

Toolkit | August 2021



CHILD REINTEGRATION MONITORING TOOLKIT

Samuel Hall for the EU-IOM Knowledge Management Hub

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LIST OF ACRONYMS

AVRR	Assisted Voluntary Return and Reintegration
COVID-19	Coronavirus Disease 19
CSDSF	Child-Sensitive Durable Solutions Framework
CSO	Civil Society Organization
ECRE	European Council on Refugees and Exile
ELENA	European Legal Network on Asylum
FGD	Focus Group Discussion
IASC	Inter-Agency Standing Committee
ID	Identification Document
ILO	International Labour Organization
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
PCA	Principal Component Analysis
PSEA	Protection against Sexual Exploitation and Abuse
PSS	Psychosocial Support
RSS	Reintegration Sustainability Survey
UASC	Unaccompanied and Separated Children
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

INTRODUCTION AND PURPOSE

WHY THIS TOOLKIT?

Numerous children return to their countries of origin each year, through forced, assisted or spontaneous returns, both alone and with families. Yet, most return and reintegration frameworks are to date child-blind, focusing on the adult or household level.¹ No standard monitoring methodology exists to measure individual reintegration outcomes for children. With financial support from the European Union, this partnership between Samuel Hall and IOM builds on IOM's Reintegration Sustainability Survey and Save the Children's Durable Solutions for Children Toolkit to present a Child Reintegration Monitoring Toolkit.² This addresses the current gap for age-disaggregated, child-focused reintegration data. The aim is operational, to provide a toolkit that can support actions on the ground. It has been field-tested in five countries – Ethiopia, Georgia, Honduras, Iraq and Nigeria – from December 2020 to February 2021.

TOOLKIT APPROACH

This Toolkit centres on IOM's 2017 sustainable reintegration definition, which focuses on the multidimensional and multilevel reintegration process. It considers children's reintegration from the perspective of economic self-sufficiency of their households, social stability within a community and psychosocial well-being at the individual level. It further draws from Save the Children's CSDSF, which proposes standard indicators based on general durable solutions principles and guidance on child rights and protection standards.

Across the three dimensions of reintegration, elements that are particularly key for children. From an economic perspective, for instance, child labour is a key indicator of vulnerability. From a social perspective, school attendance stands out, with both migration and return often marking the end of children's educational journeys and thus challenging their social reintegration. From a psychosocial perspective, discrimination, and marginalization impact reintegration. For older children in particular, the importance of a place to socialize with other young people is of critical relevance. Questions and indicators in this Toolkit were selected on these frameworks and on existing evidence around children's reintegration.

WHO IS THE TOOLKIT FOR?

This Toolkit is aimed at stakeholders working in the field of reintegration including international organizations, CSOs, and governmental actors that require a toolkit to operationalize standards for reintegration for children.³ The Toolkit will allow stakeholders to monitor the extent to which child returnees reintegrate in a sustainable manner in the communities to which they return, and to identify the main factors that contribute to the sustainability of their reintegration.

¹ Save the Children and Samuel Hall, *Achieving Durable Solutions for Returnee Children: What Do We Know?* (2018).

² Hereinafter the "Toolkit".

³ The Toolkit will ideally be used in coordination between these actors and requires proper training for users as detailed below prior to deployment. Staff interviewing children must be trained to do so.

The Toolkit is designed for users in countries of origin, as well as staff in host countries that need to understand the planning that is required with actors in countries of origin. It provides guidance around data collection, data analysis and interpretation, and outlines a series of tools which can be used to monitor children's reintegration. In addition, the Toolkit offers guidance on conducting interviews with children to support practitioners in using these tools in an appropriate and child-safe manner.



Section 1: Overview of key concepts underpinning the tools and how the tools work together.



Section 2: Guidance on the preparation and conducting of monitoring using this Toolkit.



Section 3: Recommendations to use and understand data collected using this Toolkit.



Section 4: Child Reintegration Monitoring Toolkit and the tools for use.



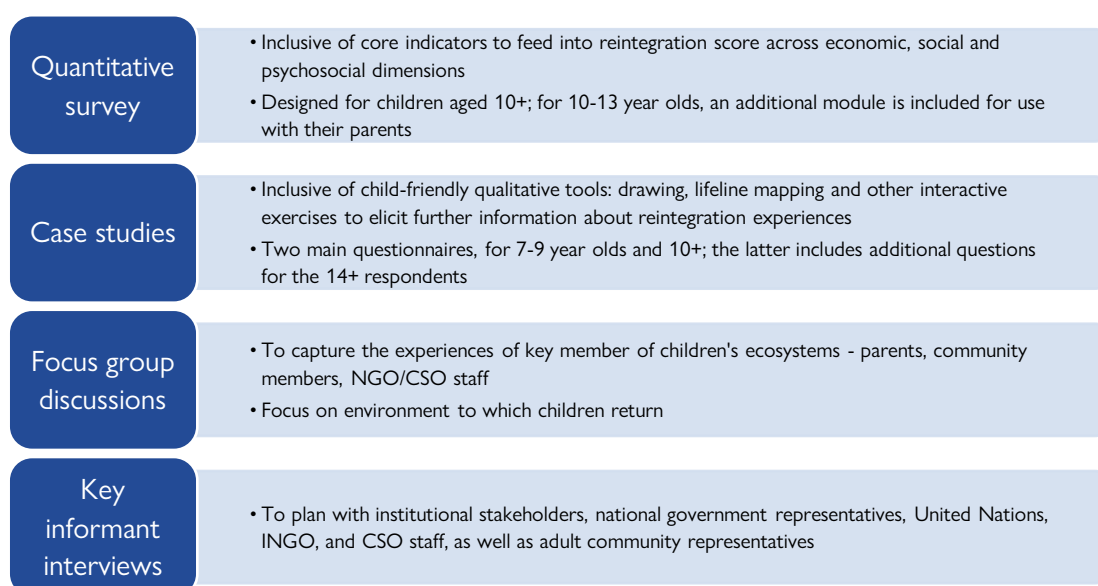
Section 5: Additional Guidance and Resources.



SECTION 1 UNDERSTANDING THE CHILD REINTEGRATION MONITORING TOOLKIT

Numerous children return to their countries of origin each year, through forced, assisted or spontaneous returns, both alone and with families. Yet, most return and reintegration tools are to date child-blind, focusing on the adult or the household. This Toolkit was designed to address this gap. It provides a combination of quantitative and qualitative tools to allow actors working in the area of reintegration to monitor individual children's reintegration. It reflects child reintegration monitoring metrics that can capture the lived experiences of reintegration among children, and has been piloted in five key countries of origin – Ethiopia, Georgia, Honduras, Iraq and Nigeria. It is also aligned with international frameworks to ensure monitoring in a rigorous and comparable manner across contexts and accordance with the UNCRRC.⁴

Figure 1. Tools within the Toolkit



The quantitative survey is designed for a *rapid* assessment, resulting in a reintegration score, mirroring similar work conducted by IOM with adult returnees through the RSS.⁵ It considers key sociodemographic factors, information about children's return journeys as they relate to reintegration, and select reintegration indicators. The reintegration score is to be calculated based on tested indicators across three dimensions of reintegration.

Key reference documents, such as IOM and UNICEF's *A Child Rights Approach to the Sustainable Reintegration of Migrant Children and Families*, underline the need to take into account children's views "in line with the child's age and maturity"⁶ in decision-making around durable solutions. However, no age-based guidelines are

⁴ United Nations General Assembly, Resolution 44/25 adopted on 20 November 1989.

⁵ Based on the approach developed by Samuel Hall for IOM under the MEASURE project. See Samuel Hall and IOM, *Setting Standards for an Integrated Approach to Reintegration*, commissioned by IOM and funded by the United Kingdom Department for International Development (2017).

⁶ IOM and UNICEF, "Module 6 – A Child Right's Approach to the Sustainable Reintegration of Migrant Children and Families" in IOM, *Reintegration Handbook: Practical guidance on the design, implementation and monitoring of reintegration assistance* (2019), page 201.

given around what this means; instead, case managers working with children “should have a thorough understanding of the age of the child or children in relation to the stage of development. This means being educated on the physical, intellectual, emotional, social and language development of children from early childhood through adolescence.”⁷ Both the quantitative and qualitative tools presented here have been designed for use with indicative age groups: 7–9, 10–13 and 14–18 (ranging through 18 to include “aged-out” minors).⁸ The tools for the youngest children take a simpler approach, including fun elements to keep the child interested. Other tools differentiate between children aged 14 and below, and older children to ensure the younger group are not asked overly complicated or too many questions.⁹

TABLE 1. INDICATORS ACROSS DIMENSIONS OF REINTEGRATION

		CHILD UNDER 14	14–18* YEAR OLD CHILDREN	PARENT/GUARDIAN INTERVIEWS**
ECONOMIC DIMENSION	1. Main household source of income		X	X
	2. Involvement of child in income-generating activities	X	X	
	3. Household indebtedness		X	X
	4. Food security	X	X	
	5. Self-assessment of economic situation satisfaction	X	X	
	6. Household savings	X	X	
SOCIAL DIMENSION	1. Adequate housing situation	X	X	
	2. Access to documentation	X	X	X
	3. Access to family/guardians	X	X	
	4. Child marriage	X	X	
	5. Access to health services	X	X	X
	6. Access to education	X	X	
	1. Social and community involvement	X	X	

⁷Ibid., page 209.

⁸ “Ageing-out” refers to when “unaccompanied children reach the age of majority pending the outcome of the asylum or family reunification procedure”. See ECRE and ELENA, ECRE/ELENA Legal Note on Ageing Out and Family Reunification (2018), page 2. In short, children turn 18 and are officially no longer considered as children.

⁹ As detailed in [Section 2](#), in cases where the developmental age of a child does not appear to correspond to their physical age, interviewers may wish to use the tool for a younger child or stop the interview.

PSYCHOSOCIAL DIMENSION	2. Non-discrimination	X	X	
	3. Feeling of belonging	X	X	
	4. Signs of distress	X	X	X
	5. Feeling safe and secure in daily activities	X	X	

* 18 here refers to the aged-out minors who may be interviewed.

** Parent/guardian interviews included additional questions around support received and returns.

Follow up questions that do not feed into the reintegration score have been included on targeted key points, but these are intentionally limited; the purpose of the tool is not to serve as a standard research survey. Only the questions highlighted in light blue in the tool in [Section 4](#) feed into the reintegration score.

Figure 2. Ecosystem mapping

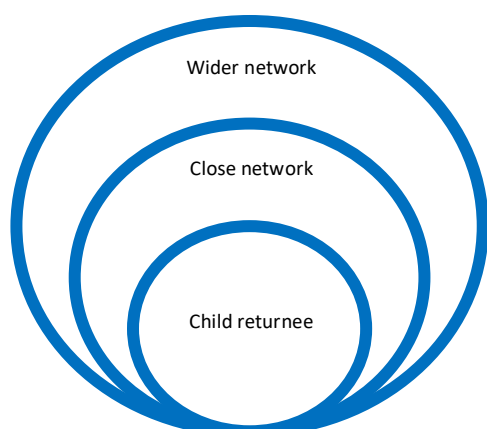


Figure 3. Reintegration timeline



The qualitative tools proposed in this Toolkit serve to nuance the information gathered through this quantitative survey. The case studies in particular place a specific focus on interactive approaches to discussing the experiences of child returnees, including, for the youngest, drawings, and for others, visualizations of key events on timelines and actors on ecosystem maps (Figures 2 and 3).

The key themes detailed by each tool are listed in Table 2.

TABLE 2. INDICATORS ACROSS DIMENSIONS OF REINTEGRATION

TOOL	KEY THEMES
Quantitative survey	Demographic background; return process; economic, social and psychosocial dimensions of reintegration
Case studies: 7–9-year-old children	Continuity of experiences; children’s ecosystem; key aspects of life at their current place of residence
Case studies: 10–18-year-old children and aged-out	Migration history; network mapping; reintegration experience
FGDs	Respondent’s link to child returnees; actor mapping; understanding linkages between actors and the different dimensions of reintegration
KIs: Reintegration actors: Government, INGO/United Nations, NGO representatives	Trends in child reintegration; monitoring of child reintegration and challenges in doing so; existing programming on child reintegration
KIs: Returnees	Factors in child reintegration; community perceptions of child returnees; existing programming on child reintegration

Some of the questions in the tools, in particular the quantitative tool, may raise potential protection concerns. These have been highlighted in light pink in this Toolkit; [Sections 2](#) and [5](#) provide information on how to prepare appropriate referrals/actions to take if those responses are given.

BOX 1. IDENTIFYING PROTECTION CONCERNS IN IRAQ

The pilot research in Iraq identified several cases of protection concerns. These ranged from one case of child labour – arguably falling under the definition of worst forms of child labour as it seemed to harm the well-being of the child involved – to health concerns including a case of a child with a hormonal disorder and others evident psychosocial needs. These cases were referred to IOM. They underline the need for a strong and varied protection referral mechanism, as protection needs such as these fall outside the direct mandate of IOM.



SECTION 2

USING THE CHILD REINTEGRATION MONITORING TOOLKIT

This section provides guidance to users around preparing, implementing and analysing monitoring data collection using the tools developed. Both planning and data collection should be informed by IOM/UNICEF's reintegration module *A Child Rights Approach to the Sustainable Reintegration of Migrant Children and Families*, which lays out key principles for a child rights and integrated approach to reintegration.¹⁰

2.1 PREPARING FOR TOOLKIT USE

2.1.1 *Validating planned data collection*

Potential users should confirm that the planned data collection represents an appropriate use of the Toolkit. To do so, users should confirm the following questions prior to proceeding:

- Is this data already being collected through another mechanism – including by partner organizations?
- Can you identify any risks to the data collection for which no mitigating approach can be identified?
- Will collecting this data put children – or data collectors – at risks?

More broadly, potential users should also confirm:

- A clear plan for data analysis and use of findings;
- A detailed plan for the scope of data collection, including identified frequency of possible follow-up activities. This plan should also detail an interview scheduling approach which will avoid over-burdening participants and ensure interviewers have time to conduct interviews according to guidelines presented in this document;
- A solid understanding of the local context, its sensitivities and languages;
- Adequate human resources/staffing to conduct the data collection (in the appropriate language) and analysis, and to report back on it;
- A review of the tools for use to identify any local sensitivities to particular questions, and an agreed approach to addressing this;
- A dedicated budget for any data collection-related costs (including, potentially, the cost of renting appropriate spaces for data collection);
- Any necessary sign-offs/permissions from local authorities to conduct the data collection.

