improving coping and wellbeing of individuals (that allows them to better engage with immigration procedures) over time?

Negative impact	No impact	Limited impact	Some impact	Huge impact	Don't know/ can't tell
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2. Were there particular barriers to improving the individual's coping and well-being (at the beginning of or during case management support)? What were they? Have they been overcome?

### Cluster 3 – Prompt questions:

3. Are they less vulnerable?

Yes	No	Don't know
-----	----	------------

4. Do they have a stronger hope for the future?

Yes	No	Don't know
-----	----	------------

5. Do they have more trust in the system than before?

Yes	No	Don't know
-----	----	------------

6. Is their psychosocial wellbeing better (community activities, psychological state)?

Yes	No	Don't know
-----	----	------------

7. Is their subsistence situation better?

Yes	No	Don't know
-----	----	------------

8. Is their accommodation situation better?

Yes	No	Don't know
-----	----	------------

9. Are they more stabilised than before? Do they more regularly keep in touch with the project?

Yes	No	Don't know
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### Final question

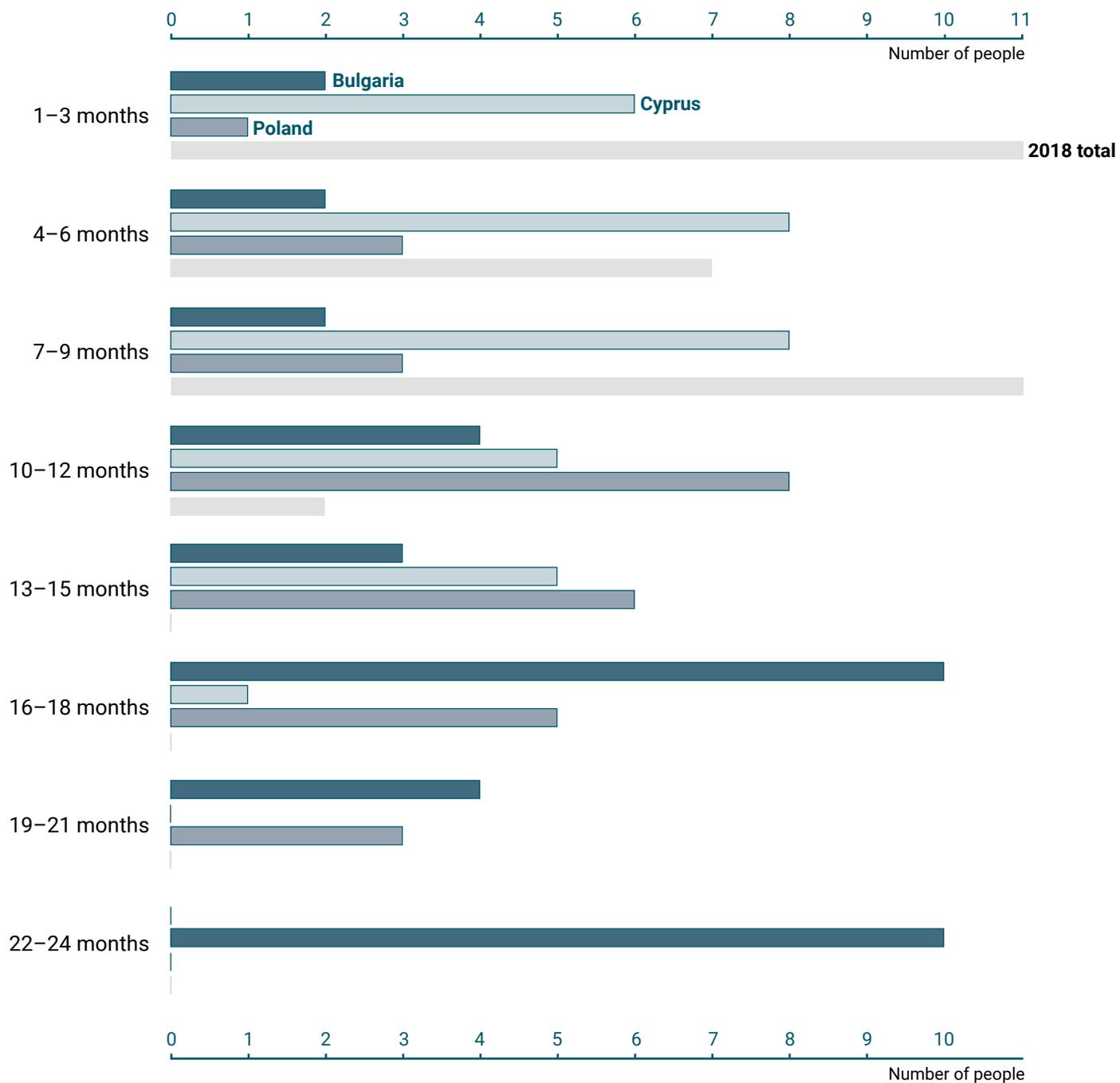
10. Any other observations?

