to the settlement sector and demonstrate – after the deadlines have passed and targets have been reached – that it values the successful integration of refugees. But if this much action can be successfully achieved, and ambitious quotas can be met given the right circumstances, many are hopeful that the momentum of this response can be maintained for future resettlement initiatives in Canada. The question now is whether this extraordinary support for refugees in Canada will translate into a full-scale, stronger post-arrival network of support and services for the refugee arrivals as well as into maintaining support for large-scale resettlement in the years to come.

Anne-Marie Bélanger McMurdo
abelangermcmurdo@gmail.com
Former MSc student, Refugee Studies Centre, University of Oxford; currently working in Toronto, Canada. This article is written in a personal capacity.

1. www.cic.gc.ca/english/refugees/sponsor/groups.asp
2. A mix of government-assisted and privately sponsored refugees.
5. www.cbc.ca/news/politics/liberals-immigration-levels-plan-2016-1.3479764

Assisted Voluntary Return: implications for women and children

Monica Encinas

Assisted Voluntary Return programmes often send women and children back to places of insecurity and uncertainty. Analysis of practice in the UK highlights the inherent problems and the need to re-examine this type of programme.

Assisted Voluntary Return (AVR) programmes are schemes to assist asylum seekers to return to their countries of origin. The programmes normally help refugees by arranging their travel and providing them with some financial support for establishing a new life on return. UNHCR (the UN Refugee Agency) and the International Organization for Migration (IOM) have promoted these schemes for more than a decade, and millions of dollars have been pumped into them.

In the UK, AVR is divided into three separate programmes: Assisted Voluntary Return for Irregular Migrants (AVRIM), Assisted Voluntary Return for Families and Children (AVRFC) and Voluntary Assisted Return and Reintegration Programme (VARRP). All three programmes are open to failed asylum seekers, and AVRFC and VARRP are open to those with pending asylum applications. The programme pays for travel home and participants are given a cash grant up to but not exceeding £2,000 (US$2,800). However, having an AVR application approved leads automatically to an individual’s application for asylum being withdrawn and initiates a five-year ban on re-entering the UK.

Causes for concern
Firstly, there are serious doubts about how ‘voluntary’ AVR programmes actually are, especially for women. Repatriation schemes are done in close partnership with national governments who have a vested interest in limiting the number of migrants and refugees trying to enter each year. Some NGOs feel that many refugees participate only because they are pushed into a corner after governments strategically cut them off from basic services and threaten deportation. They are not alone in thinking this. Researcher Anne Koch suggests AVR programmes launched by UNHCR and IOM should be considered ‘state-induced’ as they allow Western governments to outsource deportation to UNHCR and IOM. She further points out that “when forced and voluntary returns are pursued in combination, the notion of voluntariness becomes compromised”.1 In 2013 another
study showed that government officials admitted to using threats of deportation in order to increase participation in AVR programmes. According to recent research, one consequence of the AVR model – with its emphasis on ‘choice’ – is that it makes the refugee responsible for the consequences of their return, absolving the Home Office of any responsibility for returning refugees to dangerous, life-threatening, situations.

An assessment by the UK’s Home Office found refugee women felt they had little say over whether they participated in the UK’s AVR programmes as decisions were made by the males in their communities and/or households. They also feel increasingly pushed to sign up for AVR programmes, given continuing cuts to essential services. For example, in the UK and EU, Afghan women are offered more money than men to leave, the implication being that if they leave they will take their children with them.

It is worth noting that some NGOs who were previously critical of AVR programmes have since warmed to the idea on the basis that AVR is a more humane option than deportation and that it has the side-effect of strengthening public and political support for the institution of asylum as a whole. Still, serious concerns remain over the voluntariness of AVR programmes, especially for women and children who may have little say or be coerced into returning to countries where human rights and security remain highly questionable.