¹⁰ IOM and UNICEF, Module 6 (see footnote 6).

BOX 2. POTENTIAL LOCAL ADAPTATIONS

The Toolkit has been carefully designed to encompass questions to assess the key dimensions of children's reintegration. As such, unless questions pose risks in a given context, removing them is not advised. Users may wish, however, to consider adding selected (2–3) questions to the quantitative tool in particular, to address factors identified as key to reintegration locally, allowing teams to design stronger programming accordingly. For example, based on the findings from the pilot research conducted for this Toolkit, the following questions could be added in each of the tested contexts:

In Ethiopia, on the source of original migration funding, the following questions for adolescents 14+:

1. How did you pay for your original migration journey? (PROMPT; SELECT ALL THAT APPLY)
 - a) I saved money I earned
 - b) I borrowed money from (a) family member(s)
 - c) I borrowed money from friends
 - d) I borrowed money from other community members
 - e) Those who facilitated my travel covered the costs, expecting me to work abroad to repay them
 - f) Other (specify)
 - g) I don't know
 - h) I prefer not to say
2. Do you still owe money from your original migration journey? (DO NOT PROMPT; SELECT ONE)
 - a) Yes
 - b) No
 - c) I don't know
 - d) I prefer not to say

In Georgia, on the health of the child, the following questions for the children concerned:

1. Do you ever experience any of the following? (PROMPT; SELECT ALL THAT APPLY)
 - a) Difficulty seeing
 - b) Difficulty hearing
 - c) Difficulty walking
 - d) Difficulty being understood
 - e) Difficulty learning things
 - f) Difficulty remembering things
 - g) Prefer not to answer
2. Did you/your family travel abroad for medical reasons? (DO NOT PROMPT; SELECT ONE)
 - a) Yes
 - b) No
 - c) I don't know
 - d) Prefer not to say

3. Were these medical reasons successfully treated?

(DO NOT PROMPT; SELECT ONE)

- a) Yes
- b) No
- c) I don't know
- d) Prefer not to say

In Honduras, on security in the location of return, following the question “Do you feel comfortable and safe outside your house?”, for those who answer no:

1. What are the main safety challenges in this place?

(DO NOT PROMPT; SELECT ALL THAT APPLY)

- a) Gangs
- b) Other sorts of armed groups
- c) Local or national authorities
- d) Other (specify)

2. Is there anywhere nearby where you would feel safe?

(DO NOT PROMPT; SELECT ONE)

- a) Yes (specify _____)
- b) No
- c) I don't know
- d) Prefer not to say

In Iraq, respondents raised the sensitivity of conducting research, calling for further confirmation during the consent phase that potential interviewees be aware of:

- Their right to decline participation;
- Their right to stop the research at any point;
- The fact that the data will be securely stored and anonymized; their response and personal contact information will not be shared more broadly.

In Nigeria, on single parenthood, the following question for children 14+:

1. Do you have any children?

(DO NOT PROMPT; SELECT ONE)

- a) Yes (specify number)
- b) No
- c) Prefer not to say

2. How has having children impacted your return?

(DO NOT PROMPT; SELECT ALL THAT APPLY)

- a) It has made it easier to meet people within the community
- b) It has caused additional financial challenges
- c) My family does not approve
- d) My family is pleased
- e) It means I need additional services
- f) Other (specify)

2.1.2 Potential data collection adaptations

The COVID-19 pandemic both complicated data collection during the piloting of this Toolkit and contributed to the finalization of a toolkit adapted to situations of remote data collection and limited access. In some contexts, governmental restrictions on movement limited access to potential participants. More broadly, necessary precautions to ensure the research did not cause harm required adaptations to planned research methods. However, these were not the only crises impacting the research: in Honduras, recent hurricanes had displaced potential respondents from their homes, while in Ethiopia the research location selection had to take into account ongoing conflict and access limitations. This called for an adaptable Toolkit, which can also be used remotely.

The question of remote data collection on difficult and sensitive topics is addressed in this Toolkit and other research efforts. This has led to the development of guidelines, particularly for remote MHPSS activities, that are aligned with some of the challenges faced in the field. In particular, IOM Iraq's *Internal Guidelines for Remote MHPSS Working Modalities* provides practical considerations around remote consent, how to introduce work to parents, troubleshooting potential issues, and – crucially – the need for clear referral mechanism even in remote work.¹¹ UNICEF's *COVID-19: Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents and Families* underlines the need for child-adapted approaches to remote work and provides a timely reminder of some of the specific, age-differentiated challenges faced by children and adolescents under COVID-19-related restrictions, which may impact both how they can participate in monitoring and the responses they give.¹²

- The quantitative tool can be used as originally planned, although if deemed too long for older children, they can be asked the smaller set of questions for children 10–13.
- When using the qualitative tools remotely,
 - FGDs would be best carried out using an online platform to allow multiple participants simultaneously.
 - Case studies will require data collectors to explain the visual elements to children and ask them to send pictures of resulting exercises. When this is not possible, questions can be converted to verbal ones (i.e. asking respondents to describe favourite objects or list key events they have experienced since return).

Appropriate consent procedures must still be followed for remote data collection.

2.1.3 Identifying qualified data collectors and training them

Conducting research with children requires specific skills as well as tailored training on and understanding of safeguarding principles. The following should be taken into account and prioritized:

- Past experience conducting research with children of similar ages; preferably, past experience conducting interviews using child-centred/child-sensitive tools;
- Relevant university experiences, focused in particular on social sciences;
- Knowledge of the specific context and vulnerabilities of child returnees, as well as gender-related vulnerabilities;

¹¹ IOM Iraq, *Internal Guidelines for Remote MHPSS Working Modalities* (2020).

¹² UNICEF, *COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents and Families* (2020).

- A background in case management, social work and/or child counselling;
- Understanding of the normative/sociocultural expectations and role of children in the context of study;
- Relevant language skills;
- Clear police record (which all data collectors should be required to provide).

Thorough training must be conducted prior to the use of these tools. This should include:

- The rationale for this Toolkit and explanations on how the information gained will be used;
- Guidance around how to understand and use the tools;
 - Ensure clarity on purpose of each tool and each question posed.
 - Unpack context sensitivities related to the local culture, norms and expectations that underpin children's roles, including the understanding of what childhood means within the context under investigation.
 - Discuss any other relevant contextual sensitivities, for example around gender-related vulnerabilities, including in relation to girls, boys and children with diverse genders.
 - Cover ways on how to carefully approach these sensitivities, considering how to raise sensitive topics in a mindful and appropriate manner. Specific attention should be paid to probing and how to avoid alienating participants through insensitivity; clumsy probing can undermine participants' level of comfort, openness and feeling of security.
- Guidance on the ethical conduct of research, particularly with children;
 - Give special emphasis to the do-no-harm approach and practical safeguarding principles, including consent forms and safeguarding incident reporting. Mindfulness, reflexivity in-action and empathetic, non-judgmental listening should guide enumerators' activities at all times. Further guidance on safe research with children is given in the next section.
 - Self-reflect on body language and non-verbal cues of communication that participants can pick up on – and learn from – in particular signs of distress that might require stopping data collection.

To ensure the highest quality of data as well as appropriate safeguarding for children, it is recommended that when conducting large-scale data collection using these tools, additional enumerators be trained, and only top-performing enumerators be selected for data collection.

Organizations may wish to bring in a child psychologist during the training, who can provide additional guidance around how to conduct data collection in a child-sensitive way, identify further interview techniques to ensure interviews are positive experiences for the children concerned, and provide additional points to watch out for pointing to a child's discomfort or distress.

2.1.4 Develop a referral mechanism

BOX 3. WHAT ARE REFERRALS?

A referral mechanism for vulnerable migrants is, according to IOM, “a process of cooperation between multiple stakeholders to provide protection and assistance services to vulnerable migrants.”¹³ IOM and UNICEF’s *A Child Rights Approach to the Sustainable Reintegration of Migrant Children and Families* highlights the importance of referral mechanisms and networks to ensuring a multisectoral approach and a continuity of care in the cases of child returnees specifically.

Referrals allow for an appropriate response to protection needs identified prior to return or during reintegration monitoring. The *Global Compact for Safe, Orderly and Regular Migration* stresses the need to “establish comprehensive policies and develop partnerships that provide migrants in a situation of vulnerability, regardless of their migration status, with necessary support at all stages of migration, through identification and assistance, as well as protection of their human rights [...]”¹⁴ No actor is the sole responsible for reintegration; rather, in each context, a range of actors have particular responsibilities depending on their mandate and must be linked together through a referral mechanism to provide needed support.

Developing – or refining – an appropriate referral mechanism and establishing a systematic response to any issue that might be flagged is key to using this Toolkit:

1. List/map the services and programmes available at the organization using the Toolkit, and through partner organizations. Since the function of the Toolkit is to assess children’s reintegration and discern any concerning circumstances that may arise (as a result of vulnerabilities associated with the status of being a child returnee), it is important to identify relevant services, focusing on what exists to address the specific needs of this distinct population as well as the limitations of existing services.
2. Reach out to partners identified as implementing organizations providing services and programmes that could potentially benefit the demographic of child returnees to:
 - a. Confirm their capacity (maximum number of referrals) and the criteria/specific demographics (e.g. gender, age group, language, level of education) of beneficiaries for each identified service or programme.
 - b. Establish whether the services or programmes accept referrals on a rolling basis or whether there are hard deadlines.
 - c. Establish their capacity and expertise related to working with particular populations, such as children with disabilities or children with diverse sexual orientation, gender identity, gender expression or sex characteristics (SOGIECS).
3. Establish a clear framework for communication and referrals, including focal points or points of contact at each of the identified service and programme providers. In cases where many referrals are expected, a memorandum of understanding establishing systematic referral mechanisms and identifying the mode of referral is recommended.
4. Establish regular reporting and information sharing systems around referrals, identifying gaps in services and how the referrals mechanism and processes can be improved.

¹³ IOM, *IOM Guidance on Referral Mechanisms for the Protection and Assistance of Migrants Vulnerable to Violence, Exploitation and Abuse and Victims of Trafficking* (2019), page vii.

¹⁴ United Nations General Assembly, Resolution 73/195 adopted on 19 December 2018, page 15.

- a. Develop systematic referral mechanisms and identify the mode of referral (e.g. referral form via email, phone referral, walk in).

BOX 4. EMERGENCY OR NON-EMERGENCY REFERRALS

Essential referrals for children may be of an emergency or non-emergency classification. Emergency referrals are for cases that need immediate intervention (within 24 hours), while non-emergency referrals constitute issues that are somewhat less pressing or less life threatening.

The followings are examples of cases needing emergency referrals:

- Sexual and gender-based violence
- Child pregnancy
- Child marriage
- Medical emergencies (the child should be put in contact with a health professional who can assess whether or not the case is an emergency immediately)
- Homelessness
- Extortion or exploitation, whether at home or elsewhere
- Hazardous forms of child labour
- Signs of severe psychological distress (e.g. suicidal tendencies, self-harm, desire to hurt others)
- Severe food insecurity (e.g. not having eaten in over a day)

The followings are examples of essential non-emergency services that may need referrals:

- Limited access to educational services
- Signs that a child is likely to drop out of school
- Non-emergency medical and PSS needs
- Lack of access to recreational activities

When developing this referral mechanism for children, it is particularly important to understand the different needs of children who fall under the criteria of child returnees and to plan accordingly, as well as to draw from existing relevant frameworks (e.g. local case management frameworks). Children with different abilities or varying impairments require specific care and assistance. They might also require specific services or housing accommodation that ensure their safety.

2.2 USING THE TOOLKIT IN PRACTICE

This section provides high-level recommendations on training users for working with this Toolkit and taking the Toolkit to the field. These are not intended to go into the details of each tool but rather provide broader guidance around research with children. These should not replace **PSEA** training, instead complementing them in order to inform a child sensitive approach.

BOX 5. GOING TO CONDUCT INTERVIEWS: A PRACTICAL CHECKLIST

The following list provide suggestions on key items to take when going to conduct interviews:

- Tablet for recording data
- Pen and paper
- Consent forms
- Child-friendly information sheets (if available)
- Letters of authorization from authorities, when appropriate
- Personal and organizational ID
- Water for the interviewer and interviewee
- Crayons and paper for drawing
- Tissues
- Optional: non-perishable snack
- Optional: recorder for transcripts for qualitative research – if consent is granted

2.2.1 Training identified enumerators

Enumerators must be trained on both the tools and on how to conduct appropriate research with children. Each session should be comprised of both information sharing (input elements) and direct tests of knowledge to validate training has been understood. A potential agenda is proposed:

Day 1: Data collection background and objectives; overview of tools; logistical overview and planned data collection timeline, travel dates, sample, etc.; conducting ethical research in particular with children; feedback and question round.

Day 2: Review of the tools, including a discussion of best practices for each, clearly detailing how to fill out inputs such as the ecosystem mapping, drawing exercises and lifelines, etc.; initial group testing of tools and small roleplay activities, testing qualitative tools and quantitative tools with each other; feedback and question round.

Day 3: Review of referrals mapping to identify any missing contacts; extensive role play with the tools; continuous feedback and question rounds throughout the day; recap session.

Day 4: First test of the tool by users, with one child each, in pairs (with second person to be a silent observer standing back from the conversation); debrief on interviews conducted, any challenges faced as a larger group, and one on one feedback from partner.

Day 5: Finalizing the monitoring data collection plan as a team.

2.2.2 Recommendations on do-no-harm and safeguarding in research with children

“Safeguarding in its broad sense means protecting people and the environment from unintended harm”.¹⁵ This includes preventing and responding to harm caused by physical abuse, sexual exploitation, emotional abuse, bullying, neglect, and/or financial and material abuse. The aim is to minimize the likelihood and impact of these actions towards all people and stakeholders. Safeguarding emphasizes the need to protect both children and vulnerable adults.

At the centre of safeguarding rests the idea that researchers may encounter and interact with vulnerable people at risk of harm, or expose them to those risks through the research itself. In addition to the strict application of a zero-tolerance policy for harassment, bullying, sexual abuse and exploitation, all researchers must champion the principle of do-no-harm. Do-no-harm refers to the responsibility to provide those with whom one comes into contact an adequate level of protection against harm. Another term for this is duty of care. For example, an organization might want to be explicit that it is their responsibility to protect all children it comes into contact with from any act of harm as a result of its actions.

