EU4UA: A Comprehensive One-Stop Service for Refugees!
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EU4UA

ONE STOP SHOP BLUEPRINT

INTEGRATED ONE-STOP-SHOP BLUEPRINT FOR THE SOCIAL AND LABOUR MARKET INTEGRATION OF PEOPLE IN CRISIS SITUATIONS AND VULNERABILITIES

An evidence-based practical framework for coordinated service delivery and long-term inclusion



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BLUEPRINT ONE STOP SHOP

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BLUEPRINT ONE STOP SHOP

1. ABSTRACT

1.1. Purpose and scope of the Blueprint

This Blueprint provides a practical framework for designing, organising and implementing an integrated one-stop-shop ecosystem supporting the social and labour-market integration of refugees from Ukraine.

Developed within EU4UA: A Comprehensive One-Stop Service for Refugees! (Project No. ESF-SI-2024-UA-01-0036), an 18-month project funded by the European Union under the ESF+ Social Innovation+ Initiative and implemented in Poland and Romania, the Blueprint translates research findings, expert input and piloting evidence into a practical operational model for service providers, public institutions, civil-society organisations and policymakers.

The model connects entry, proportionate assessment, prioritisation and support planning, service activation or referral, case coordination, follow-up and outcome review within one coherent beneficiary pathway. It addresses both beneficiary-level service delivery and the organisational conditions required to maintain coordination and continuity across providers.

The Blueprint is designed as a transferable and adaptable rather than prescriptive model. Although developed primarily in response to the integration needs of refugees from Ukraine, its coordination architecture may also provide a useful reference for other groups facing complex or interconnected support needs, provided that services, responsibilities and safeguards are adapted to the target group and context.

Overall, the Blueprint aims to support the transition from fragmented provision towards coherent, accessible and sustainable pathways connecting immediate stabilisation with longer-term social and economic inclusion.

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1.2. Target groups and intended use

The Blueprint is intended for several categories of users involved in the design, coordination, delivery or oversight of refugee-support systems.

1. Frontline professionals and specialist practitioners

↦ Case managers, social workers, employment counsellors, psychologists and psychosocial professionals, legal and administrative advisers, education and training professionals, intercultural mediators, interpreters and other specialists working directly with refugees.

⚙ For these users, the Blueprint provides practical guidance on:

- entry and initial orientation;
- proportionate assessment;
- prioritisation and support planning;
- case coordination; service activation and referral;
- follow-up and outcome review;
- accessibility, safeguarding and information continuity.

◎ Chapter 4 and the Toolkit are particularly relevant for this group.

2. Service providers and implementing organisations

↦ NGOs, social-service organisations, public employment services, municipalities, education and training providers, healthcare and psychosocial services, social-economy organisations and other organisations contributing to integration pathways.

⚙ For these users, the Blueprint provides practical guidance on:

- entry and initial orientation;
- proportionate assessment;
- prioritisation and support planning;
- case coordination; service activation and referral;
- follow-up and outcome review;
- accessibility, safeguarding and information continuity.

◎ Chapters 4–7 are particularly relevant for organisational implementation.

3. Public authorities, system coordinators and policymakers

↦ Local, regional and national authorities may use the Blueprint as a reference for designing or strengthening integrated refugee-support systems, institutional coordination mechanisms and policy frameworks.

4. Partners contributing to the wider support ecosystem

↦ Employers, employer organisations, social enterprises, refugee-led organisations, community actors, professional networks and other stakeholders.

⚙ For these users, the Blueprint provides guidance on:

- governance and coordination architecture;
- integration of public and non-public providers;
- institutionalisation of coordination and case-management functions;
- implementation and scaling;
- sustainability;
- financing arrangements;
- potential national or regional adoption.

◎ Chapters 5–9 are particularly relevant for this purpose.

⚙ For these users, the Blueprint can support:

- understanding their role within the wider support ecosystem;
- identifying how their services, resources, expertise or community links can contribute to the beneficiary pathway;
- connecting their contribution to service activation, referral and follow-up arrangements;
- participating in partnership and coordination arrangements;
- contributing labour-market perspectives, community knowledge and beneficiary feedback;
- strengthening links between formal services, employers, social-economy actors and refugee or community networks.

◎ Chapters 4-5 are particularly relevant for understanding the service pathway and how different actors connect within the ecosystem.

Although the Blueprint is **not primarily designed as a self-help guide for refugees**, beneficiaries and refugee communities remain central to the model. Their preferences, experience and feedback should inform assessment, support planning, service improvement and, where feasible, co-design and governance processes.

By addressing both operational and strategic users, the Blueprint aims to bridge the gap between **policy design, organisational coordination and frontline practice**.

1.3. How to use this Blueprint

The Blueprint is designed as a practical and modular reference rather than as a document that every user must apply in the same way or read from beginning to end.

Different sections are relevant depending on the user's role and purpose. Figure 1 provides a role-based guide to the main entry points in the Blueprint.

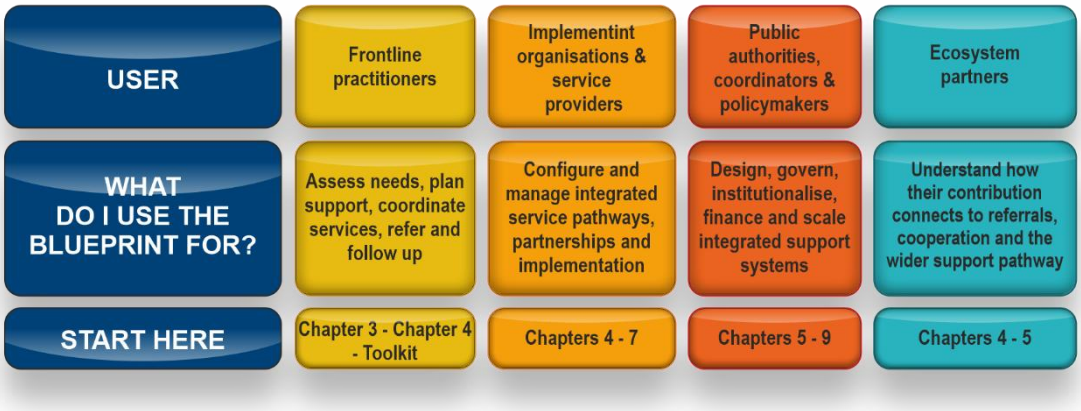


Figure 1. Role-based guide to using the Blueprint

The Blueprint can be used in several ways:

- as a comprehensive framework for establishing an integrated one-stop-shop ecosystem;
- as a diagnostic reference for reviewing an existing service system and identifying coordination or capacity gaps;
- as an implementation guide for introducing or strengthening selected functions;
- as a policy and system-design reference for mainstreaming integrated support within existing structures;
- as a modular resource, where selected tools or components are adapted to existing organisational practice.