What undermined, blocked or limited potentially positive impact of your case management support for this individual? Or what factors led to a particularly favourable outcome for this person?

## Annex 6

# Length of time in the pilots

The cohort of individuals whose case management data was sampled for this evaluation generally received case management longer than the cohort for the 2018 interim evaluation.



# Annex 7

## Case study template

**ATD pilot evaluation – March 2019**

**ATD pilot location** \_\_\_\_\_ **Client reference number** \_\_\_\_\_

Please ensure that you complete this form by following the instructions given in the evaluation data collection framework.

Stages in case management	Description
Client profile	
Review	
Screening and Assessment	
Case planning	
Interventions	
Case closure / outcome / status	

## Annex 8

# Client interview questions

Questions	Answers
When you first came into contact with the project, what was your impression. Did you understand what it was? Did you have positive or negative impression? What expectation did you have? Was your expectation met?	
From your point of view, what has been most useful about the project for you?	
Can you describe your experience of the asylum/immigration authorities? What is it like? What's your impression? (prompt – frequency, ease of contact, helpful?, how to find information?)	
Did you know much about the asylum/immigration system before you came? How did you find out information?	
When you compare before and after your contact with the organization, is your experience in the country different? Do you have more trust in the authorities?	
What do you think helps you or people like you to concentrate and focus on your immigration/asylum process? What makes it difficult for you or people like you to concentrate on or focus on your immigration/asylum process?	
How do you think the asylum immigration system can be made better? Do you have suggestions? (Explain why the pilots exist.)	
Do you think working with the organization helped you? If so, how? (info on the following is sought, but no direct question should be asked. See client summary sheets' prompt questions if helpful.) <ul style="list-style-type: none"> <li>– ability to engage with the immigration procedures;</li> <li>– level of risk;</li> <li>– level of trust;</li> <li>– informed decision making;</li> <li>– timely and fair case resolution;</li> <li>– coping and well-being.</li> </ul>	
Do you have any suggestions for the pilot?	
(Any other questions?)	

## Annex 9

# Case management cost

Calculation of case management cost per person per day for each of the pilots

	Bulgaria	Cyprus	Poland
Total EPIM grant	EUR 134,512 <sup>1</sup>	EUR 83,219	EUR 120,000
Total ATD pilot and advocacy budget	EUR 80,707+ <sup>2</sup>	EUR 83,219	EUR 120,000
Estimated total ATD pilot budget	EUR 80,707	EUR 66,575 <sup>3</sup>	EUR 96,000 <sup>4</sup>
Number of individuals supported by the pilots	50	41	35
Average period individuals in the sample group received case management (months) <sup>5</sup>	16.11	7.85	12.52
Estimated total months of case management provision to individuals <sup>6</sup>	805.5	321.85	438.2
Cost of case management per person per month	EUR 100	EUR 207	EUR 219
Cost of case management per person per day	EUR 3.34	EUR 6.90	EUR 7.30

<sup>1</sup> The Bulgarian grant covers a wide range of activities, and there is no budget specifically for the ATD project. It is estimated that approximately 60% of the grant was used on ATD.

<sup>2</sup> Non-ATD elements of the Bulgarian grant include general advocacy. It is not possible to know exactly how much of that advocacy related grant was used for ATD advocacy. The Cypriot and Polish grants were both for delivering ATD pilots and related advocacy work.

<sup>3</sup> It is estimated that about 20% of funding was used for advocacy work.