As such, enumerators must be strongly committed to empathetic, non-judgmental listening, and allow for issues of relevance to surface organically through conversations and rapport building, all while being fully engaged in removing and addressing barriers to reporting sexual exploitation, abuse and harassment. This balancing act will require that enumerators be highly attuned to the complexities of vulnerability and psychosocial health. The responsibility of enumerators is even higher when conducting research with children who are more likely to be impacted (even unconsciously) by the approach of the enumerator, including verbal affirmations as well as non-verbal communication.

IMPORTANT. Whistle-blowing and reporting allow concerns to be raised and resolved at the appropriate level. Specifically, whistle-blowing refers to the reporting by employees, consultants, contractors and enumerators of suspected misconduct, illegal acts or failure to act within known standards and procedures. This requires a clear process that is widely understood and accessible to all staff for dealing with concerns and a handling framework with identified owners of each step. The aim of a whistle-blowing policy is to encourage employees and associates, who have serious concerns about any aspect of the work, to come forward and voice them. Such a policy will allow staff to feel confident in raising concerns, provide staff with a safe avenue to raise them, ensure that concerns are being responded to and guarantee protection from reprisals.

Any serious concerns on the safety of participants (particularly children), any improper behaviour or element that make a researcher uncomfortable in relation to known standards of practice should be reported. An appropriate whistle-blowing procedure includes protection measures for the whistle-blower throughout the reporting and investigation process.

A brief review of subject matters to be discussed in the research must be presented at the beginning of each tool, as part of gathering consent, to ensure children know what to expect. In addition, potentially sensitive topics will be addressed later in the research tool to allow for rapport and trust to be built and for the child participant to become more comfortable with the research process prior to addressing more sensitive topics.

¹⁵ United Kingdom Department for International Development, "[Guidance – Enhanced Due Diligence: Safeguarding for External Partners](#)," accessed 16 May 2021.

Without proper safeguarding measures in place, and without the internalization of these principles and requirements, researchers can either encounter and/or heighten risks of harm and damage to individuals and groups. Due diligence processes and mitigating procedures must be explicitly spelled out and presented to all enumerators during training. Principles of safeguarding that must be championed by all researchers comprise the following:

- Everyone is responsible for safeguarding;
- Do no harm – avoid exposing people to additional risks through researchers’ actions;
- Everyone has a duty of care to safeguard everyone (all stakeholders);
- Confidentiality is ensured at all stages of safeguarding;
- Non-discrimination – everyone should be treated equally regardless of their background.

Figure 4. Common signs of distress in children, as per Save the Children’s psychological first aid training

COMMON SIGNS OF DISTRESS IN CHILDREN AGED 7-12 YEARS:	COMMON SIGNS OF DISTRESS IN CHILDREN AGED 13-18 YEARS:
<ul style="list-style-type: none"> • Their level of physical activity changes. • Confused feelings and behavior. • Withdrawal from social contact. • Talk about the event in a repetitive manner. • Show reluctance to go to school. • Feel and express fear. • Experience a negative impact on memory, concentration and attention. • Have sleep and appetite disturbances. • Show aggression, irritability or restlessness. • Have physical symptoms related to emotional stress. • Concerned about other affected people • Experience self-blame and guilt feelings. 	<ul style="list-style-type: none"> • Feel intense grief. • Feel self-conscious, or guilt and shame that they were unable to help those that were hurt. • Show excessive concerns about other affected persons. • May become self-absorbed and feel self-pity. • Changes in interpersonal relations. • Increase in risk-taking, self-destructive and/or avoidant behavior or show aggression. • Experience major shifts in their view of the world. • Feels a sense of hopelessness about the present and the future. • Become defiant of authorities and caregivers. • Start to rely more on peers for socializing.

Assess developmental maturity of child to be interviewed

While conducting research of this type, interviewers are unlikely to have the training and time to conduct a test to assess a potential participant’s developmental maturity to participate in the interviews. Instead, this will require interviewers to consider and evaluate the situation as they find it. Age will serve as a first guideline. In cases where a child seems younger than their reported age, particularly when they are quiet or shy, or present developmental or communication difficulties, data collectors may wish to request medical or psychological confirmation that the child can be interviewed, and/or switch to the tool for a younger age (when available). In case of doubt, data collectors may wish to pause data collection.

2.2.3 *Dos and don’ts of data collection with children*

In ethical research (with children):

- Researchers should consistently evaluate the best ways to conduct research with children and critically assess the strengths, opportunities, weaknesses and threats of the tools.

- The number one priority is the safety and comfort of children. Considerations for the psychosocial health of the child are central to the administration of tools.
- All IOM's PSEA rules should be followed.
- Only conduct the interview in a place that ensures safety and as much anonymity as possible; however, do not conduct the interviews in a secluded location. Enumerators should never find themselves alone with child participants. Parents/guardians should be within eyesight at all times.

Researchers should:

- Comply with all relevant legislation in country;
- Provide a welcoming, inclusive and safe environment for all children;
- Respect all children and treat them equally regardless of gender, gender expression, sexual orientation, sex characteristics, race, religious or political beliefs, age, ability/disability, physical or mental health, family, social and cultural background, economic status or criminal background;
- Encourage open communication between all children, parents, and staff, and have children participate in the decisions that affect them;
- Ensure that another adult is always present when working near children;
- Assess adults' own behaviours, actions, language and relationships with children – observation and reflexivity-in-action;
- Take responsibility for ensuring that they are accountable for their actions and do not place themselves in positions where there is a risk of allegations being made;
- Immediately disclose all charges, convictions and other outcomes of an offence that relates to child exploitation and abuse, including those under traditional law, which occurred before or during their association with their organization.

BOX 6. OBTAINING AND RECORDING CONSENT

Consent: Confirming consent following thorough explanations of research goals and tools is the first step of one's work when engaging in data collection. Research with children also requires obtaining consent from their parents/guardians. [Section 5](#) details expected consent approaches along with a form for documenting it. Consent must be obtained prior to each conversation, either ahead of conducting the tools or directly at the beginning. In cases where written consent is not possible, verbal consent should be obtained in the presence of a third party and audio-recorded only if the persons concerned agree. **For each child interviewed, consent must first be obtained from the parent/guardian and then the child should assent to participating.** In the case of remote data collection, best practice is to have a consent form signed and scanned by the participant and relevant adults; verbal consent require recording (including the information provided to the participant and to their parents/guardian, along with a time stamp).

Particular attention should be paid in the case of children with disabilities to ensure they are able to fully participate in this process. In cases where this is of concern, a medical support expert should be asked if the child is able to participate safely in the exercise.

Consent is also required for visual documentation. When photographing or filming a child, or using children's images for any work-related purposes, researchers should:

- Obtain informed and documented consent of the child and their parents/guardians before photography/filming;

- Provide an explanation on how the photograph/film will be used and ensure that parents/guardians and the child properly understand how photographs/film will be used, and how these may impact the child and their family;
- Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable manner, and images are honest representations of the context and facts;
- Avoid showing the face of the child in photographs.

Specifically in researchers' approach with children, researchers should:

- In the event of unexpected risks for children arising during the research process, suspend the research until the issue has been addressed and resolved as thoroughly as possible;
- Ensure all information is communicated in a fashion adapted to the understanding of the children of concern so they can give true consent. This information will include the content of the research, how it will take place and for how long, as well as the expected role of the participant. It will further document potential risks and consequences of taking part in the research, and how the data will be stored and used. Children should be clear that participation in the monitoring data collection – or choosing not to – will in no way be tied to the reception of services from stakeholders providing reintegration support and who are using the Toolkit;
- Ensure at the beginning and throughout the research process that children are fully aware that their participation is voluntary and that they can withdraw/stop at any time and without any consequences for themselves or others. Children should understand that they are not obliged to answer any question they do not wish to answer;
- Document the consent of participating children in a context-appropriate fashion to account for age, cognitive abilities, and/or educational level through written or verbal forms. Illiterate children cannot give written consent, although enumerators can document their giving verbal consent in writing;
- Consider cultural contexts when conducting research with children, which could require further consent by others (e.g. community leaders or elders);
- Conduct research in a space and atmosphere in which the child can feel free to speak;
- Respect and follow any child's wish for the presence and/or absence of (particular) persons;
- Ensure researchers/enumerators are sensitive to non-verbal communications of children that might imply signs of distress and/or their wish to end the research;
- Ensure that the identities of participating children are completely protected.

Attention must be given to the acknowledgment of power relationships. Researchers must be mindful of how power balances/imbances may negatively impact child participants and data.

2.2.4 Data protection

Most reintegration practitioners, including IOM, have mandatory data protection principles. IOM's full data protection manual, as an example, is available [here](#).¹⁶ As regards child reintegration monitoring, key points to keep in mind include:

- Setting out how data would be used explicitly from the start;
- Following appropriate consent procedures (see above sections);

¹⁶ IOM, IOM Data Protection Manual (2010).

- Ensure the data is stored with appropriate access limitations. These should be confirmed prior to collecting any data;
- If any data sharing is envisioned, a specific data sharing agreement should be drawn up. This should be planned prior to data collection to ensure the consent forms cover it.

2.2.5 Following up initial monitoring

Ideally, this Toolkit will be used in longitudinal data collection efforts, allowing for the monitoring of reintegration over time. Such longitudinal monitoring may imply a case management component, depending on the cases, which could require additional follow-ups. The level of vulnerability of the case naturally fluctuates and should be based on the evaluation conducted during each follow up session. It is particularly important to build rapport and trust with each child, as it allows for them to open up and disclose sensitive information that could require immediate attention and follow up. Reaffirming rhetoric is always encouraged when following up with children; one of the most important aspects of case management is emotional support, which is something that a lot of children might not have access to outside the context of case management.

BOX 7. TIPS FOR ENGAGING YOUNGER CHILDREN

The youngest age groups in this research may be easily distracted or ill at ease in answering questions from an adult. Techniques to address this can include:

- Active communication: Save the Children's *Psychological First Aid Training Manual for Child Practitioners – One-day Programme* provides guidance around active listening, normalization, generalization, stabilization and triangulation techniques to put children at ease;¹⁷
- Brief breaks: Researchers may wish to come with colouring pages and crayons to share with the child before or during the interview, building a fun component to the discussion.
- Compliments and ice-breakers: Researchers can compliment the child's creativity and ask questions to break the ice (e.g. what is your favourite colour?).

¹⁷ Save the Children, *Psychological First Aid One Day*, page 14 (see footnote 15).

FREQUENTLY ASKED QUESTIONS AROUND THE TOOLKIT



1. How can I adapt/contextualize the Toolkit to the particular situation we face here?

The Toolkit has been specifically designed to be appropriate across diverse contexts and includes crucial points to monitor to understand children's reintegration. Adapting it runs the risk of preventing it from fulfilling its purpose and we generally recommend against modifications. However, the do-no-harm principle should come first: if any questions could pose harm in a particular context, this should not be posed. Furthermore, as detailed in Box 2, if additional key factors of reintegration have been identified in a given context, additional questions could be posed even though these would not eventually feed into the scoring.

2. What happens when parents, guardians or other children insist on being close to the main participants, or overseeing the research?

You should gently remind them that the child being interviewed should be accorded privacy so that they can answer questions comfortably. If parents/guardians, in particular, insist on being present and listening, check in with the child to see if they are comfortable continuing the interview like this and make a note of parental presence/involvement when taking down information to allow those monitoring the information to keep this in mind as they look at data.

3. How do I select which children to interview?

Prior to beginning data collection, an organizational monitoring preparation meeting (see [Section 4](#)) will identify children to interview. These should be children whose reintegration you wish to monitor. The Toolkit is designed for use with children aged 7 and older. It should not be used with younger children as it is not adapted to their development.

4. Are there minimum or optimum numbers of children to monitor in order to measure reintegration?

The Toolkit is designed to understand each child's individual reintegration experience, so there is no minimum number of children. Any planned use of the Toolkit to measure reintegration levels overall within a population of children who have returned should follow standard protocols for statistical significance and representative sampling.

5. How can I use this Toolkit with children of different ages?

Each tool is targeted towards specific age groups and includes guidance around which children it should be used with. Keep in mind that age is not always a reliable indicator of a child's development; data collectors should also use their own judgement and the symptoms of distress noted previously to decide whether or not a child can be safely interviewed.

6 How can I ensure we include children of different and diverse backgrounds, including children with specific needs?

The sampling approach should be determined during the monitoring preparation meeting. Staff should identify hard-to-reach populations within the target groups and identify adapted approaches to interviewing them (e.g. by liaising with an organization providing support to that subpopulation to identify potential participants and to build comfort in participation). For children with specific needs, data collectors may need to seek out medical advice in cases where they are not sure whether an interview is appropriate.

7 How do I use the data collected?

[Section 3](#) provides guidance on this. Keep in mind this Toolkit is designed to monitor reintegration and **not** to assess programmes' impact.



SECTION 3

EXPLORING MONITORING FINDINGS

As monitoring data is being collected, it should be carefully stored, cleaned and translated (if necessary). Analysis can then begin on individual reintegration journeys and broader reintegration trends in a particular context (when sampling is sufficient and appropriate).

3.1 DATA CLEANING

Data cleaning “refers to the process of altering or removing incorrect data from a database.”¹⁸ The following provide high-level recommendation to doing so with this Toolkit.

For the quantitative data collected using the household survey:

- Ensure the survey is well coded from the start, with skips and restriction to minimize erroneous data entry. Test this extensively during data collector training;
- On a daily basis, upload data collected, to identify obvious inconsistencies in information given, as well as surveys which are:
 - Too short
 - Too long
 - Conducted with respondent outside of the eligible population

Follow-ups should be made with those who conducted any surveys with strange data to see if it can be explained or not;

- Verify the following for whether or not they make sense in the current context:
 - Numerical variables (is, for example, time since return unexpectedly high? This could point to mistaken entry)
 - Locations of research
 - ‘Other’ answers (any other answer corresponding to an existing answer option should be recoded)

Answers which do not make sense should be replaced with a missing answer value.