> ADAPT, DON'T REPLICATE
>
> Users should not reproduce the Blueprint mechanically.
> Existing services, procedures and institutional structures should be retained where they already perform the required functions effectively.



The Blueprint should therefore provide enough structure to support consistency and accountability while remaining **proportionate, adaptable and practical in real service environments**.

1.4. Key terms used in this Blueprint

The terms below are used throughout the Blueprint with the meanings indicated here. They are intended to provide a **common operational language for the model**, recognising that the same terms may have different legal, institutional or professional meanings across countries.

These definitions do not replace definitions established by national legislation or professional regulation. Where a legally defined term applies, national requirements take precedence. The glossary clarifies how the terms are used **within the functional architecture of this Blueprint**.

Term	Meaning in this Blueprint
One-stop-shop ecosystem	An integrated service architecture that connects multiple organisations, professionals and service domains into one coordinated beneficiary pathway. Its core purpose is to ensure continuity from entry and assessment through service access, coordination, follow-up and outcomes.
Single-entry function	The formally designated function through which a beneficiary enters the coordinated support pathway. It initiates case opening, ensures initial orientation and screening, and establishes clear responsibility for the next stage of support.

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Term	Meaning in this Blueprint
Access channel	A route through which beneficiaries can obtain information, make contact with the support system or reach the designated entry function. Access channels may include physical locations, telephone services, digital platforms, outreach activities or community-based points of contact.
Beneficiary pathway	The coordinated sequence through which support is organised around the beneficiary: entry → screening and assessment → prioritisation → support planning → service activation or referral → coordination and follow-up → outcome review → transition or closure.
Triage	A rapid initial process for identifying situations that require immediate action before the broader support pathway continues. It helps determine urgency and activate the appropriate competent response.
Needs assessment	A structured process for understanding the beneficiary's needs, risks, strengths, resources, priorities and current support situation in order to determine appropriate actions, services and level of coordination.
Proportionate assessment	An assessment approach in which the depth and detail of information collected correspond to the beneficiary's situation. A common minimum assessment is complemented by more detailed or specialist exploration where needed.
Strengths-based approach	An approach that considers the beneficiary's capacities, skills, experience, resources, social networks and ability to act independently alongside identified needs and vulnerabilities.
Prioritisation	The process of determining which identified needs require immediate, short-term or longer-term action, taking account of risk, urgency, interdependence of needs, feasibility, beneficiary preferences and available resources.
Personalised Action Plan (PAP)	A living support plan that translates identified priorities into agreed objectives, concrete actions, responsible actors, relevant services, expected timeframes and review arrangements.
Case management	A structured process for maintaining continuity and coherence across the beneficiary's support pathway. It connects assessment, planning, service coordination, referral, follow-up, review and adaptation over time.
Case coordination	The practical coordination of actions, providers and information involved in an individual beneficiary's pathway. Its intensity is adapted to the complexity of needs, risk, vulnerability and the beneficiary's level of autonomy.
Case manager / integration counsellor	The professional responsible for maintaining an overview of the beneficiary's pathway, coordinating agreed actions and providers, following progress and ensuring that support remains coherent over time.
Service module	A defined area of specialised support within the one-stop-shop ecosystem, activated according to identified beneficiary needs. Modules include areas such

Term	Meaning in this Blueprint
	as legal support, housing, healthcare, psychosocial support, education, childcare, employment and entrepreneurship.
Service activation	The process of connecting the beneficiary to a relevant service delivered by a participating provider within the coordinated one-stop-shop ecosystem, while maintaining continuity within the same case pathway.
Referral	A structured process through which a beneficiary is connected to another service or professional, with the level of assistance, information transfer and follow-up adapted to the beneficiary's needs and the complexity of the case.
External referral	Referral to a service, specialist or competent authority outside the participating one-stop-shop ecosystem when the required expertise, service, capacity or statutory competence is located externally.
Signposting	Provision of clear information that enables a beneficiary with sufficient autonomy to contact and access an appropriate service independently.
Assisted referral	A referral in which the beneficiary receives practical support to access the receiving service, such as appointment arrangement, documentation support, communication assistance, interpretation or help with access procedures.
Coordinated referral	A referral involving direct coordination between professionals or organisations, appropriate transfer of relevant information, clarification of responsibilities and follow-up on the result of the referral.
Follow-up	The process of checking what occurred after an agreed action, service activation or referral and determining whether the service was accessed, the need was addressed, new barriers emerged or further action is required.
Output	A completed activity or service action, such as an assessment completed, referral sent, appointment attended, training completed or support plan prepared.
Outcome	A meaningful change in the beneficiary's situation resulting from support, such as improved stability, access to a service, reduction of a barrier, increased autonomy, employment retention or resolution of an identified need.
Case closure	The formal completion of coordinated case-management responsibility when agreed objectives have been sufficiently addressed, ongoing coordination is no longer required, support has been appropriately transferred, or the beneficiary chooses to discontinue participation.
Case reopening	The reactivation of coordinated support when significant new needs emerge, circumstances change, a previously unresolved need becomes actionable or renewed coordination becomes necessary.

Term	Meaning in this Blueprint
Ecosystem coordination	The system-level function responsible for maintaining the organisational conditions that allow the one-stop-shop ecosystem to operate coherently across participating organisations. It includes partnership coordination, service mapping, referral arrangements, operational information, review routines and response to recurrent system gaps.
Process owner	The organisation or function with identifiable responsibility for maintaining the overall coordination architecture and ensuring that the operational pathway remains functional across institutional boundaries.
Core participating provider	An organisation that formally delivers one or more functions or service modules within the coordinated ecosystem under agreed operational and coordination arrangements.
Associated or supporting actor	An organisation or stakeholder that contributes complementary resources, outreach, information, community links or occasional support to the ecosystem.
External referral provider	A provider outside the participating ecosystem that offers a service, expertise or statutory function required for a beneficiary's pathway.
Service mapping	The systematic identification and maintenance of information on available services, providers, eligibility conditions, access routes, operational contacts, accessibility arrangements and current capacity.
Common functional core	The set of essential functions that define the one-stop-shop model across contexts: coordinated entry, proportionate assessment, support planning, service access, case coordination, referral, follow-up, outcome review, ecosystem coordination and information continuity.
Minimum operational core	The minimum set of functions and capacities that must be sufficiently operational for the ecosystem to provide a coherent and continuous beneficiary pathway.
Contextual adaptation	The process of configuring the Blueprint's functions to national, regional or local legal, institutional, organisational and service conditions while preserving the common functional core.
Functional equivalence	The principle that different institutional arrangements can implement the Blueprint successfully when they perform the same essential functions and preserve the same coordination logic.
Accessibility	The extent to which beneficiaries can understand, reach, use and benefit from services in practice. It includes linguistic, physical, digital, informational, procedural and practical dimensions of access.