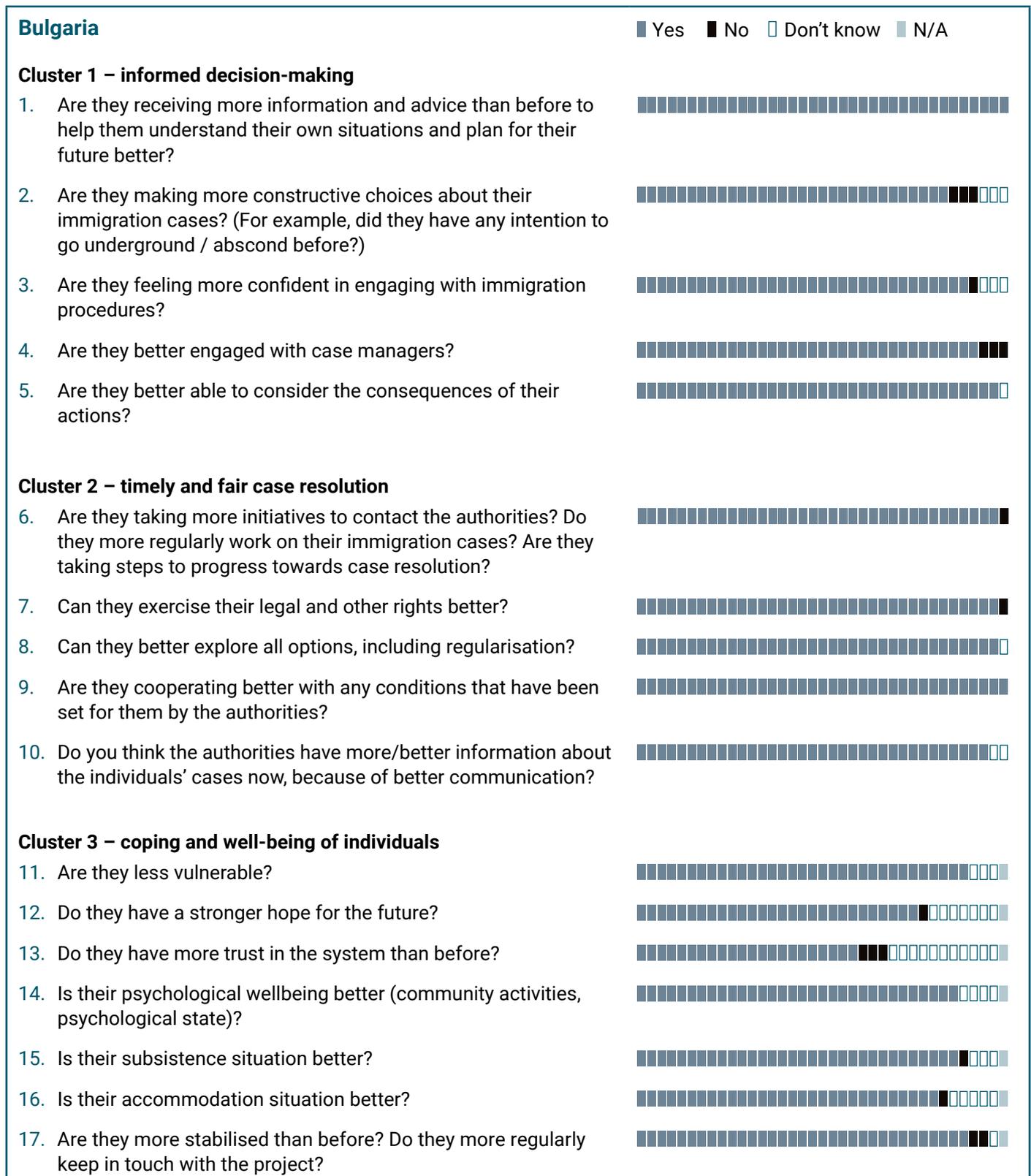
<sup>4</sup> It is estimated that about 20% of funding was used for advocacy work.

<sup>5</sup> To arrive at these figures, we totalled the number of months that the individuals whose cases were sampled received case management, and divided it by the number of individuals.

<sup>6</sup> To arrive at these figures, we multiplied the average number of months that individuals received case management by the total number of individuals.