For the qualitative tools, transcripts should be checked to ensure:

- Responses are being correctly noted and not as reported speech;
- Transcripts are complete and all questions are either answered or an explanation is given for why a question was not answered;
- All answers are legible;
- Translations should be spot checked with back translation to ensure they are accurate;
- All associated visuals should be stored as part of the transcript.

In all cases it is crucial to verify that appropriate consent procedures have been followed and documented. Should cases be found where this has not been done, this should immediately be reported, with follow-ups conducted with the respondent concerned.

¹⁸ Lucia Rost, Amber Parkes and Andrea Azevedo, OXFAM and WE-CARE, Measuring and Understanding Unpaid Care and Domestic Work: Household Care Survey. Part A: Guidance for Planning, Implementing, and Using the Household Care Survey (2020), page 37.

3.2 INTERPRETING FINDINGS

This Toolkit centres on a quantitative survey that will provide a reintegration score for each child interviewed with the child/household survey (children aged 10+). To calculate this score, indicator calculation guidelines and weighing guidelines have been developed.

3.2.1 Calculating each indicator value

The following rules should be followed in calculating indicator values for the child interviewed, once data has been collected.

TABLE 3. CALCULATING INDICATOR VALUES

DIMENSION	INDICATOR	QUESTION	NOTE	ANSWER MAPPING		
	The child's household's income is sufficient to cover its needs.	Is your household's income enough to cover its needs?	Not enough income considered negative. Guardian answer used where available.	Yes = TRUE No = FALSE N/A = FALSE		
Economic	Young children do not work. Youth do not work too much. Young adults do not work more than is considered acceptable by the ILO.	Do you work for pay regularly?	Considered negative for children under the age of 13 if working at all. Considered negative for children between 13 and 16 if work hours exceed 16 hours per week. Considered negative for children and youth over the age of 18 if working more than 48 hours per week as per ILO standards.	If age < 13: Yes = FALSE N/A = FALSE No = TRUE	12 < age < 17 Yes & number of hours per week > 16 = FALSE Yes & number of hours per week < 16 = TRUE No = TRUE	If age > 16 Yes & number of hours per week > 48 = FALSE Yes & number of hours per week < 48 = TRUE No = TRUE

	The child's household is not in debt.	Is your household in debt?	All debt considered negative. Guardian answer used where available.	Yes = FALSE No = TRUE N/A = FALSE
	The child does not remember having had less or worse food because of a lack of money since return.	Do you remember having had less or worse food because of lack of money since you returned?	Worse or less food considered negative.	Yes = FALSE No = TRUE N/A = FALSE
	The child is satisfied or very satisfied with the household's current economic situation*	How is the situation with money in your home?	Bad or very bad considered negative. Guardian answer used where available.	Very bad = FALSE Bad = FALSE N/A = FALSE Ok = TRUE Good = TRUE Very good = TRUE
	The household has savings.	Is your household able to save any money?	No savings considered negative.	No = FALSE N/A = FALSE Yes = TRUE
Social	The child likes the house they live in.	How much do you like the house you live in?	Not liking dwelling considered negative.	Yes, a lot = TRUE Yes, a little = TRUE Neither like nor dislike = FALSE No, I dislike it = FALSE No, I strongly dislike it = FALSE
	The child has at least one official	Do you have at least one official	Not having ID considered negative.	Yes = TRUE No = FALSE N/A = FALSE

	identification document.	identification document?		
	The child lives with a parent or guardian.	Do you live with your family or a guardian?	Not living with guardian considered negative.	Yes = TRUE No = FALSE N/A = FALSE
	The child is happy with the people they are living with.	Are you happy with the people you are living with right now?	Not doing so considered negative.	Yes = TRUE No = FALSE N/A = FALSE
	The child is not subjected to child marriage.	Are you married or are you getting married in the next few months?	All child marriage considered negative.	Yes = FALSE No = TRUE N/A = FALSE
	The child has access to healthcare.	Do you have access to formal healthcare?	Not having access considered negative.	Yes = TRUE No = FALSE N/A = FALSE
	The child has received schooling abroad which is recognized upon return.	Is your schooling abroad recognized here?	Absence of recognition considered negative. Those who have not had access to schooling abroad classed as FALSE.	Yes = TRUE No = FALSE N/A = FALSE
	The child is currently attending school.	Do you go to school currently?	Not going to school considered negative.	Yes = TRUE No = FALSE N/A = FALSE
	The child is currently attending	How often do you attend your classes?	Sometimes and rarely considered negative. No	Very often = TRUE Often = TRUE Sometimes = FALSE

	school regularly.		school attendance at all considered negative.	Rarely = FALSE N/A = FALSE School_ attendance = FALSE = FALSE
Psychosocial	The child regularly participates in social activities.	How often, if at all, do you participate in social activities within your community?	Often and very often considered positive.	Very often = TRUE Often = TRUE Sometimes = FALSE Rarely = FALSE Never = FALSE I returned since COVID-19 has started = FALSE
	The child has friends in the community.	Do you have friends in this community?	No friends considered negative.	Yes = TRUE No = FALSE N/A = FALSE
	The child has access to a space where they can socialize.	Is there a space where you and your friends can safely meet to socialize?	No such space considered negative.	Yes = TRUE No = FALSE I returned since COVID-19 has started = FALSE
	The child is discriminated against due to their returnee status. **	Do you feel that you are treated differently because you are a returnee? If yes: Are you treated more positively or more negatively than others because of this?	Being treated differently <i>and</i> negatively is considered negative.	Not treated differently = TRUE Positively = TRUE Negatively = FALSE I don't know = FALSE Prefer not to say = FALSE

	The child feels like they belong.	Do you feel like you belong to the community?	Not belonging considered negative.	Yes = TRUE No = FALSE N/A = FALSE
	The child does not often experience symptoms of psychological distress.	How often to you experience: - feeling angry - sad - afraid - stressed - lonely - feeling of low self-worth - difficulty concentrating	Experiencing at least one of these often or very often is considered negative.	Number of "often" or "very often" > 1 = FALSE Else = TRUE
	The child feels comfortable and secure outside.	Do you feel comfortable and safe outside of your house?	Not feeling safe considered negative.	Yes = TRUE No = FALSE N/A = FALSE

* Question adjusted in post-piloting phase. Previous wording: How satisfied are you with your household's current economic (financial) situation, with the answer options ranging from satisfied to dissatisfied.

** Question added in post-piloting phase. Previously, when the question "Do you feel that you are treated differently from others because you have come back from abroad?" was asked, all positive answers were deemed negative and scored accordingly. The current phrasing reflects that the child returnee might also be perceived in a more positive light than peers who have not migrated.

3.2.2 Calculating the respondent's reintegration score

A dual approach should be taken to calculating weighing scores for the index, centred on principal component analysis.

PRINCIPAL COMPONENT ANALYSIS

In the context of thematic indices derived from indicator sets, PCA is a form of dimension reduction, whereby a set of variables (the indicators) are reduced to a single (semi-) continuous digest. Once the values of all the indicator (in binary true/false form) have been determined for each subject in the sample,

a set of weights is determined, one for each indicator, so that the variation in the weighted sum of the indicators over the sample is maximized. Using PCA thus reduces the data to a smaller number of dimensions designed to explain as much of the variation/dispersion in the data as possible. The weights computed from observed data produce an index whose scores have maximal variance in the observed sample. It is important to note that all scores and weightings are based on the sample in this study, that is 146 returnee children across five countries. As more data is gathered, the technique should be re-performed to improve the accuracy of the weightings.

Further technical details on the scoring methodology are presented in [Section 5](#).

3.2.3 *Understanding reintegration scores*

The Toolkit includes three means of better understanding reintegration scores:

- The quantitative survey gathers information around demographic variables and other factors identified as being relevant to reintegration (such as participation in decision-making around return). Such variables can be considered alongside the reintegration score; as the sample of returnee children in a particular context grows, regression analyses can be employed to measure which of these are most closely tied to reintegration (although such analyses should in particular consider how representative the interviewed population is).
- The FGDs and KIIs tools will provide further information about a particular context children return to, which can be used to better understand why they have scored well – or not – on particular variables.
- The experiences of children interviewed using case study guidelines may help identify particular barriers to reintegration or strengtheners thereof, which do not appear in the quantitative survey.

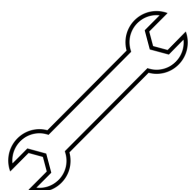
3.2.4 Making sense of findings

The Toolkit will provide data that:

- Allows for the measurement of children's reintegration levels;
- Allows for a longitudinal understanding (if follow-up interviews are conducted) of how reintegration experiences change over time;
- Enables users to 'red flag' any challenges faced by returnee children which go against the rights accorded to them by the UNCRC and require immediate follow up;
- Identifies major support needs for child returnees;
- Identifies previously unrealized challenges to reintegration;
- Can inform programming and partnership approaches suited to the local context of return;
- When sufficient interviews are conducted within one context, offers insight into reintegration trends in a particular location, and how these may compare to adult reintegration trends and needs.

It will not provide findings attributable to specific programming or policy assessments.

Organizations may wish to organize follow-ups with both research participants (circumstances permitting) and other stakeholders relevant to reintegration, to jointly validate findings and discuss next steps from these. The information gathered can be used for reintegration monitoring, but also more broadly for advocacy, and to inform programming development and funding needs.



SECTION 4 THE CHILD REINTEGRATION MONITORING TOOLKIT

This section lays out the tools designed to monitor child reintegration. Prior to use at the country level, a monitoring preparation meeting should be held by key staff. At this meeting, the team should:

1. Confirm the planned purposes of using the tools in the given context and how data will be used, in order to validate that this is an appropriate use of the Toolkit and to ensure the consent forms are precise about purpose.
2. Review the tools to identify any potentially context-related problematic questions. The Toolkit and in particular the quantitative survey have been specifically designed to include questions to monitor child reintegration multidimensionally. Questions should thus only be removed if they pose a risk of harm in the planned context of use. At this point the team can identify if 1–2 additional contextual questions are needed (see Box 2).
3. Develop a recruitment (if needed) and training plan to ensure those administering the tools will do so appropriately.
4. Confirm the sampling plan for the monitoring: which children shall be interviewed? Why? What follow-ups are planned?

TOOLS PROPOSED

1. Child/household survey
2. Child case study guidelines
3. Ecosystem FGD guidelines
4. KII guidelines.

4.1 CHILD/HOUSEHOLD SURVEY

The survey will be conducted with children aged 10–18 (to include aged-out minors). For children who are aged 10–13, a shortened version of the survey will be posed, with additional questions asked to their parents/guardian. In all cases, for children aged 10–18 interviewed using this tool, consent must be gathered from the parents/guardian using the consent form in [Section 5](#); subsequently, assent must also be obtained from the child.

Rationale: Surveys will focus on the situation of children who returned to various contexts, with the inclusion of a limited number of elements on return decisions and processes, other key factors of reintegration, and key indicators identified in the inception phase report (see Table 1). They will enable the research team to:

- Gather information around key indicators of reintegration, allowing for the development of weighing criteria and the creation of reintegration scores for children, by dimension;
- Gather broader information around other factors which may impact reintegration.

Approach: It is IMPORTANT that the interviewer:

- Secures a safe and appropriate interview space;
- Secures relevant consent (firstly, from the child’s parent/guardian and then from the child concerned) at the start of the interview;
- Adopts an informal tone adapted to the age, maturity and profile of the child;
- Exercises caution, be emotionally sensitive and intelligent. If the interviewee is approaching issues that are too sensitive or seem to be causing distress, the interviewer will be responsible for stopping or diverting the interview;
- Allows the respondents to speak freely without interrupting when they wish to express themselves;
- Listens to the respondent respectfully. There is no rush to go to the next question;
- Answers any questions that the respondent has, to make them feel comfortable;
- Recognizes if the respondents are feeling uncomfortable in talking about a particular topic. If this is the case, the interviewer will move on from that question, make a note of it and come back to it in the end, asking the respondents if they are comfortable talking about it at that point.
- Explain what is meant by questions asking about ‘here’ – which refers to the country where the interview is being conducted.

Target population: The monitoring preparation meeting will identify the target population to interview. This tool should only be used with children aged 10 and above. The minimum age of respondents to this quantitative survey has been set at 10 to ensure a basic ability to answer the questions. Nevertheless, age is not a perfect marker of child development. Interviewers should use their own judgement – and tips noted above – to identify cases where the child may not be developmentally ready to answer such a survey.

The “Age range of relevance” column in the questionnaire below clarifies to whom each question is addressed. This will ensure that younger children are not interviewed for too long. These questions will be covered in a separate section for the parents/guardians of the younger children. Youth who have just turned 18 can also be included as aged-out minors

Considerations when administering the questions:

- Questions where the question itself is highlighted in blue will feed into the dimensional score.
- Questions where the question number is highlighted in pink may raise protection concerns.
- **Answers in red require follow-up and potentially referrals.** It is to be noted that these are not exclusive; other answers may also require follow-up.