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Term	Meaning in this Blueprint
Reasonable adaptation	A practical adjustment to communication, procedures, environments or service delivery that enables a beneficiary to participate equitably in the common support .
Equity	The principle of adapting access and support to differentiated needs and barriers so that beneficiaries have a fair opportunity to benefit from the service pathway.
Safeguarding	The set of procedures and responsibilities used to identify, respond to and escalate risks related to safety, protection, abuse, violence, exploitation, trafficking or child protection.
Trauma-informed practice	An approach to service delivery that recognises how conflict, displacement, loss and prolonged uncertainty may affect well-being and engagement with services and promotes safety, predictability, dignity, trust and empowerment.
Intercultural mediation	Professional support that facilitates communication, mutual understanding and navigation between beneficiaries and institutions across linguistic, cultural and institutional differences.
Beneficiary participation	The meaningful involvement of beneficiaries in decisions concerning their own support and, where appropriate, in service design, review, evaluation and improvement.
Feedback and accountability loop	A structured process through which beneficiary feedback and complaints are received, reviewed, translated into action where appropriate and used to improve service delivery and ecosystem functioning.
Information continuity	The ability for relevant case information to accompany the beneficiary pathway across authorised professionals and organisations so that support can build on existing knowledge and avoid unnecessary repetition.
Data governance	The framework of responsibilities, rules and safeguards governing how personal information is collected, accessed, used, shared, stored, retained and protected across the ecosystem.
Service continuity	The capacity of the ecosystem to maintain appropriate support and responsibility across transitions between providers, changes in circumstances and different stages of the beneficiary pathway.
Institutional anchoring	The incorporation of essential ecosystem functions into stable institutional mandates, responsibilities, procedures or policy frameworks so that they can continue beyond temporary project arrangements.
Sustainability	The capacity of the one-stop-shop ecosystem to preserve its essential functions over time through stable ownership, sufficient workforce capacity, functioning partnerships, reliable operational information and an adequate financing basis.

Term	Meaning in this Blueprint
Transferability	The capacity of the Blueprint's functional architecture to be applied in another institutional, territorial or target-group context through deliberate contextual adaptation.
Modular design	The organisation of support into configurable service components that can be activated and combined according to the beneficiary's actual needs and the available local service architecture.

1.5. Development and validation methodology

The EU4UA Blueprint was developed through an **iterative, evidence-based process** combining research, expert validation, practical testing and partnership review in Romania and Poland.

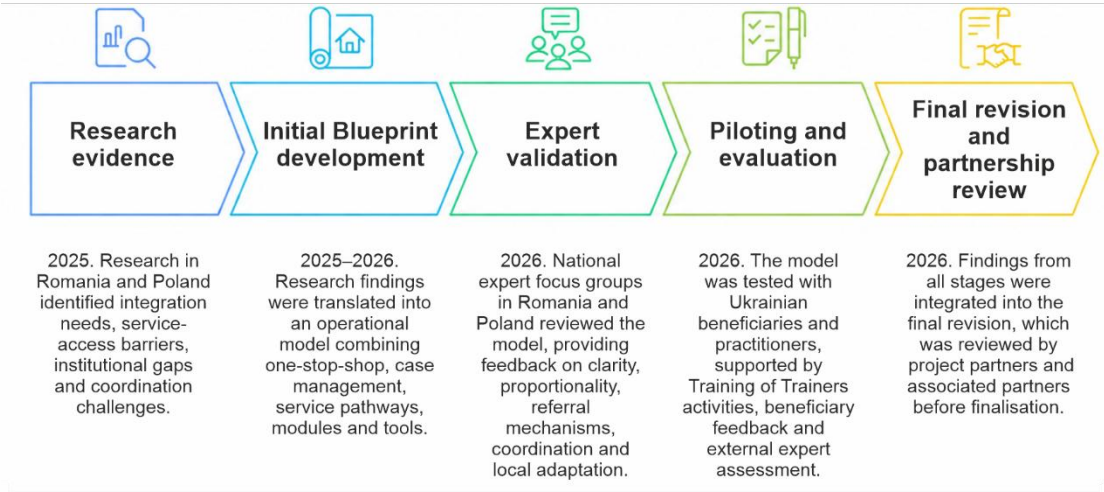


Figure 2. EU4UA Blueprint development and validation process

This iterative process enabled research findings, expert feedback and practical testing evidence to inform successive revisions of the model. It ensured that the final Blueprint was research-informed, professionally validated and practically tested in two national contexts.

2. INTRODUCTION

2.1. Context and problem statement

The large-scale displacement caused by the war in Ukraine has created significant challenges for integration systems across Europe. In response, the European Union activated the Temporary Protection Directive for persons displaced from Ukraine, providing rapid access to temporary protection and associated rights without requiring individual refugee-status determination (Council of the European Union, 2001, 2022). Temporary protection has subsequently been extended until 4 March 2028 (Council of the European Union, 2026).

While temporary protection facilitates access to safety and essential services, longer-term inclusion depends on the capacity of national and local systems to provide support that is accessible, coordinated and responsive to changing needs. In practice, refugees may face barriers related to language, housing, healthcare, recognition of qualifications, employment, childcare and navigation of administrative systems.

These difficulties are often compounded by the way services are organised. Support may be distributed across multiple public institutions, civil-society organisations and specialised providers, with beneficiaries expected to identify the appropriate service and move between organisations independently. Where coordination is limited, this can lead to repeated procedures, inconsistent information, delayed access and discontinuity of support.