# Annex 10

## Additional data on case management’s impact



**Cyprus**

■ Yes ■ No □ Don't know ■ N/A

**Cluster 1 – informed decision-making**

- 1. Are they receiving more information and advice than before to help them understand their own situations and plan for their future better? 
- 2. Are they making more constructive choices about their immigration cases? (For example, did they have any intention to go underground / abscond before?) 
- 3. Are they feeling more confident in engaging with immigration procedures? 
- 4. Are they better engaged with case managers? 
- 5. Are they better able to consider the consequences of their actions? 

**Cluster 2 – timely and fair case resolution**

- 6. Are they taking more initiatives to contact the authorities? Do they more regularly work on their immigration cases? Are they taking steps to progress towards case resolution? 
- 7. Can they exercise their legal and other rights better? 
- 8. Can they better explore all options, including regularisation? 
- 9. Are they cooperating better with any conditions that have been set for them by the authorities? 
- 10. Do you think the authorities have more/better information about the individuals' cases now, because of better communication? 

**Cluster 3 – coping and well-being of individuals**

- 11. Are they less vulnerable? 
- 12. Do they have a stronger hope for the future? 
- 13. Do they have more trust in the system than before? 
- 14. Is their psychological wellbeing better (community activities, psychological state)? 
- 15. Is their subsistence situation better? 
- 16. Is their accommodation situation better? 
- 17. Are they more stabilised than before? Do they more regularly keep in touch with the project? 

**Poland**

■ Yes ■ No □ Don't know ■ N/A

**Cluster 1 – informed decision-making**

- 1. Are they receiving more information and advice than before to help them understand their own situations and plan for their future better?
- 2. Are they making more constructive choices about their immigration cases? (For example, did they have any intention to go underground / abscond before?)
- 3. Are they feeling more confident in engaging with immigration procedures?
- 4. Are they better engaged with case managers?
- 5. Are they better able to consider the consequences of their actions?

**Cluster 2 – timely and fair case resolution**

- 6. Are they taking more initiatives to contact the authorities? Do they more regularly work on their immigration cases? Are they taking steps to progress towards case resolution?
- 7. Can they exercise their legal and other rights better?
- 8. Can they better explore all options, including regularisation?
- 9. Are they cooperating better with any conditions that have been set for them by the authorities?
- 10. Do you think the authorities have more/better information about the individuals' cases now, because of better communication?

**Cluster 3 – coping and well-being of individuals**

- 11. Are they less vulnerable?
- 12. Do they have a stronger hope for the future?
- 13. Do they have more trust in the system than before?
- 14. Is their psychological wellbeing better (community activities, psychological state)?
- 15. Is their subsistence situation better?
- 16. Is their accommodation situation better?
- 17. Are they more stabilised than before? Do they more regularly keep in touch with the project?

Total	Yes	No	Don't know	N/A
<b>Cluster 1 – informed decision-making</b>				
1. Are they receiving more information and advice than before to help them understand their own situations and plan for their future better?	99	0	0	0
2. Are they making more constructive choices about their immigration cases? (For example, did they have any intention to go underground / abscond before?)	88	6	5	0
3. Are they feeling more confident in engaging with immigration procedures?	82	6	11	0
4. Are they better engaged with case managers?	95	3	1	0
5. Are they better able to consider the consequences of their actions?	94	1	4	0
<b>Cluster 2 – timely and fair case resolution</b>				
6. Are they taking more initiatives to contact the authorities? Do they more regularly work on their immigration cases? Are they taking steps to progress towards case resolution?	94	1	1	3
7. Can they exercise their legal and other rights better?	98	1	0	0
8. Can they better explore all options, including regularisation?	78	6	2	13
9. Are they cooperating better with any conditions that have been set for them by the authorities?	91	0	2	6
10. Do you think the authorities have more/better information about the individuals' cases now, because of better communication?	90	0	8	11
<b>Cluster 3 – coping and well-being of individuals</b>				
11. Are they less vulnerable?	81	9	8	1
12. Do they have a stronger hope for the future?	76	5	17	1
13. Do they have more trust in the system than before?	60	15	23	1
14. Is their psychological wellbeing better (community activities, psychological state)?	81	6	10	2
15. Is their subsistence situation better?	75	13	9	2
16. Is their accommodation situation better?	64	18	14	3
17. Are they more stabilised than before? Do they more regularly keep in touch with the project?	91	4	2	2