Interviewer: Confirm that the consent form has been utilized and consent gathered from the parent and the child, and documented, prior to beginning this interview. Can you confirm that consent has been collected from necessary persons? YES/NO (STOP THE SURVEY; DO NOT continue if consent is not given)

<p>FILTER QUESTION 1</p> <p>Have you returned here from abroad?</p> <p>PROMPT</p> <p>SELECT ONE</p>	<p>1. Yes, I have returned from abroad. GO TO FILTER QUESTION 2</p> <p>2. No, I have never lived abroad. THANK THE PERSON FOR THEIR TIME AND END THE INTERVIEW</p>
<p>FILTER QUESTION 2</p> <p>How old were you when you returned here?</p> <p>DO NOT PROMPT</p>	<p>IF ANSWER IS 19 or MORE, THANK THE PERSON FOR THEIR TIME AND END THE INTERVIEW. IF THE ANSWER IS 18, GO TO FILTER QUESTION 3. IF THE ANSWER IS UNDER 18, BEGIN QUESTIONNAIRE</p>
<p>FILTER QUESTION 3</p> <p>Did you return from abroad immediately after your eighteenth birthday?</p> <p>DO NOT PROMPT</p>	<p>1. Yes</p> <p>2. No THANK THE PERSON FOR THEIR TIME AND END THE INTERVIEW</p>
<p>FILTER QUESTION 4</p> <p>What is your current age?</p> <p>DO NOT PROMPT</p>	<p>IF ANSWER IS 22 or MORE, THANK THE PERSON FOR THEIR TIME AND END THE INTERVIEW</p>
<p>FILTER QUESTION 5</p> <p>Are you conducting the interview remotely or in person?</p> <p>DO NOT PROMPT</p>	<p>1. Remotely</p> <p>2. In person</p>
<p>FILTER QUESTION 6</p> <p>Has the respondent received reintegration assistance from IOM (AVRR/PARA)?</p> <p>DO NOT PROMPT</p> <p><i>NB: this can be replaced by users to refer to their own organization, as appropriate</i></p>	<p>1. Yes</p> <p>2. No</p>

Questions to be answered by the enumerator

N°.	QUESTIONS	ANSWERS
A.	Interviewer code	
B.	Date of interview	
C.	Country	
D.	Name of location (village/town/city)	
E.	Type of location	1. Urban 2. Semi-urban 3. Rural

CHILD RETURNEE INTERVIEW

CATEGORY	QUESTION	ANSWERS	AGE RANGE OF RELEVANCE
Respondent background			
1	What is your name?	Text	10-18
2	How old are you?	Numeric answer	10-18
3	What is your gender? (<i>allow the respondent to self-identify and note response accordingly – do not read list</i>) NB: these can / should be adapted in certain country contexts if using this full list could put interviewers or participants at risk. IMPORTANT: Enumerators should not prompt any answer under this question but instead select or indicate the option that better reflects the respondent's answer.	Do not prompt. Select one a) Woman b) Man c) No gender d) Non-binary e) Trans/transgender f) Trans/transgender man g) Trans/transgender woman h) Identifies as: (specify) i) Prefer not to disclose	10-18
4	Do you speak the local language here/one of the common languages here fluently?	Do not prompt. Select one a) Yes b) No (skip to 5)	10-18
4b	Do you read and write this language?	Do not prompt. Select one a) Yes, read b) Yes, write c) Yes, both read and write	10-18

		d) No, neither	
5	Time since return (months)	Numeric answer	10-18
5b	Have you returned since the COVID-19 pandemic began?	a) Yes b) No c) I don't know	10-18
6	In which country were you born?	Do not prompt	10-18
6b	In which country were you living before coming back here? <i>'Here' is the country where the interview is being conducted</i>	Do not prompt. List	10-18
6c	How much did you like living there? <i>'There' is the country where the child was living abroad</i>	a) A lot b) A little c) Neither liked not disliked d) I disliked it e) I strongly disliked it f) Prefer not to say	10-18
7	How long in total did you live abroad? (months)	Numeric answer	10-18
8	Were you with a parent/legal guardian there?	Do not prompt. Select one. a) Yes b) No c) I don't know d) Prefer not to say	10-18
9	Were you involved in the decision to return? <i>Involved meaning someone asked you your opinion before the decision was made and listened to what you said.</i>	Do not prompt. Select one. a) Yes b) No c) I don't know d) Prefer not to say	10-18
10	Did you agree with the decision to return?	Do not prompt. Select one. a) Yes b) No c) I don't know d) Prefer not to say	10-18
10b	If NO to 10, Why did you not want to return? <i>('here' refers to location where child is currently living)</i>	Do not prompt. Multiple answers possible a) I do not feel safe here b) My friends are not here c) I had plans for my life elsewhere d) I do not belong here e) Other (specify) f) Prefer not to say	10-18

11	Once the decision to return was made, did you or your family receive any help to prepare your return?	Do not prompt. Select one. a) Yes b) No (skip to 13) c) I don't know d) Prefer not to say	14-18
12	What type of help did you get before your return?	Do not prompt. Multiple answers possible a) Family tracing and reunification b) Documentation c) Travel costs/Transportation d) Accommodation before departure (<u>somewhere to stay before leaving</u>) e) Food before departure f) Non-food items before departure g) Accommodation on arrival (<u>somewhere to stay when you got here</u>) h) Counselling (including PSS) i) Other forms of psycho-social support j) Information k) Medical support l) Cash (<i>reinsertion grant</i>) m) Spoke to representatives of organizations located in my country n) Specific reintegration plan o) Other (specify _____) p) I don't know q) Prefer not to say	14-18
13	Are you or your household receiving support from any organization right now?	a) Yes b) No (skip to 14b) c) I don't know (skip to 14b) d) Prefer not to say (skip to 14b)	14-18
14	If yes, what support are you receiving?	Do not prompt. Multiple answers possible. a) Documentation b) Community support c) Legal advice d) Access to the education system e) Re-adaptation classes designed for returnees f) Language classes designed for returnees g) Financial support h) Counselling	14-18

		<ul style="list-style-type: none"> i) Other forms of psychosocial support (including support in establishing a social network) j) Medical support k) Accommodation and shelter l) Non-food items m) Employment support to the household n) Other financial support to the household o) Other (specify) p) I don't know q) Prefer not to say 	
14b	<p>What support would you most need?</p>	<p>Do not prompt. Multiple answers possible.</p> <ul style="list-style-type: none"> a) Documentation b) Community support c) Legal advice d) Access to the education system e) Re-adaptation classes designed for returnees f) Language classes designed for returnees g) Financial support h) Counselling i) Other forms of psychosocial support (including support in establishing a social network) j) Medical support k) Shelter l) Employment support to the household m) Other financial support to the household n) Other (specify) o) I don't know p) Prefer not to say 	14-18
Economic indicators			
15 Main household source of income	<p>Is your household's income enough to cover its needs?</p> <p><i>Does your household earn enough money to pay for food, shelter, and other basic needs?</i></p>	<p>Single answer, do not prompt</p> <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	14-18

16 Involvement of child in income-generating activities	Do you work for pay regularly? If yes, please specify hours per week	Single answer, do not prompt a) Yes _____ hours b) No c) I don't know d) Prefer not to say	10-18
17 Household indebtedness	Is your household in debt? <i>Does your household owe money to someone?</i>	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	14-18
18 Food security	Do you remember having had less or worse food because your household didn't have enough money, since you came back?	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
19 Self-assessment of economic situation satisfaction	How is the situation with money in your home?	Single answer, do not prompt a) Very good b) Good c) OK d) Bad e) Very bad	10-18
19b Self-assessment of economic situation satisfaction	Why is the situation with money in your home bad?	Multiple answers possible, do not prompt a) My household does not have enough money for its basic needs (e.g. eat) b) My household cannot pay bills c) I have to work to support my household d) Other (specify) e) Prefer not to say	10-18
20 Ability to save	Is your household able to save any money?	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
Social indicators			
21 Adequate housing situation	How much, if at all, do you like the house you live in?	Single answer, do not prompt a) A lot (skip to 23) b) A little (skip to 23) c) Neither like nor dislike (skip to 23) d) I dislike it	10-18

		<ul style="list-style-type: none"> e) I strongly dislike it f) I don't know (skip to 23) g) Prefer not to say (skip to 23) 	
22 Adequate housing situation	<p>Are you protected from outside elements in the house where you live?</p> <p><i>When it rains, snows, is windy, or extremely hot or cold – do you feel it?</i></p>	<ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	10-18
23 Access to documentation	<p>Do you have at least one official identification document, for example, a passport, birth certificate, or national ID?</p>	<p>Single answer, do not prompt</p> <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	10-18
24 Access to family/guardians	<p>Do you live with your family or a guardian now?</p> <p><i>Guardian can include non-immediate family members – essentially, is there an adult responsible for the minor in question with whom they live?</i></p>	<p>Single answer, do not prompt</p> <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	10-18
24b Access to family/guardians	<p>If no, why not?</p>	<p>Multiple answers possible, do not prompt</p> <ul style="list-style-type: none"> a) I do not wish to live with them b) I have no family c) They do not want me to live with them d) I cannot find them e) I need to live elsewhere because of money f) Other (specify) g) I don't know h) Prefer not to say 	10-18
25 Access to family/guardians	<p>Are you mostly happy with the people you are living with right now?</p>	<p>Single answer, do not prompt</p> <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say e) Not applicable, I live alone 	10-18
25b Access to family/guardians	<p>If no, why not?</p>	<p>Multiple answers possible, do not prompt</p> <ul style="list-style-type: none"> a) They do not treat me well b) I would prefer to live elsewhere c) We argue a lot d) Other (specify) _____ e) I don't know 	10-18

		f) Prefer not to say	
26 Access to family/guardians	Are you married or are you getting married in the next few months? <i>Note to enumerator: if the child is under the legal age of marriage in this country and says "yes", referral procedures should be followed. This question should be asked sensitively; in no way should it be implied that parents are planning this.</i>	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
27 Access to health services	Do you have access to good quality formal health care (clinic, hospital) if you need it? <i>Not considering money, is there a clinic or hospital where you can get treated nearby, that will give you good quality treatment?</i>	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
28 Access to education	Did you go to school while abroad?	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
28b Access to education	Is your schooling abroad recognised by the schools here? <i>'Here' is the country where the interview is being conducted</i>	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
29 Access to education	Do you go to school at the moment?	Single answer, do not prompt a) Yes b) No (skip to 30b) c) I don't know (skip to 30b) d) Prefer not to say (skip to 30b)	10-18
30 Access to education	How often do you go to classes?	Single answer, do not prompt a) Very often (skip to 31) – every day b) Often – most days c) Sometimes - some days d) Rarely – few days e) Never f) I don't know g) Prefer not to say	10-18
30b	Why do you not go to school regularly?	Multiple answers possible. Do not prompt a) I have to work	10-18

Access to education		<ul style="list-style-type: none"> b) I am tired c) I do not want to go d) My household does not let me go e) It is not safe to go f) I am not treated well by other students g) I am not treated well by the teacher(s) h) I do not have the right documents to go to school i) School is too far away j) My household cannot afford it k) Other (specify) l) I don't know m) Prefer not to say 	
Psychosocial dimension			
31 Social and community involvement	How often, if at all, do you participate in social activities within your community? <i>Note to enumerator: this can include attending events, visiting people who aren't related to the child, playing sports and games, etc).</i>	Single answer, do not prompt <ul style="list-style-type: none"> a) Very often b) Often c) Sometimes d) Rarely e) Never f) I don't know g) Prefer not to say 	10-18
32 Social and community involvement	Do you have friends in this community?	Single answer, do not prompt <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	10-18
32b Social and community involvement	Is there a space where you and your friends can safely meet? <i>For example, at each other's homes, or at a park outside, or a club for children?</i>	Single answer, do not prompt <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	10-18
33 Social and community involvement	Compared to before you came here, do you see friends more or less often? <i>'Here' is the country where the interview is being conducted</i>	Single answer, do not prompt <ul style="list-style-type: none"> a) More often b) Less often c) I'm not sure d) I don't know 	10-18

		e) Prefer not to say	
34 Non-discrimination	Do you feel that you are treated differently from others because you have come back from abroad?	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
34b	Are you treated more positively or negatively than others because of this?	Single answer, do not prompt a) Positively b) Negatively c) I don't know d) Prefer not to say	10-18
35 Feeling of belonging	Do feel like you belong to the community where you live at the moment?	Single answer, do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
36 Signs of distress	How often, if at all, do you feel the following: Anger Sadness Fear Loneliness	For each: Single answer, do not prompt a) Often – most days b) Sometimes – some days c) Rarely/Never – few days or not at all d) I don't know e) Prefer not to say Note for enumerators: if the child responds very often to these, consider whether there is an appropriate referral for support which could be made	10-18
36 Feeling safe and secure in daily activities	Do you feel comfortable and safe outside your house? <i>Are you able to go outside your house without being worried about your safety?</i>	Select one; do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
36b Feeling safe and secure in daily activities	Do you feel comfortable and safe inside your house? <i>This question should only be posed when the parent/guardian is not closely listening to all answers, to avoid putting the child at risk</i>	Select one; do not prompt a) Yes b) No c) I don't know d) Prefer not to say	10-18
37	Is there anything more you would like to tell me about your experience	Select one; do not prompt a) Yes	10-18

Follow-up on tool	coming back here, which we have not discussed?	<ul style="list-style-type: none"> b) No (end survey) c) I don't know (end survey) d) Prefer not to say (end survey) 	
38 Follow up on tool	Please tell me	Text	10-18
THANK YOU FOR YOUR TIME			
Questions for parents/guardians			
1	Did you return from abroad with the child interviewed?	<ul style="list-style-type: none"> a) Yes b) No (Skip to 2) 	Parents/ guardians of 10–14-year-olds
1b	Did you or anyone else consult/discuss with the child the question of return before the decision was made to return?	<ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	Parents/ guardians of 10–14-year-olds
2	Once the decision was made to return, did your household/this child receive any help to prepare your return?	Do not prompt. Select one. <ul style="list-style-type: none"> a) Yes b) No (Skip to 4) c) I don't know d) Prefer not to say 	Parents/ guardians of 10–14-year-olds
3	What type of support did you/this child get before your return?	Do not prompt. Multiple answers possible <ul style="list-style-type: none"> a) Family tracing and reunification b) Documentation c) Travel costs/Transportation d) Accommodation before departure (<i>somewhere to stay before leaving</i>) e) Food before departure f) Non-food items before departure g) Accommodation on arrival (<i>somewhere to stay when you got here</i>) h) Counselling (including PSS) i) Information j) Medical support k) Cash (reintegration grant) l) We spoke to representatives of organizations m) Specific reintegration plan n) Other (specify_____) o) I don't know 	Parents/ guardians of 10–14-year-olds

		p) Prefer not to say	
4	Are you or this household currently receiving support from an organization or the government? (should consider support from any/all organizations)	Do not prompt. Single answers a) Yes b) No (skip to 6) c) I don't know (skip to 6) d) Prefer not to say (skip to 6)	Parents/ guardians of 10–14-year- olds
5	If yes, what support are you receiving?	Do not prompt. Multiple answers possible a) Documentation b) Community support c) Legal advice d) Access to the education system e) Re-adaptation classes designed for returnees f) Language classes designed for returnees g) Financial support h) Counselling i) Other forms of psychosocial support j) Medical support k) Accommodation and shelter l) Non-food items m) Employment support to the household n) Other financial support to the household o) Other (specify) p) I don't know q) Prefer not to say	Parents/ guardians of 10–14-year- olds
6	In your opinion, what type of support does this child most need?	a) Documentation b) Community support c) Legal advice d) Access to the education system e) Re-adaptation classes designed for returnees f) Language classes designed for returnees g) Financial support h) Counselling i) Other forms of psychosocial support (including support in establishing a social network)	Parents/ guardians of 10–14-year- olds

		<ul style="list-style-type: none"> j) Medical support k) Shelter l) Employment support to the household m) Other financial support to the household n) Other (specify) o) I don't know p) Prefer not to say 	
7 Main household source of income	Is your household's income enough to cover its needs?	<p>Single answer, do not prompt</p> <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	Parents/ guardians of 10–14-year-olds
8 Household access to credit	Is your household in debt?	<p>Single answer, do not prompt</p> <ul style="list-style-type: none"> a) Yes b) No c) I don't know d) Prefer not to say 	Parents/ guardians of 10–14-year-olds
9 Self-assessment of economic situation satisfaction	How satisfied are you with your household's current economic situation?	<p>Single answer, do not prompt</p> <ul style="list-style-type: none"> a) Satisfied b) OK c) Dissatisfied d) I don't know e) Prefer not to say 	Parents/ guardians of 10–14-year-olds
For the interviewer:			
	Are there any other major points of concern you would underline, observed during this interview?	<i>Open-ended answer</i>	

4.2 CHILD CASE STUDIES

The child case studies are to be conducted with children who have returned from abroad. Two separate sets of guidelines are proposed based on the child's age:

- One set of case study guidelines for children aged 7–9;
- One set of case study guidelines for children aged 10–18.