European policy and research increasingly recognise integration as a multidimensional process in which employment, education, language learning, housing, health, family circumstances and social participation interact. Employment is an important dimension of longer-term inclusion and economic independence, but the ability to access and sustain employment is itself strongly influenced by factors such as language proficiency, childcare, housing stability, health and recognition of previous qualifications (European Commission, 2020; European Commission, 2025; OECD & European Commission, 2023).

These conditions highlight the need for integrated and user-oriented support systems that connect existing services into clearer and more coherent pathways, reduce unnecessary navigation burdens and support progression from immediate stabilisation towards longer-term social and economic inclusion.

2.2. Key integration challenges

Refugees from Ukraine bring diverse experiences, skills, family circumstances and personal resources. Many have substantial educational and professional experience, yet their integration trajectories may still be constrained by a combination of individual circumstances and structural barriers within host-country systems.

Integration is multidimensional. Access to legal status, housing, healthcare, education, language learning, childcare, employment and social participation may all influence a person's capacity to achieve stability and independence. These dimensions are interconnected rather than strictly sequential.

For example, unstable housing may limit participation in employment or education; lack of childcare may restrict access to language courses or work; language barriers may affect healthcare, administrative procedures and labour-market participation; and non-recognition of qualifications may result in occupational downgrading despite substantial prior experience (European Commission, 2020; European Commission, 2025; OECD & European Commission, 2023).

Key integration challenges commonly encountered by refugees from Ukraine include language and communication barriers, difficulties accessing stable and affordable housing, barriers to healthcare and continuity of care, challenges in navigating legal and administrative systems, difficulties related to the recognition and effective use of previous qualifications and professional experience, limited access to employment opportunities aligned with skills and individual circumstances, insufficient childcare and family-support options, psychological distress and uncertainty related to displacement, and fragmented information and service pathways.

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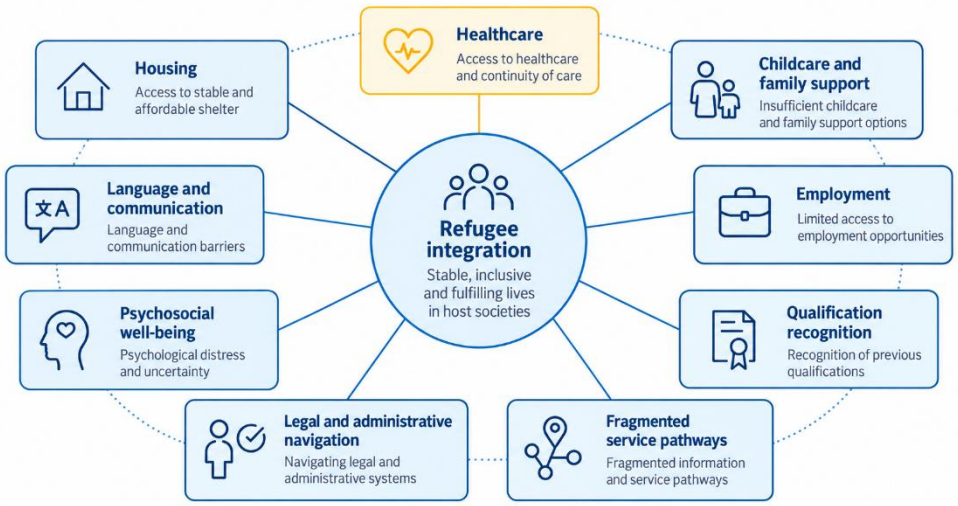


Figure 3. Key dimensions of refugee integration challenges

Certain groups may experience **additional or cumulative barriers**. These may include single parents, persons with disabilities or chronic health conditions, older persons, survivors of violence, people with limited digital or language skills and individuals with limited support networks.

At the same time, vulnerability should not be treated as the defining characteristic of refugees. Many beneficiaries have substantial strengths, professional competencies, resilience and informal support resources that can contribute to their integration pathway.

These challenges support the need for coordinated, person-centred and proportionate approaches capable of responding to several dimensions of integration without assuming that every beneficiary requires the same services or intensity of support.

2.3. Guiding principles for integrated support

The Blueprint is based on a set of guiding principles that inform both the design and practical delivery of integrated support. They provide a common foundation while allowing implementation arrangements to reflect national and local contexts.



Figure 4. Guiding principles for integrated support

Person-centred and strengths-based approach. Support should reflect the beneficiary's needs, priorities, capacities, skills and existing resources. Beneficiaries should participate meaningfully in decisions affecting their support pathway, while the intensity of support should remain proportionate to their circumstances and capacity to act independently.

Accessibility. Services should minimise barriers related to language, disability, administrative complexity, physical access, digital literacy, mobility and caregiving responsibilities. Clear information, multilingual communication, interpretation, intercultural mediation and assisted access should be available where required.

Case management and continuity of support. Case management is a core mechanism for maintaining continuity across the beneficiary pathway, linking assessment, support planning, service activation or referral, follow-up and outcome review. Its intensity should be proportionate to the beneficiary's needs, risks, level of autonomy and the number of services or providers involved.

Coordination and partnership. Effective integration requires cooperation across institutions, sectors and service providers. Clear roles, functional referral arrangements, appropriate information exchange and regular communication should enable different organisations to contribute to one coordinated pathway.

Rights, equity and non-discrimination. Beneficiaries should be approached as rights-holders and treated with dignity, fairness and respect. Service design and delivery should recognise differentiated barriers and ensure equitable access, informed participation and appropriate safeguarding.

Social cohesion and equitable access. Integrated refugee support should be developed in ways that strengthen rather than undermine social cohesion. Where services, benefits or dedicated support arrangements differ from those available to other vulnerable residents, institutions should communicate clearly the legal basis, purpose and eligibility conditions of such measures. Implementation should also seek, where appropriate, to strengthen shared community resources and avoid unnecessary competition, parallel structures or perceptions of inequitable treatment between refugees and host-community groups facing comparable barriers (European Commission, 2020).

Trauma-informed practice. Service delivery should recognise that displacement, conflict, loss and uncertainty may affect well-being and engagement with institutions. Support should promote safety, predictability, trust, dignity and empowerment without assuming that every refugee has experienced trauma or requires psychological intervention.

Intercultural communication and mediation. Linguistic and cultural differences should not become barriers to accessing rights and services. Interpreters, intercultural mediators, adapted communication methods and culturally responsive practice may therefore be required across different parts of the pathway.

These principles provide the foundation for the service model, governance arrangements and implementation guidance presented in the following chapters.

2.4. Transferability and modular design

Integration systems differ considerably across countries, regions and municipalities. The Blueprint is therefore designed as a **transferable and modular framework rather than a fixed institutional model**.