Secondly, return to areas of conflict is particularly dangerous for women and children. The majority of asylum seekers who participate in AVR programmes are returning to areas still in conflict (such as Afghanistan and Somalia) where safe, long-term reintegration is nearly impossible. A July 2013 UNHCR self-assessment report on its programme to return Afghans to Afghanistan – UNHCR’s largest ever repatriation programme – highlighted how the organisation continues to struggle to provide support for social and economic reintegration in Afghanistan. Later that year, Human Rights Watch recommended that UNHCR and IOM discontinue their emphasis on AVR programmes in light of increasing insecurity and the inability to adequately provide support services following return.

The reality for women facing return to a home country in crisis is frightening. In many of these fragile states, gender-based persecution remains a constant threat. One study showed that several Afghan women opted to have a tubal ligation (surgery to prevent conception) prior to travel, as they feared that health services in Afghanistan would be unable to provide contraceptives. In another study, Somali women expressed concerns that they would be subjected to rape and oppressive cultural and religious requirements upon return. China’s forced sterilisation practices have also left many resisting return. The same report highlights the added danger of secondary or tertiary displacement for women unable to settle safely after returning.

For child refugees who return to areas of conflict, traumatic experiences of crisis and displacement are compounded, leading to immense psychological harm and mental distress, and often there is little or no psychosocial support available. AVR programmes returning people to areas of conflict are unable to provide one of the most important things for sustainable return: access to networks. Networks provide returnee women with access to land, employment, education and other basic services, as well as to valuable information and support from others. These are essential for securing and leading independent lives. However, building and participating in networks is particularly difficult in areas of conflict where communities and contacts have been severed by years of war.

Thirdly, there are potentially dangerous legal implications in participating. All participants of AVR programmes must sign a ‘voluntary return declaration’. This is a legal document by which they affirm their willingness to return voluntarily to their country of origin. This is cause for great concern as claims for asylum hinge upon one main factor: proving a legitimate fear of persecution in the country you are fleeing. Signing an AVR voluntary return declaration
implies you no longer fear persecution and is likely to make any future claim – were conditions in the return country to change for the worse – lose credibility in the eyes of the law. A new application for asylum would face serious legal barriers given that the applicant has gone back home in the past.

**Conclusion**

What is clear is that the principle that underpins the creation of AVR programmes is highly problematic, from both a legal and a human rights policy standpoint. It puts international actors such as UNHCR and IOM in a difficult relationship with national governments, with the agencies effectively supporting the latter in migration and border control through encouraging returns. For many, the decision to participate is made with the shadow of deportation hanging over their head. Decisions to return may not always lie with women themselves. Moreover, the majority of women and children participating in AVR programmes return to areas of conflict where they face additional hardships, persecution and possibly further displacement. National governments, UNHCR and IOM need to rethink this type of migration policy.

Monica Encinas
monica.encinas.lepingwell@gmail.com
Currently works in the charity sector in the UK.

5. See endnote 2.
8. See endnote 4.

---

**Psychosocial age assessments in the UK**

Debbie Busler

Poor age assessment procedures may have devastating consequences. New guidance for social workers in England aims to help ensure that the age of asylum-seeking children is assessed more fairly, more ethically and more accurately.

Age assessment is a process for determining the age of unaccompanied young people without documents (or who have not shared their documents) in countries where they are seeking refuge. As the European refugee ‘crisis’ continues, more unaccompanied children are travelling to Europe. And the increase in migration makes it ever more likely that families will be separated, leaving young people to find their own way.

International law, including the UN Convention on the Rights of the Child, and an array of national legislation are designed to protect children, including children seeking asylum. These laws and policies aim to ensure more protective immigration systems, and/or child welfare systems that offer particular benefits and safeguards. It is critical for children to be protected appropriately, and to receive the services they need and are entitled to, such as appropriate accommodation and school placements. For this, it is necessary to determine the age of anyone seeking asylum who may be a child.

Across Europe, a range of methods is employed, from medical to dental to psychosocial assessments, or any combination of these, but none produces...