Considerations when administering the case study:

- Questions highlighted in pink may raise protection concerns.
- The set of case study guidelines for children aged 10-18 includes a few elements relevant only for older children. These are written in purple.

Rationale: Qualitative discussions will further unpack reintegration in a particular context. They are designed to:

- Provide additional insights into the experiences of child returnee subgroups, including those which have been identified as particularly vulnerable;
- Ensure users can identify context-specific factors of reintegration not touched upon in the quantitative survey;
- Allow for a means of exploration of the experiences of younger children;
- Factor into the mapping of the ecosystem to which children return.

Approach: It is IMPORTANT that the interviewers:

- Secure relevant consent (firstly, from the child's parent/guardian and then from the child concerned) at the start of the interview;
- Adopt an informal tone adapted to the age and profile of the child and help the child understand the questions by reframing them if needed;
- Exercise caution, be emotionally sensitive and intelligent. If the interviewee is approaching issues that are too sensitive or seem to be causing upset, the interviewer will be responsible for stopping or diverting the interview;
- Allow the respondents to speak freely without interrupting at any point where they wish to express themselves;
- Listen to the respondent respectfully. There is no rush to go to the next question;
- Answer any questions that the respondent has to make them feel comfortable;
- Recognize if the respondents are feeling uncomfortable in talking about a particular topic. If this is the case, the interviewer will move on from that question, make a note of it and come back to it in the end, asking the respondents if they are comfortable talking about it at that point.

Target population:

The minimum age for respondents to these case studies is 7. The youngest children (7–9) will be interviewed using a separate tool from the older children.

All children interviewed should be at least 7. These tools are not designed for use with younger children.

4.2.1 Case study guidelines: children aged 7–9

Interviewer: confirm that the consent form in [Section 5](#) has been utilized and consent gathered from the parent and the child, and documented, prior to beginning this interview.

Can you confirm that consent has been collected from necessary persons? YES/NO (STOP THE SURVEY; **do NOT continue if consent is not given**)

Remember: for all children interviewed, parents/guardians must also give their consent.

Date of interview: _____

Country: _____

Location: _____

Interviewer name: _____

Case study language: _____

Case study details

Name	
Phone number	
Current age	
Age at return	
Gender IMPORTANT: Enumerators should not prompt any answer under this question but instead select or indicate the option that better reflects the respondent's answer.	
Country of birth	
Country from which returned	
Location of Interview	
Date and time	
Language	

I EXPLORING CONTINUITY OF EXPERIENCES (10–15 minutes)

1. Can you tell me about your life before coming back here? *Where did you live? Who did you live with? What was it like?*
2. Can you tell me about your life here? *Who do you live with? What do you do most days?*
3. [INTERACTIVE] Do you have any of your favourite things (toys, etc.) here? *Can you show it to me? (When conducting interview at home). Why is this one of your favourite things?*

II ECOSYSTEM – UNDERSTANDING KEY PEOPLE IN THE CHILD'S UNIVERSE (5–10 minutes)

4. Who are your favourite people here? *Why? This is geared towards people the child knows personally rather than say, celebrities. If the child initially responds with celebrities, note this, and continue to probe on anyone within their local universes as well. For example, this could include a parent, a friend, a teacher, a sibling, etc.*
5. How are the other children in this place with you? *Do you see them a lot? Why/why not? If yes, what do you like to do with them??*

III DRAWING – BRINGING OUT KEY ASPECTS OF LIFE IN THE PLACE OF INTERVIEW (10–15 minutes)

6. Can you draw here a picture of the most important parts of your life here? *What are the best parts of living here?*
7. The enumerator should allow the child 5–10 minutes to draw. If they wish to stop earlier, let them.
8. Once the child is done drawing, ask them about their drawing: *Can you tell me about your picture? Why have you chosen to draw these things? If the child does not say much, ask follow-up questions pointing at different elements: What is this? Why is it important?*

NB: In contexts where COVID-19 is a concern, any crayons used should be disinfected between interviews. If budgets permit, it is recommended to simply the process by gifting them to the child concerned.

VERBAL ADAPTATION

In a case where the child does not wish to, or cannot, draw, the above can be posed as a verbal question and answer session. Rather than ask why they have drawn the selected elements, the interviewer should follow up to the initial question (for example, “what are the best parts of living here? Can you tell me about the most important parts of your life here?”) to carefully draw out details about these experiences.

4.2.2 Case study guidelines: children aged 10–13 and 14–18

DO NOT USE THE GUIDELINES BELOW WITH YOUNGER CHILDREN

Considerations when administering the case study:

- Questions in purple are only for older children (14–18)
- In red, you will find alternative rephrasing for certain questions, in case the child needs further clarification.
- Questions where the question number is highlighted in pink may raise protection concerns.

Interviewer: confirm that the consent form in [Section 5](#) has been used and consent gathered from the parent and the child, and documented, prior to beginning this interview.

Can you confirm that consent has been collected from necessary persons? YES/NO (STOP THE SURVEY; do NOT continue if consent is not given)

Case Study Details

Name	
Phone number	
Current age	
Age at return	
Gender IMPORTANT: Enumerators should not prompt any answer under this question but instead select or indicate the option that better reflects the respondent's answer.	
Country of birth	
Country from which returned	
Location of Interview	
Date and time	
Language	

I. MIGRATION HISTORY

“I would like to start by asking a few questions about your history prior to your return here, to better understand how this have influenced your return experience.”

First, the enumerator will ask an open question and will then follow up on the sub-questions as needed to prompt further information.

1. Can you tell me about your life abroad?
 - a) Did you go to school/attend any sorts of trainings? If yes, can you tell us more about this?
 - b) Can you tell me about your living situation? Where did you live (what type of accommodations? *What was your living space/home like?*)? With whom?
 - c) Did you feel like you belonged there? Why?
 - d) If UASC: did you have a legal guardian to take care of you and give you information and explanations, especially about the return?
2. Can you tell me about the decision to return?

- a) Were you interviewed by anyone about the decision to return? Was this done in a language you fully understood or with a translator? If yes, did you feel like your opinion was taken into account? Did anyone speak to you before you came back, about your possibly coming back? If so, who? Was the conversation clear to you? Did you feel like they listened to you? Why or why not?
 - b) Who made the decision for your return? Did you agree? Why/why not?
 - c) With whom, if anyone, did you return?
 - d) How long ago did you return? (precision needed to the month: e.g. November 2017)
3. Were you looking forward to coming back here? Why or why not?
4. Is there anything else about the process of return which you would like to tell us about? You can do so at any time, now or later.

NB: Many children have had difficult experiences while abroad. They should not be pushed to provide further information, but should they wish to, the interviewer should take an active listening approach and let them express themselves. Special notes should be taken – and followed up on – on any points raised requiring referrals.

II. NETWORK MAPPING – UNDERSTANDING THE ECOSYSTEM (5–10 MINUTES)

The objective here is to understand the children's social networks and key sources of support.

Take a piece of paper and draw a circle. Write the child's name in it. Draw a second circle around the first, and ask the adolescent:

1. Who are the people to whom you are closest/who support you? We will write their names/roles in this circle (e.g. my mother, my brother, my best friend, my teacher). **Who are the most important people in your life? For each one, can you tell me what they do to help you? Ask the child to explain: why are these people the most important? How have they supported the child? Write down responses for each.**
2. Now, draw a second, bigger circle. Who are other people within this community with whom you interact frequently? Let's write their names/roles here (e.g. my neighbour, the doctor, the community leader, my cousin). **Who else do you see a lot apart from these important people you have already listed? Where do you usually see them? Why do you see them? Ask the child to explain: what types of interactions do they have with these persons? Are they positive or negative?**
3. For those cases where no one from the host community was mentioned, draw a third circle and explicitly probe around experiences with host community members. How have they interacted with host community members, if at all?

“Thank you for sharing this information. This is very important for us to understand your experience.”

III. LIFELINES – THE REINTEGRATION EXPERIENCE (20–30 MINUTES)

Note to the enumerator: You will find many questions in this section. It is not expected that you will need/use all of them while interviewing the child. Questions 1-4 are designed to help you draw out answers if the interviewee is not very talkative, or does not understand the high-level questions posed. Focus on those elements and topics most relevant to the child.

Drawing the lifeline

I am now going to ask you to help me create a picture that reflects the events in your life since your return here.

1. Interviewer sets out a piece of paper and a number of coloured pens. Draws timeline in the middle of the paper. Marks the beginning of the timeline with the participants' return to the current context, and about three quarters of the way along the line mark the current year. *NB: Positive events shall be marked above the line while negative events will be marked below the line.*

Let's start by marking down the most important moments since your return here (both those relevant to this study and life events/turning points in your lives). This can include personal events like seeing important people in your life as well as moments like going back to school. We can do this together.

Pretend this line represents your life since you have come back here. See, here (point to the start) is when you came back, and here (point to the current date) is today! We can mark today as an event on the line like this. Can you tell me about other important things that have happened since you came back? This could be people you have seen, but also moments like going back to school or starting some work.

2. *Can you take me through these events and tell me more about them? The interviewer encourages the participant to pick up a marker and add the event on the line, but will do it themselves if the participant does not wish to do so. Considering the varied contexts of children and that some of them may not be entirely familiar with this interactive approach, if the participant wishes to first play a little with the markers, do give them the time to become accustomed to the markers. The interviewer continues to ask about important events and facilitates marking them down. If not raised spontaneously, the interviewer can probe around key factors of reintegration like child labour, school attendance, interactions with friends, provision of support, etc.*

When speaking to older children (14–18) the interviewer may include friendly questions asking them about how these events are perceived: positively, negatively or neutral. If not raised spontaneously, the interviewer may also probe around interactions with officials as a factor of reintegration.

NB: some children will struggle to speak about events since their return, in particular if they have returned recently, or to a context where they cannot attend school or have limited social interactions. If so, the interviewer may probe asking questions around if they have seen anyone important to them, what do they do during the day and so on in order to delve into smaller events that may still be relevant.

3. *We would like to now dig a little more deeply into your experiences since return. We would like to specifically understand your access to services, your well-being and your household's well-being, to better understand your life here since return. Do you feel like you are treated differently than other children who did not ever live abroad? What is your life like at this moment? Do you go to school? Do you work?*
4. *We would like to better understand your life here. What are your favourite things in your life right now? What about: being able to go to school or to the doctor if needed, feeling safe, feeling part of the community?*

In answering the above 4 questions, the interviewer can ask the participant to share 2–3 stories of their experiences on topics such as those below. It is not expected that the child will answer questions on each topic. Rather, these are listed here as examples of directions in which to push the conversation around the lifeline. In the discussion of the participant's experience, it is important for the interviewer to take full notes without interrupting. Once the stories have been shared, the interviewer can probe for more details and add these further events into the lifeline. Relevant topics include:

1. Economic interactions;
2. Access to services (health, education, water/food);

When speaking to older children (14–18), the interviewer may also cover sanitation and electricity as part of access to services.

3. Protection needs;
4. Social interactions;
5. Feelings of belonging or exclusion;
6. Safety and security;
7. Factors of vulnerability.

NB: it important that these stories be well detailed. If the child only gives 1–2 lines or simply repeats the event named, the interviewer should ask follow-up questions to draw out more details.

5. Finally, thinking about the life ahead of you as a young person: what do you expect will happen to you in the future? *What are your dreams and aspirations for your future? How do you imagine your future? What would you like to happen?*

EXPECTED OUTPUT

- Detailed timeline of key positive and negative events;
- Separate explanatory notes for each of these.

IV. CLOSING QUESTION (5 MINUTES)

If you could speak to decision makers here about how to help people like you who have returned, what would you tell them?

4.3 ECOSYSTEM FOCUS GROUP DISCUSSION

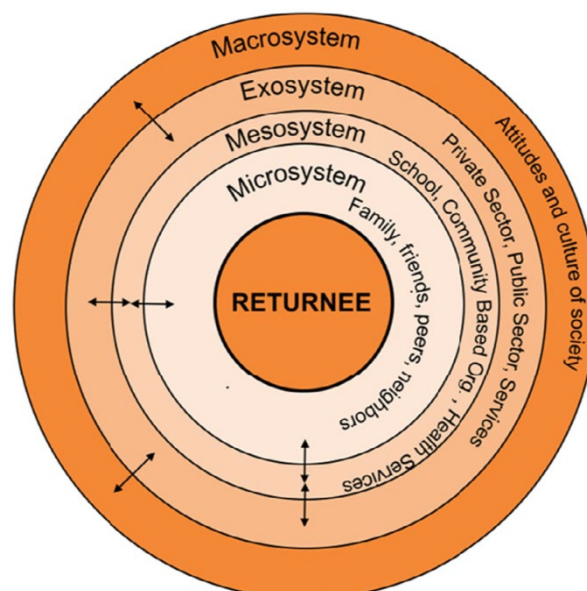
Note for the interviewer

The aim of this FGD is to understand the role of people, institutions and other stakeholders in the child's reintegration process, drawn from the network mapping. The layers of actors are what we call the "ecosystem" surrounding the child.