Transferability is based on maintaining a **common functional core** while allowing the way those functions are organised to reflect national and local realities.

Core functions include coordinated entry, proportionate needs assessment, support planning, case management with intensity adapted to the beneficiary's needs and autonomy, access to relevant service modules, functional referral and follow-up arrangements, ecosystem coordination and appropriate information continuity.

How these functions are organised may vary according to:

- statutory responsibilities and national legislation;
- existing public and civil-society service structures;
- local service availability and capacity;
- territorial organisation;
- available workforce and specialist expertise;
- partnership arrangements;
- information systems and infrastructure;
- financing conditions.

Depending on the context, functions may therefore be hosted by public institutions, NGOs or specialised organisations, or shared through multi-stakeholder governance arrangements. The objective is **functional equivalence rather than institutional uniformity**.

The modular structure also allows service combinations and support intensity to be adapted to actual beneficiary needs. Not every person requires every module, and not every setting requires the same provider configuration.

> TRANSFERABILITY SHOULD THEREFORE BE UNDERSTOOD AS:
>
> common functional core → contextual adaptation → locally appropriate implementation
>
> rather than direct replication of one organisational model.

This approach enables the Blueprint to provide consistency in its underlying service logic while remaining adaptable to different institutional and territorial contexts.

3. NEEDS ASSESSMENT

3.1. Sources and scope of the needs assessment informing the Blueprint

The needs assessment presented in the Blueprint is based on the research conducted under Work Package 2 (WP2) of the EU4UA project in Romania and Poland between April and October 2025. Its purpose was to identify both the needs experienced by refugees from Ukraine and the structural conditions influencing whether appropriate support could be accessed, coordinated and sustained.

The evidence combines three complementary empirical sources:

238	21	4
Ukrainian refugees surveyed	semi-structured interviews with service providers	focus groups with Ukrainian refugees
171 in Romania and 67 in Poland — examining service use, accessibility, barriers and labour-market integration	including representatives of public institutions, NGOs and organisations working across different areas of integration support	in Romania and Poland, exploring lived experiences of service access, remaining needs, labour-market integration and social participation

Together, these sources provide a mixed-methods perspective combining patterns of service use with institutional experience and beneficiaries' lived experiences. The convergence of findings across the three components is particularly relevant for the Blueprint, as similar challenges emerged from both beneficiary and provider perspectives.

The survey used non-probability snowball sampling and included people who had experience of accessing integration services. Its findings should therefore be interpreted as evidence of patterns among service users rather than as statistically representative of the entire Ukrainian refugee population.

The research was conducted at a stage when the initial emergency response was increasingly giving way to stabilisation and longer-term integration. The findings therefore capture both continuing immediate needs and a growing demand for longer-term pathways related to housing stability, language, employment, education, psychosocial well-being and social participation.

3.2. Key needs

The EU4UA research identified two interconnected dimensions shaping integration outcomes: beneficiary needs and resources, and service-provider and system conditions affecting the capacity to respond.

Effective integration therefore depends not only on the beneficiary's individual situation, but also on whether services are accessible, sufficiently resourced and effectively coordinated.

The following sections examine these two dimensions in turn.

3.2.1. Refugees' needs and resources

The research identifies a shift from immediate protection and stabilisation towards longer-term integration, but not a simple linear progression. Immediate and longer-term needs often coexist and influence one another.

Legal and administrative support. Understanding residence, documentation, entitlement and administrative procedures remains fundamental to accessing rights and other services. Refugees reported difficulties navigating procedures and receiving consistent information, indicating a need not only for legal assistance but also for clear administrative orientation.

Housing and material stability. Housing emerged as one of the most persistent structural concerns. Difficulties include affordability, insecurity, limited availability of appropriate accommodation and transitions away from temporary support arrangements. Survey data show that 50.8% of respondents had used or tried to access housing support, while 32.8% identified housing as difficult to access.

Healthcare. Healthcare is both highly used and frequently difficult to access. 69.7% of respondents reported using or attempting to access healthcare services, while 37% identified healthcare as one of the most difficult services to access. Barriers include administrative procedures, insufficient information, language difficulties and system capacity. This demonstrates that formal entitlement or the existence of a service does not necessarily ensure effective access.

Language, communication and access to reliable information. Language barriers cut across virtually all service domains and were the most frequently reported difficulty when using services, cited by 69.7% of survey respondents. Lack of information was also a major obstacle, reported by 43.7%. Translation, intercultural mediation and reliable multilingual information therefore function as enabling conditions for access rather than as peripheral forms of support.

Employment, skills and qualification recognition. Many respondents demonstrate substantial educational and professional experience, but access to employment matching those competencies remains difficult. The survey shows that 79.4% of respondents had university-level education. At the same time, among those reporting barriers to employment, 65.5% identified lack of host-country language proficiency, 38.7% non-recognition of qualifications and 31.5% lack of childcare. The findings therefore point to a need for pathways connecting qualification recognition, skills development, job matching and appropriate in-work support rather than employment placement alone.

Education, childcare and family support. Education remains a central concern for families, while childcare shortages can restrict parents' participation in language learning, training and employment. The research also underlines the importance of educational continuity, inclusion in the receiving school environment and support for children facing migration-related, language or psychosocial difficulties.

Mental health and psychosocial well-being. Displacement, uncertainty, housing and employment insecurity, family separation and social isolation may contribute to psychological distress. At the same time, psychosocial and mental-health services remain comparatively underused. The research suggests the importance of accessible and culturally sensitive support integrated into wider service pathways rather than isolated from other dimensions of integration.

Social participation, belonging and non-discrimination. Integration involves more than access to formal services and employment. Focus-group participants also described social isolation, experiences of discrimination and concerns regarding long-term belonging. Ukrainian community and informal networks frequently provide information, trust and emotional support where institutional mechanisms are difficult to navigate. These findings highlight the importance of community connections, respectful service delivery and meaningful participation in integration processes.

Existing strengths and resources. The research also cautions against framing refugees primarily through vulnerability. Many participants demonstrate high levels of education, professional experience, motivation, resilience and capacity for independent action. Informal family and community networks are also important sources of practical and emotional support. The Blueprint should therefore assess not only **what is missing**, but also **what the beneficiary can**

already mobilise. This supports a strengths-based and proportionate approach rather than assuming that every person requires the same intensity of intervention.

3.2.2. Service providers' needs and system conditions

Service-provider interviews show that many difficulties experienced by beneficiaries are connected to the conditions under which organisations themselves operate.

Coordination and system integration. Providers described extensive collaboration across public institutions, NGOs and other actors, but cooperation often remains fragmented or dependent on informal relationships. The need is therefore not simply for more organisations, but for clearer coordination infrastructure connecting existing services.

Clear roles, mandates and accountability. Uncertainty regarding institutional responsibilities can result in duplication, gaps and long referral chains. Providers need clearer arrangements defining who coordinates, who delivers particular interventions and how responsibility is maintained when several organisations are involved.

Sustainable coordination and case-management capacity. Many organisations, particularly NGOs, rely on time-limited funding. Coordination, mediation and case-management functions may be insufficiently recognised or funded, limiting continuity even where individual services remain available.

Workforce capacity and competencies. Providers identified shortages of staff and specialist professionals together with the need for multilingual capacity, intercultural mediation, trauma-informed practice, legal and administrative knowledge and coordination skills. Capacity constraints and high workload can directly affect continuity and quality.

Information continuity and service navigation. Providers reported challenges in sharing relevant information, tracking referrals and maintaining current knowledge of available services. Better information continuity is therefore required, while recognising legal, organisational and data-protection constraints.

Ability to respond to changing needs and service capacity. The transition from emergency response to longer-term integration exposed gaps in housing, childcare, mental-health support, qualification recognition and sustainable employment pathways. Providers therefore need mechanisms for identifying changing demand, current service capacity and recurrent unmet needs rather than relying on static service directories.

These findings indicate that the integration challenge is not simply a shortage of individual services. It is also a **governance, capacity and coordination challenge**.

3.3. Service utilisation patterns

Patterns of service use provide an important indication of both the areas in which refugees most frequently seek support and the extent to which existing services are effectively accessible.

Survey respondents most frequently reported using or attempting to access:

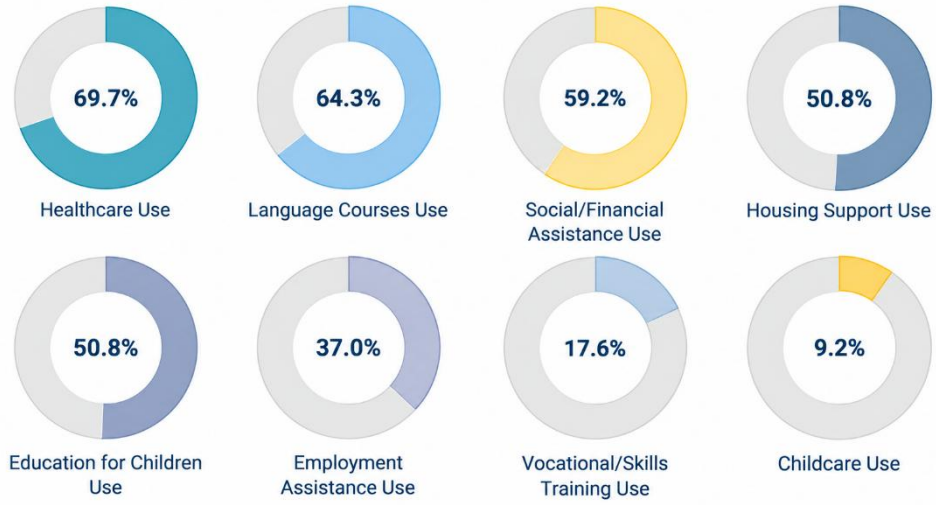


Figure 5. Service utilisation patterns

Lower uptake should not automatically be interpreted as lower need. Qualitative findings indicate that limited availability, lack of information, eligibility conditions, scheduling constraints and other access barriers can suppress the use of services that remain important to beneficiaries.

Conversely, high use does not necessarily indicate easy access. Healthcare was the most frequently used service but was also the service most often identified as difficult to access, followed by housing and employment support.

This demonstrates an important distinction for the Blueprint:

service availability and service utilisation do not necessarily equal effective accessibility.

Fragmentation was also evident in the way beneficiaries navigated support. 76.1% reported that their needs were addressed across multiple locations rather than mostly in one place. Only 11.3% needed to contact one organisation, while 54.6% contacted two or three and 25.6% contacted four or more.

At the same time, 80.7% considered the possibility of accessing services in one location very helpful. This finding should not be interpreted as requiring all services to be physically co-located. Rather, it indicates a strong preference for simpler, more integrated and coordinated access arrangements.

Overall, service utilisation reflects a transition from immediate assistance towards longer-term integration while also revealing a persistent gap between the existence of support and the beneficiary's ability to access it through a coherent pathway.

3.4. Barriers and system gaps

The research consistently indicates that many barriers to integration arise not only from individual circumstances but from the way support systems are organised.

Fragmentation and repeated navigation

The need to contact several organisations for interconnected needs places responsibility for coordination largely on the beneficiary. This can result in repeated procedures, repeated explanations of personal circumstances and discontinuity between interventions.

The research report describes this cumulative administrative and emotional burden as institutional fatigue.

Language and information barriers

Language was the most frequently reported difficulty in accessing services, while lack of information was another major obstacle. Survey respondents relied heavily on social media, family, friends and community networks to identify services, indicating that formal information channels do not always provide sufficiently clear, current or accessible navigation.

Information is therefore itself an access issue.

Administrative complexity

Complex procedures, unclear eligibility requirements and long waiting times create high practical transaction costs. In the survey, complicated procedures

and long waiting times were each reported by 34.5% of respondents as major difficulties.

These barriers may disproportionately affect people with limited language proficiency, low digital autonomy, caregiving responsibilities, disability or unfamiliarity with host-country systems.

Discontinuity between assessment, referral and service access

Identifying a need does not guarantee that it will result in an appropriate intervention. Weak referral arrangements, insufficient provider capacity and lack of follow-up may interrupt the pathway after assessment.

This issue was subsequently reinforced during expert validation and piloting, where experts stressed the importance of maintaining a clear relationship between:

assessment → prioritisation → action → service activation/referral → follow-up → outcome

and of avoiding situations where assessment becomes an administrative exercise without a realistic service pathway.

Uneven service and workforce capacity

Some needs remain difficult to address because appropriate services or specialist professionals are limited, geographically uneven or funded only temporarily. Housing, childcare, psychosocial support and sustainable employment pathways were among the recurrent gaps identified across the research.