FGD Guidance:

- Secure consent at the start of the interview.
- Attribute a code to each participant. Make sure to write exactly what was said during the conversation, and who said it. Write the participant's number at the beginning of each quote. Write complete sentences. Do not summarize.
- The tone of the FGD should be informal and the participants shall be encouraged to express their opinions and concerns anonymously. Please make sure that all participants have their voice heard. Do not let one person take control of the discussion.
- This has to be an open group discussion: respondents should not answer each in turns, but have a conversation, a dialogue about the topics.
- Take notes in the language spoken during the discussion.
- When required by the context, separate FGDs will be held for male and female respondents.
- Do not filter the discussion or elaborate on more than what has been said. Stay as close as possible to what exactly was said.

Figure 5. The ecosystem model applied to return



Sampling criteria:

Respondents must be key adult figures in the ecosystem of child returnees. It is expected that this will target primary respondents at the micro and mesosystem level (see Figure 5), who can provide further information around the ecosystem and macrosystem.

- Parents/guardians or other close relatives of returnee children;
- Teachers of returnee children;
- Social workers/community workers supporting returnee children;
- Local community leaders who engage with issues around reintegration.

Note that the participant group should include a variety of types of participants, namely not just teachers or just parents. 5–7 participants should be included.

Interview details

FGD number	
Name of the facilitator	
Location of the FGD (city, province, country)	
Date of the FGD	
Language of the FGD	
Start time	
End time	

Interviewer: confirm that the consent form in [Section 5](#) has been used and consent gathered from the FGD participants, and documented, prior to beginning this interview.

Can you confirm that consent has been collected from all of the FGD participants? YES/NO (STOP THE SURVEY; do NOT continue if consent is not given)

Participants

Code	Name	Gender*	Age	Link to returnee children	Profession/occupation	Phone number

* **IMPORTANT:** Enumerators should not prompt any answer under this question but instead select or indicate the option that better reflects the respondent's answer.

Code	Consent given?

I. LINK TO CHILD RETURNEES (10 MINUTES)

Thank you all for participating today. You gathered because you have a link to one or more child returnees in this area. We would like to begin with introductions. Can you tell us about your link/role with child returnees here, and how long you have been interacting with children like this?

II. ACTOR MAPPING (30 MINUTES)

We are particularly interested in understanding who are the key actors that child returnees interact with in this location. Together, I would like us to brainstorm a list of such people and to elaborate on the importance of each, and why. *NB: if interactions are limited due to COVID-19, this should be noted, and actors should be asked about the situation in non-COVID-19 situations.*

Together, the group should generate a list of actors, commenting for each of them how important they are in the lives of child returnees, particularly with regards to reintegration, and why/how they are important. Make sure to note any debates around the relative importance of actors discussed. If the group struggles to come up with ideas, prompting can be used for such actors as:

- Family and relatives;
- Friends and neighbours;
- Refugee/host community;
- Traders, merchants, small business owners;
- Basic services providers (doctors, teachers);
- Media;
- Community-based organizations, CSOs, NGOs;
- Community leaders;
- Administration/government;
- Policy environment/legal rights.

III. UNDERSTANDING HOW ACTORS INFLUENCE THE DIFFERENT DIMENSIONS OF REINTEGRATION (30–45 MINUTES)

We would like to better understand what helps children reintegrate. Specifically, we would like to discuss how the child returnees you see here are faring across key dimensions of reintegration - economic, social and psychosocial.

ECONOMIC: *How would you describe children's economic situation after they return? What do the actors mentioned above, and others like you, do to support this? Can you tell us specifically about organizations and others offering support here, and how helpful (or not) it is? What risks and challenges do you foresee in this dimension for child returnees??*

SOCIAL: *Can you describe child returnee's access to services (education, health, documentation) in this area after they return? What do the actors mentioned above, and others like you, do to support this? Can you tell us specifically about organizations and others offering support here, and how helpful (or not) it is? What risks and challenges do you foresee in this dimension for child returnees?*

PSYCHOSOCIAL: *How are children perceived upon their return? What do the actors mentioned above, and others like you, do to support this? Can you tell us specifically about organizations and others offering support here, and how helpful (or not) it is? What risks and challenges do you foresee in this dimension for child returnees??*

NB: it is very important to document here which actors are doing what.

IV. *RECOMMENDATIONS (10–15 MINUTES)*

What do you think are the best practices to support children's reintegration, and how can they best be supported to reintegrate?

4.4 KEY INFORMANT INTERVIEW GUIDELINES

The following KII guidelines have been designed for the purposes of this research rather than for integration within the Toolkit; however, they may be useful in seeking to better understand the reintegration context, to be adapted by staff working in the field to the local context.

KII respondents will be selected from the following:

- Reintegration actors (government, INGO/United Nations, NGO representatives);
- Child protection and human rights actors, in particular CSOs;
- Returnees who are involved in working with other returnees or representing their communities.

Two sets of guidelines have been developed: the first one covers the first three categories, with specific sub-questions for each group, while the second one targets returnee KIIs (fourth category).

DATE:

INTERVIEWER NAME:

PLACE OF INTERVIEW:

INTERVIEW TIME (START AND END):

NAME:

ORGANISATION:

POSITION:

GENDER*:

EMAIL:

TELEPHONE:

* **IMPORTANT:** Enumerators should not prompt any answer under this question but instead select or indicate the option that better reflects the respondent's answer.

INTRODUCTION

Thank you very much for your willingness to spend your time with me/us and be part of this interview. We are conducting this interview for the purpose of monitoring sustainable reintegration and collecting examples of good practices regarding the reintegration of minors on return.

CONFIRM INTERVIEW TIME FRAME: The interview will take about 1 hour and you can stop the interview at any time.

EXPLAIN CONFIDENTIALITY: Everything that has been said will remain confidential and will only be used in the context of the evaluation/academic purposes. We will be taking notes of the discussions, yet we will ensure that contributions remain anonymous and are not assigned to individuals.

PERMISSION: Are you willing to participate in this interview?

YES, informed consent provided (if not provided, discontinue).

ASK PERMISSION TO RECORD: If you do not mind, I would like to record this conversation, solely for the purpose of having a backup of what you say in case I am not able to write everything down. Is that alright? If you are not okay with it, we will be taking notes during the conversation only (if no permission, take written notes only, if yes, proceed to record).

ANY QUESTIONS? Before we begin, what questions do you have about this discussion?

4.4.1 Key informant interview guidelines for reintegration actors, child protection and human rights actors

I. ROLE/BACKGROUND (5 minutes)

1. Can you please tell me about your role within this department/organization/community? Specifically, which aspects of your work/activities relate to returnee children?

For government actors:

2. What is the specific mandate of your department with regards to child returnees in this context?

II. TRENDS IN CHILD REINTEGRATION (15 minutes)

3. Which, if any, trends in child reintegration can you identify in this context? Probe around different types of child returnees (voluntary/not voluntary, accompanied/not accompanied, older/younger, girls/boys).
4. Specifically, what do you see as the key factors contributing to a child's reintegration (age, migration status, gender, gender expression, sexual orientation, sex characteristics, disability, education, language skills, time spent abroad, familiarity with location of return, etc.) in this context? Which of these are most important? Why?

Note: you can adapt the list of factors proposed if needed in a particular context.

5. In what ways do child returnees' reintegration pathways differ from those of adults here?

For actors working on children's rights:

6. Which child-specific rights must especially be taken into account when considering child reintegration here? Why is this?

III. MONITORING CHILD REINTEGRATION (15 minutes)

7. How, if at all, is child reintegration being monitored by your organization? What do you think are the key indicators to consider when monitoring child reintegration across contexts? Why is this?
8. Do you know of other organization/institutions specifically working to monitor child reintegration? If so, how are they doing so?
9. What challenges, if any, do you see in monitoring child reintegration?

IV. EXISTING PROGRAMMING AROUND CHILD REINTEGRATION (15 minutes)

10. *Only for actors with knowledge of social protection services locally.* What access to social protection services (around income, mitigation of negative coping strategies such as child labour, school dropout, and more broadly investing in children's development through health and educational services) do child returnees here have? How, if at all, does this differ from children in this area more broadly? Why?
11. Are you aware of any other good practices and/or lessons learned around reintegration activities targeting children? Please specify. How are these implemented? Why do you find these to be good practices or lessons learned?

For each programme referenced, please fill out the following table in addition to taking down further information around who, what, when, why and where of the programme.

KEY CRITERIA	RANK ON A SCALE FROM 1 (LOW) TO 5 (HIGH)	DETAIL HOW THESE ARE CONSIDERED
<p>Protection standards. How does this programme take into account/address protection standards?</p>		
<p>Safeguarding. To what degree does this programme take into account safeguarding in its implementation? Note also the level of attention paid to safeguarding within the organization.</p>		
<p>Local actor participation. To what degree are local actors involved/leading this initiative?</p>		
<p>Family and relatives' inclusion. How are children's networks, in particular families and relatives, taken into account by the programme?</p>		
<p>Child participation. How are children's voices taken into account in this programme?</p>		

12. Based on your experience, what are the key challenges that child returnees must overcome here?
Where do you see opportunities to better support them in reintegrating?

4.4.2 Key informant interview guidelines for returnees

I. ROLE/BACKGROUND (5–10 minutes)

1. Can you please tell me about your role within this community?
2. Specifically, how are you involved with returnees within this community/representing them? In doing so, do you make a difference between adult and child returnees? Why/why not?

II. FACTORS IN CHILD REINTEGRATION (10–15 minutes)

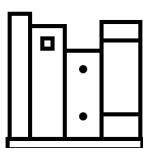
3. In your opinion, which are the key factors that impact child returnees' reintegration? Why have you identified these?
4. Which, if any, specific factors do you think are ignored when talking about **child** reintegration? Which should be considered? Why do you think these are not considered?

III. COMMUNITY PERCEPTIONS (10–15 minutes)

5. How do communities here perceive returnees in general? Why is this? *Specifically probe around the perception of child returnees in particular, the possible stigmatization of child returnees, to understand which element(s) of their stories, specifically, contribute(s) to this stigmatization.*
6. Are different types of child returnees perceived differently? For example:
 - a. Younger versus older children
 - b. Girls versus boys
 - c. Children of a particular ethnicity (*this can be omitted if especially sensitive to ask*)
 - d. Children who return with their families versus alone
7. To what degree do you think child returnees are able to reintegrate socially here, namely, to make friends with other children who did not migrate, to attend social events, etc.? Why is this?

IV. EXISTING PROGRAMMING AROUND CHILD REINTEGRATION (10–15 minutes)

8. What do you think are the greatest support needs of child returnees? Why is this?
9. How, if at all, are such children currently being supported here? In particular, are there any programmes which you think are particularly helpful? Please tell me more.
10. In your opinion, what is the best way to support child reintegration here? Why is this? How can the vulnerabilities of specific subgroups best be addressed?



SECTION 5 ADDITIONAL GUIDANCE AND RESOURCES

RESOURCES AND GUIDANCE

- 1 Sample consent form
- 2 Guidance around potential monitoring participant compensation
- 3 Principal component analysis methodology
- 4 Recommended resources

5.1 SAMPLE CONSENT FORM

The below provides a draft consent form for adaptation and use by any organization working in the context of monitoring child reintegration. The form should be adapted to the specific challenges faced in the context where monitoring will occur. Keep in mind this should be translated to the appropriate language for research participants to be able to understand. Participants should be able to keep a copy of the consent form.

The consent form should be used to introduce the project and document parent/guardian and participant's consent.

In the cases of remote fieldwork, the preferred ways to obtain consent are as follows (in order of preference):

- 1) Audio-recording of consent on the phone. The beneficiary needs to be informed and agree that audio-recording is fine with them. The audio-recording should be safely stored in a secured system.
- 2) Written documentation by the interviewer that this consent form has been read to the beneficiary and that they have agreed to be interviewed.

This informed consent form is for parents/guardians as well as children to be interviewed using tools from the Child Reintegration Monitoring Toolkit.

This study is carried out by ... (commissioned by the ... (when applicable)).

The informed consent form has two parts:

- The information sheet (to share information about the study with you)
- The certificate of consent for parents/guardian and children (for signatures if you choose to participate)

N.B: Parent/guardian consent shall be obtained prior to child assent.

Part I: Information sheet

Introduction

Hello. My name is _____. I am here today gathering information on behalf of [insert name or organization]. Our work is not to provide any assistance or direct help but to make sure that concerns are voiced upwards, to help organizations improve their programmes. We would like to now explain this interview to you and your child, to confirm that you consent to have your child participate in this monitoring interview, and that they are also willing. Please stop me at any point if there is anything that is unclear.

Purpose of this monitoring interview:

These monitoring interviews will allow us to better understand the situation of children who have returned from abroad to this country. The findings will assist international organizations and governments in improving the support they offer to people in your situations. With this monitoring, we want to make sure that governments and organizations are able to better meet the needs of children.

Type of interviews we are holding:

We are speaking with children who have returned from abroad, their parents, teachers and others in this community and beyond. These conversations can have different forms, some are single interviews, some are group discussions that take a little longer. For you, this interview will involve your participation in ...

[PLEASE SELECT/EXPLAIN THE RESPECTIVE TOOL]:

- A survey that includes your child and possibly you (if the child is under the age of 14). This should take about 30 minutes.
- A case study interview with your child, which will take about one to one hour and a half.
- A focus group discussion with key stakeholders in this community, that will take about two to three hours.
- A key informant interview with only you, that will take about one hour.

Voluntary participation:

Your participation and that of your child in this interview are entirely voluntary. It is your choice whether to participate or not and whether you decide to answer any questions or not. Nothing will happen if you do not want to participate. If anyone has told you that you have to participate, that is not true. You may or may not decide to tell us who this was, so we can talk to them, but you do not have to tell us who it was.

If you need or want to leave the conversation, you are allowed to leave at any point. You may change your mind later and stop participating even if you agreed to participate earlier. You do not have to explain why, and you can always talk to us individually, for whatever reason.

Risks

Your safety and comfort are our highest priorities. But we want to already address two risks:

1. We will ask questions that may remind you of difficult experiences or topics that are not easy to talk about. If you do not feel comfortable to talk about this, you/your child are always allowed not to answer. In general, you do not need to answer any of our questions, and you can always stop and leave our conversation. If there is anything else that makes you feel uncomfortable or unsafe, tell us right away. For example, there can be something about this room, something about others in the

room, or anything else – please let us know. As said, your safety and comfort are our highest priorities.