Governance and inter-institutional gaps

Providers described collaboration networks that are active but not always sufficiently structured. Problems include unclear institutional mandates, reliance on informal coordination, limited recognition of work carried out across organisations and difficulties maintaining information continuity.

The problem is therefore not simply an absence of services, but an absence of sufficiently reliable **coordination infrastructure** around them.

Risk of reproducing bureaucracy through integration mechanisms

The research also identified an important design tension: a one-stop-shop should reduce fragmentation without creating a new bureaucratic layer. Providers noted that one large physical centre may not fit every context and that a uniform pathway

may be inappropriate for beneficiaries who have different needs, resources and levels of autonomy.

This concern was subsequently confirmed by the expert evaluation, which recommended retaining comprehensive needs assessment while applying the model in a more **modular, proportionate and adaptable** way.

3.5. Implications for Blueprint design

The research provides a clear rationale for the one-stop-shop ecosystem developed in the following chapters.

The central implication is that the integration challenge cannot be addressed simply by adding further stand-alone services. The stronger need is to connect existing and additional services through an architecture that reduces navigation burden, maintains responsibility and adapts support to the beneficiary's actual situation.

The main research findings translate into the following design requirements:

Research finding / system gap	Blueprint design requirement
Refugees often require support across several interconnected domains	Holistic but proportionate needs assessment and modular service package
Beneficiaries frequently navigate several organisations independently	Designated entry function and one coordinated beneficiary pathway
Language and information barriers affect access across service domains	Multilingual communication, interpretation, mediation and assisted access
High service use can coexist with difficult access	Focus on effective accessibility and service activation, not formal availability alone
Repeated procedures create administrative and emotional burden	Collect information once, reuse where relevant, and avoid unnecessary reassessment
Referral does not necessarily result in service access	Active referral, identifiable responsibility, follow-up and outcome review

BLUEPRINT ONE STOP SHOP

Research finding / system gap	Blueprint design requirement
Beneficiaries differ in needs, resources and autonomy	Proportionate case-management intensity and conditional depth of assessment
Existing skills and resources are often underused	Strengths-based assessment and pathways supporting qualification recognition and appropriate employment
Childcare, housing and psychosocial needs influence labour-market participation	Holistic integration model rather than employment activation in isolation
Providers work within active but fragmented networks	Explicit governance, partnership and ecosystem-coordination arrangements
Service availability and organisational capacity change over time	Dynamic service mapping, monitoring and adaptation mechanisms
Coordination and specialist capacity may depend on short-term funding	Implementation-readiness, sustainability and financing arrangements for the operational core
Vulnerable groups face differentiated barriers	Equity, accessibility, safeguarding and reasonable adaptations embedded across the pathway
Refugee and community networks provide valuable knowledge and support	Beneficiary participation, feedback loops and involvement of refugee/community actors
A single physical centre may not fit every context	One coordinated entry logic with flexible physical, digital, telephone and assisted access channels

These requirements were subsequently broadly confirmed through expert validation and piloting. Experts supported the value of **holistic diagnosis, beneficiary-centred support, case management and one-stop-shop coordination**.

The service model presented in Chapter 4 therefore responds directly to the evidence identified in the research: it combines a common coordinated pathway with configurable service modules, differentiated support intensity, clear follow-up and an emphasis on translating identified needs into actual access and outcomes.

4. SERVICE MODEL: ONE-STOP-SHOP ECOSYSTEM

4.1. Rationale: From fragmented services to an integrated support model

In many contexts, services supporting refugees are delivered by multiple institutions and organisations operating in parallel. While each actor provides valuable support, limited coordination can make the system difficult to navigate and may result in repeated procedures, delays and discontinuity in support.

In response, the Blueprint proposes a shift from fragmented service delivery towards **coordinated support pathways**. Services are organised not as isolated interventions, but as interconnected components of a structured support process. The Blueprint therefore introduces a **one-stop-shop ecosystem** as the operational model for integrated support.

The model brings together different service domains within a shared coordination framework. Services may be delivered by public institutions, civil society organisations, private providers or other specialised actors, but they are functionally connected through a common beneficiary pathway.

A key feature of the model is a **clear and coordinated entry into the support system**, from which beneficiaries can be assessed, guided and connected to the services relevant to their needs. This reduces the burden on beneficiaries to identify and navigate multiple institutions independently and helps maintain continuity across different forms of support.

The one-stop-shop approach does not require all services to be physically co-located or delivered by a single organisation. Rather, it creates a **coordinated ecosystem** in which participating providers contribute according to their respective mandates and expertise, while beneficiaries experience support as part of a connected pathway.

The sections that follow describe the core service package, how beneficiaries enter and move through the system, the professional functions and competencies required to operate the model, and the accessibility and hybrid-support arrangements that enable beneficiaries to use it in practice.

4.2. Core service package and minimum operational core

The one-stop-shop ecosystem should ensure access to a core package of services covering the principal areas required for stabilisation, social participation and longer-term socio-economic integration.

The core service package and the minimum operational core represent two complementary dimensions of the model: the former defines what areas of support should be accessible, while the latter defines the essential functions required to organise that support into a coherent and continuous beneficiary pathway.

The core package is organised around three interrelated functional areas.

Stabilisation and basic orientation

This area covers the conditions required for safety, basic stability and access to essential systems. It includes support related to legal status and documentation, healthcare navigation, housing and basic needs, as well as reliable information and orientation regarding relevant institutions and services.

Social integration and participation

This area supports participation in everyday, educational and community life. It includes language learning and cultural orientation, education continuity for children and young people, childcare and family support, and mental health and psychosocial support.

Economic integration and self-reliance

This area supports labour-market participation and economic independence. It includes employment guidance, skills and qualification recognition, vocational training and upskilling where needed, job matching and employer engagement, job coaching and in-work support, as well as entrepreneurship and self-employment pathways.

These areas should not be understood as a fixed sequence. They represent interconnected dimensions of the integration pathway, and beneficiaries may require support across several areas simultaneously.

In practice, the core package is implemented through the configurable service modules described in Section 4.7. One or several modules may be activated according to identified needs, while the exact providers and delivery arrangements will depend on the national and local context.

The minimum operational core, by contrast, defines the essential functions required to connect these services into a functioning one-stop-shop ecosystem. These functions determine whether an implementation provides a coherent and continuous beneficiary pathway rather than only a network, directory or collection of separate services.