2. This conversation will be anonymized and your name will not be mentioned in any report or document. The answers that you and other people give us will be aggregated and considered together so that no answers can be traced back to you.

Benefits

The main goal of this monitoring is to create new and more knowledge around the situation of children who have returned from abroad. While this research will not directly provide you and your community with support or benefits, this information will help children who have returned, their parents and communities in the future, because organizations like this one can then create better projects that might improve the reintegration and well-being of children.

Referrals

If you are in need of legal and/or practical support, we have a list of organizations who may be able to help you, and we can give you their contact details.

Right to refuse or withdraw

You do not have to take part in this interview if you do not wish to do so and choosing to participate will not have any good or bad consequences. If you need or want to leave the conversation, you are allowed to leave at any point. You may change your mind later and stop participating even if you agreed to participate earlier. You do not have to explain why, and you can always talk to us individually, for whatever reason. At the end of every conversation, you are always allowed to ask any further questions you may have.

ASK: Do you want to ask me anything further before you decide whether or not to participate/whether your child can participate? YES/NO

Part II: Certificate of consent

For parents/guardian consent

My child has been invited to participate in the reintegration monitoring being conducted by [insert name or organization]. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to my child's participation in this study.

Print name of participant _____

Signature of participant _____

Date _____

Day/month/year

For child/other participant assent/consent

I have been invited to participate in the reintegration monitoring being conducted by [insert name or organization]. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant _____

Signature of participant _____

Date _____

Day/month/year

If illiterate ¹

I have witnessed the accurate reading of the consent form to the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Thumbprint of

Print name of witness _____ participant

Signature of witness _____

Date _____

Day/month/year

¹ A literate witness must provide signature (if possible, this person should be selected by the participant and should have no connection to the interviewer). Participants who are illiterate should include their thumbprint as well.

Statement by the interviewer/person taking consent

I have accurately read out the information sheet to the potential participant and, when relevant, to their parents/guardian, and to the best of my ability I made sure that the participant understands it. I confirm that the participant was given an opportunity to ask questions about the monitoring, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print name of researcher/person taking the consent _____

Signature of researcher/s taking the consent _____

Date _____

Day/month/year

5.2 GUIDANCE AROUND POTENTIAL MONITORING PARTICIPANT COMPENSATION

The question of payment for research participation frequently arises when conducting research in the field. This is particularly relevant in research with children and youth involved in reintegration processes, who may have been separated from their families or in situations of acute poverty, vulnerability and scarcity of resources. This section provides guidance around key considerations and risks associated with compensation for research participation.

There is no clear consensus on whether or how children or their families should be compensated for their participation in research. Many ethical guidelines tend to warn against researchers providing incentives or payments for participation in research. They highlight the risk of misunderstandings about expectations on the degree of compensation provided. It may also alter the results of the research, by impacting the impartiality of the information provided, for example as individuals may feel a sense of obligation or indebtedness to provide information that they think the researcher is looking for. It can also replicate power dynamics similar to bribery or coercion, which undermine individuals' voluntary consent.¹⁹

At the same time, in certain cultural and social contexts compensation may be appropriate. In line with the do-no-harm principle, it is imperative that research activities do not adversely affect participants' livelihoods or jeopardize their security.²⁰ For instance, compensating people for their time can help offset the resources that may otherwise be spent working or doing other activities.

When it comes in particular to the participation of children, it is crucial to consider how the risks of payment for participation impact youth consent and risk exposure. Children may face specific risks, such as pressures from family to participate (undermining children's consent).

For these reasons, we advise against payment as compensation for participation and recommend a focus on non-monetary compensation when compensation is deemed appropriate. A UNICEF publication on research involving children in humanitarian settings highlights the importance of reciprocity and voluntariness. Reciprocity refers to the notion of compensation going beyond non-material benefits, such as through other services that build knowledge, increase self-esteem and problem-solving skills. Voluntariness refers to necessary steps and precautions that need to be taken to ensure children and youth's consent is not the result of coercive forces, such as pressure from parents or guardians.²¹

In addition to other factors, researchers should keep in mind the followings when determining what type of compensation to provide. When compensation of any type is deemed necessary, it should be appropriate, available and accessible.

- **APPROPRIATE:** Prior consultation with the local community, humanitarian actors and other actors on the need or approach to compensation, in line with social or cultural norms. Local child labour laws must also be considered when determining the nature of compensation for children participating in research.²²

¹⁹ See UNICEF et al., *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children. A Review of Available Literature* (2012).

²⁰ See UNICEF et al., *Ethical Research Involving Children* (2013).

²¹ UNICEF et al., "What We Know about Ethical Research Involving Children in Humanitarian Settings. An Overview of Principles, the Literature and Case Studies" (2016).

²² Ibid.

- **AVAILABLE:** Researchers should carefully consider the full costs of compensation for all intended participants prior to recruiting participants, so as to avoid negatively impacting participants (financial or otherwise), avoid disappointment or broken promises, and guarantee transparency and informed consent. An external ethics review board could help review the proposed payment programme.²³
- **ACCESSIBLE:** Compensation should be accessible to all relevant participants. For example, participants who do not have bank accounts may be unable to access the compensation provided. Preparations should be made so that disbursements can be made in cash when necessary, and in the appropriate currency.

Children's participation should be recognized and rewarded, in line with local standards, cultural and social factors, and their level of contribution. Decisions about compensation should always be made in reference to the specific local context, and the risks and benefits must be carefully weighed. The following questions can help guide this reflection process:

- What are the social and cultural norms around compensation in the local context?
- To what extent can compensation fuel pre-existing tensions, security challenges or economic vulnerabilities for participants?
- What accessibility factors should be considered for compensation in the given context?
- What availability factors should be considered in the given context?
- What other non-monetary remunerations can be offered? Can these be considered sufficient?
- How can children's voluntary participation be promoted and verified?

²³ UNICEF et al., Ethical Research (see footnote 22).

5.3 PRINCIPAL COMPONENT ANALYSIS METHODOLOGY

In the context of thematic indices derived from indicator sets, PCA is a form of dimension reduction, whereby a set of variables (the indicators) are reduced to a single (semi-) continuous digest. The most important quality of this digest is that for any two subjects that have all the same indicator values but one, the subject with the better indicator value has a greater digest value, or “score”. This we can call the strict incrementality condition.

In the creation of this index, we require all indicators to have binary (true/false) values, and the true value to be clearly preferable to the false. To this end, the choices of one survey question or combinations of choices of several questions are each mapped to either true or false, where the choices that reflect a more desirable state map to true.

Once the values of all the indicators have been determined for each subject in our sample, a set of weights is determined, one for each indicator, such that the variation in the weighted sum of the indicators over the sample is maximized (in this weighted sum, the value of “true” is 1 while the value of “false” is 0, so that the sum is actually the sum of the weights for which the indicator is true). This weighted sum is called the first principal component (PC1) of the observed values of the indicators. This weights optimization is performed through some relatively simple linear algebra computations in R.

That said, the selection of weights is not guaranteed to assign a positive weight to every indicator. For example, it may assign a negative weight to every indicator, since variation does not depend on the sign. In this case, we reverse all the signs without affecting the validity of PC1. Under some circumstances, one or more weights may be negative or so close to zero as to be negligible. This generally happens when an indicator is counter-correlated or statistically independent from all other indicators. This might or might not suggest this indicator is not appropriate for inclusion in the index. However, allowing negative weights violates the strict incrementality condition. Thus, we set negative weights to zero, but then this might lead to eliminating indicators that we explicitly wish to consider a priori.

To address this possibility, we introduce another common index weighting scheme, the uniform weight index (UW). This index assigns an equal weight to every indicator, regardless of its contribution to the overall variation, thus guaranteeing that every indicator gets a voice, so to speak. Once we have computed these weights, we average PC1 and UW for each indicator, thus resulting in a hybrid index that ensures a high (though not maximal) degree of variation of the scores in the sample while ensuring that all indicators are given significant weighting.

It should be noted that indices built from categorical variables are never strictly continuous since “n” indicators with true/false values can only assume “2n” combinations of values whereas a continuous variable must be able to take on an uncountable infinity of values.

Finally, the values were mapped to values between 0 and 1 for ease of interpretation.

Mathematical presentation

The PCA methodology for computing the index computes a weighted sum of the indicators coded as true = 1 and false = 0. The weights computed from the first principal component of the observed data produces an index whose scores have maximal variance in the observed sample. However, for small, non-random samples, such an index can be unstable to small variations in the sample pool and may produce counter-intuitive results such as zero or even negative weights. To improve this instability, we create a hybrid index, whereby we:

1. Constrain the PCA-computed weights to non-negative values;
2. Average the thus constrained PCA-computed weights with a set of uniform, weights (equal weight to each indicator)

Thus, ensuring significant inclusion of all selected indicators in the index. The various dimensions of the child integration index are constructed as weighted sums of the possession of various desirable characteristics or situations. Thus, a household "k" has a score "y_k(t)" at time "t" where t=0 at the time of the baseline.

$$y_k(t) = \sum_{i=1}^n w_i x_{ik}(t)$$

x_{ik}(t) is a binary variable which indicates whether household "k" possesses or evinces quality "i" at time "t", and the constant weight "w_i" is a compromise between a uniform weight and a variance based weight "w_{-i}". This ensures that all characteristics are considered, but that those which explain a larger fraction of the total variance in the sample are weighted more heavily:

$$w_i = \frac{1}{2} \left(\frac{\bar{w}_i H(\bar{w}_i)}{\sum_j \bar{w}_j} + \frac{1}{n} \right)$$

Here the heaviside function HH is defined:²⁴

$$H(x) = \begin{cases} 0 & x \leq 0 \\ 1 & x > 0 \end{cases}$$

to ensure w_i>0w_i>0. The variance based component "w_{-i}" is computed as the first principal component of the observed values of x_{ik}(0)x_{ik}(0) at the baseline.

$$\tilde{\mathbf{w}} = \text{PCA}_1^+ [\mathbf{X}]$$

$$\mathbf{X} = \begin{bmatrix} x_{11}(0) & x_{21}(0) & \cdots & x_{n1}(0) \\ x_{12}(0) & x_{22}(0) & \cdots & x_{n2}(0) \\ \vdots & \vdots & \ddots & \vdots \\ x_{1m}(0) & x_{2m}(0) & \cdots & x_{nm}(0) \end{bmatrix}$$

Where:

$$\text{PCA}_1^+[\xi] = \begin{cases} \text{PCA}_1[\xi] & \sum \text{PCA}_1[\xi] \geq 0 \\ -\text{PCA}_1[\xi] & \sum \text{PCA}_1[\xi] < 0 \end{cases}$$

is the first principal component oriented such that the sum of its elements is non-negative.

²⁴ HH here stands for household.

5.4 RECOMMENDED RESOURCES

Numerous references exist around conducting interviews with children. The documents below have been selected to specifically address some of the challenges to monitoring child reintegration raised in this Toolkit and in the attendant report.

To better understand the basis for this Toolkit, two frameworks are of particular interest:

- IOM [Reintegration sustainability survey](#), comprised of 15 field-tested indicators relating to the economic, social and psychosocial dimensions of reintegration, together with a scoring system.²⁵ It relies on individual surveys conducted among returnees. IOM has further developed tools to monitor community-based reintegration and capacity-building activities. These frameworks and their associated measurable indicators are designed for adults.
- Save the Children's [Durable Solutions for Children Toolkit](#),²⁶ which presents the CSDSF and associated standardized indicators. This incorporates elements from both (a) general durable solutions principles and guidance (based on the IASC framework) and (b) child rights and protection standards. These are broken down along four criteria (material safety, physical safety, legal safety, and mental health and psycho-social safety) and then into nine themes, 33 core indicators and 95 analysis indicators. The CSDSF is the first set of indicators aiming at measuring reintegration outcomes using a child-sensitive approach; it is intended as a standardized index for child reintegration, which sets a target to be reached for the durable solution to be considered as achieved, not to measure reintegration at the individual level.²⁷

IOM and UNICEF have jointly offered two documents providing relevant guidance:

- The [Guidance for the Protection, Care and Assistance of Vulnerable Child Migrants](#),²⁸ “intended to support case managers, service providers, communities, humanitarian and development actors, States and other actors working to provide protection and assistance to migrants vulnerable to violence, exploitation and abuse,” underlines the need for a child-centred approach to providing assistance for children. It further lays out the framework for, and application of, the Best Interests Principle, including a Best Interests Determination.
- The [Reintegration Handbook's Module 6 - A child rights approach to the Sustainable Reintegration of Migrant Children and Families](#),²⁹ provides key principles for a child rights approach to the sustainable reintegration of migrant children and their families. It also offers practical guidelines around appropriate approaches to case management at the individual level, child sensitive reintegration at the community level, and at the structural level.

Save the Children [Psychological First Aid One Day Programme Manual](#) provides guidance around useful techniques for use while interviewing children. These include active listening, normalization, generalization, stabilization and triangulation techniques to put children at ease, as well as how to recognize signs of distress in children.³⁰

²⁵ Nassim Majidi and Nazanine Nozarian, Measuring Sustainable Reintegration, *Migration Policy Practice* IX(1): 30–39 (January–March 2019).

²⁶ Save the Children, *Durable Solutions for Children Toolkit* (2019).

²⁷ Save the Children and Samuel Hall, *Achieving Durable Solutions for Returnee Children: What Do We Know?* (2018).

²⁸ IOM, *Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse* (2019). The joint IOM–UNICEF guidance is in Part 6.

²⁹ IOM and UNICEF, *Module 6* (see footnote 6).

³⁰ Save the Children, *Psychological First Aid One Day*, page 14 (see footnote 15).

Finally, IOM [Guidance on Referrals Mechanisms for the Protection and Assistance of Migrants Vulnerable to Violence, Exploitation and Victims of Trafficking](#)³¹ provides valuable insight around developing and implementing reference mechanisms.

Credits:

Page 70. Celebration of International Day of the African Child in Burkina Faso. © IOM 2019/Alexander BEE.

³¹ IOM, IOM Guidance on Referral Mechanisms (see footnote 13).



Samuel Hall

Samuel Hall is a social enterprise that conducts research, evaluates programmes and designs policies in contexts of migration and displacement. Our approach is ethical, academically rigorous, and based on first-hand experience of complex and fragile settings.

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