Every implementation of the Blueprint should therefore include the following minimum operational core:

- designated access and single-entry function;
- triage and immediate response;
- proportionate screening and needs assessment;
- prioritisation and support planning;
- identifiable case-management and coordination responsibility;

- service activation and referral;
- follow-up and outcome review;
- information continuity;
- ecosystem coordination.

The beneficiary-level functions are described in detail in Section 4.3, while the organisational conditions supporting their operation are further developed in Sections 4.4–4.6 and Chapter 5.

4.3. Access model: how beneficiaries move through the system

The one-stop-shop model is organised around a **common case-management pathway** that connects entry, assessment, support planning, service delivery and follow-up.

The basic pathway is:

single entry → triage and needs assessment → case management → prioritisation and support planning → service activation and/or external referral → follow-up → outcome review → transition or closure

This pathway provides a common structure, but it should not become a rigid administrative sequence. The depth of assessment, number of service modules activated and intensity of case-management support should be proportionate to the beneficiary's situation, risks, needs and capacity to act independently.

4.3.1. Single entry and case opening

The beneficiary pathway begins with a **designated single-entry function**. This is the point at which a person is formally received into the one-stop-shop mechanism and a coordinated support pathway can begin.

The purpose of single entry is to make the beginning of the process clear for both the beneficiary and the organisations involved. The organisation responsible for single entry should be clearly identified within the local one-stop-shop arrangement. It does not need to deliver all subsequent services. Its role at this stage is to ensure that the case is opened consistently and that the beneficiary knows what happens next.

At entry, the responsible professional should:

- welcome the beneficiary and explain, in an understandable language and format, how the one-stop-shop mechanism works;
- establish whether interpretation, intercultural mediation or another communication adaptation is required;
- explain what information will be collected, why it is needed, how it will be used and who may have access to it;

- provide information about confidentiality, data-protection rights, voluntary participation and any applicable complaints or feedback mechanism;
- collect only the minimum information necessary to identify the person, maintain contact and initiate support;
- assign or confirm a unique case identifier;
- establish whether there is an urgent situation requiring immediate action;
- initiate the appropriate level of assessment;
- clarify who will be responsible for coordinating the next stage of the case.

The beneficiary should understand from the beginning that participation in support planning is collaborative and that receiving one service does not automatically require disclosure of all personal information to every provider.

Consent, data protection and case documentation

Data should be collected according to the principles of **purpose limitation, data minimisation, confidentiality and restricted access**. The organisation should identify the appropriate legal basis under the GDPR for the processing it undertakes and apply additional safeguards where special-category data, such as health information, are processed (European Parliament & Council of the European Union, 2016).

The beneficiary should receive this information in a form they can understand. Consent should be obtained wherever it is legally required, particularly before relevant personal information is shared with another provider where no other lawful basis applies. Consent for receiving support, consent for data processing and consent for sharing information should not automatically be treated as the same thing (European Parliament & Council of the European Union, 2016).

Where the implementing organisation uses a **service agreement, case-management agreement or similar contract**, it may be introduced at this stage or once the support plan has been agreed. Such a document may clarify the scope of support, responsibilities of the provider and beneficiary, communication arrangements, confidentiality, withdrawal and complaints procedures. The Blueprint does not prescribe a mandatory contractual format, as this will depend on national legislation and organisational practice.

Emergency or essential support should not be delayed merely because routine administrative documentation has not yet been completed, unless a legal requirement makes this unavoidable.

The Pre-screening and Initial Assessment tools in Annex A may support case opening and first assessment. Their use should be proportionate and should not result in the same information being collected twice.

4.3.2. Triage and immediate response

The first operational decision is whether the beneficiary can continue through the standard assessment process or whether an immediate situation requires action first.

Triage is therefore not a comprehensive assessment. Its purpose is to answer:

Is there something that needs to be addressed now before the broader support pathway continues?

Potential urgent concerns may relate to:

- immediate safety or protection;
- homelessness or imminent loss of safe accommodation;
- food or other essential living needs;
- urgent medical care or medication;
- serious safeguarding concerns;
- unaccompanied or separated children;
- immediate legal or documentation barriers affecting safety or access to essential rights;
- an acute psychosocial crisis;
- communication or accessibility barriers that prevent the person from safely accessing support.

In an acute situation, the operational sequence is:

identify immediate concern → activate competent response → stabilise → return to the common pathway

The one-stop-shop professional is not expected to perform specialist emergency interventions outside their competence. Their responsibility is to **recognise the problem, avoid unnecessary delay and facilitate access to the competent service**.

This distinction is particularly important for healthcare, mental health, legal and safeguarding situations. The mechanism coordinates access; appropriately qualified professionals make specialist decisions.

Where a potential protection concern emerges—such as violence, exploitation, trafficking or child-protection risk—the normal interview may need to stop. The applicable confidential safeguarding procedure should be activated, and sensitive information should be recorded and shared only according to the relevant protection and data-management protocol. The Annex A tools explicitly distinguish protection information from the general case record.

4.3.3. Needs assessment

Once there is no immediate crisis—or once the situation has been sufficiently stabilised—the beneficiary proceeds to a broader assessment.

The purpose is not simply to complete a form, but to develop a sufficiently comprehensive understanding of the beneficiary's situation to determine **what support is needed, what should happen first and how much coordination is required**.

Assessment should consider both **needs and existing resources**. Depending on the beneficiary's circumstances, relevant areas may include:

- legal and administrative status;
- housing and material stability;
- health, disability and continuity of care;
- mental health and psychosocial well-being;
- family composition and caregiving responsibilities, including childcare;
- education;
- language and communication;
- access to public services;
- employment situation, qualifications, professional experience and transferable skills;
- social networks and existing sources of support;
- future intentions, where relevant to longer-term planning.

Where disability is relevant, assessment should go beyond diagnostic or administrative categories and consider its **functional impact on daily life, access to services, education and employment**, as well as any accessibility measures or reasonable adaptations required.

The beneficiary's own understanding of their situation is an essential part of the assessment. Professionals should explore what the person considers most important, what they would like to change and what outcomes they hope to achieve. At the same time, professional judgement remains important, as the assessment may identify risks, barriers or interconnected needs that the beneficiary has not recognised, has not initially reported or does not currently consider a priority.

The assessment should therefore answer:

1. What does the beneficiary identify as their main needs and priorities?
2. Are there additional needs or risks that require professional attention?
3. What strengths, resources or existing service connections can support the pathway?
4. What requires immediate, short-term or longer-term action?

5. Which service modules should be activated?
6. Is specialist or more detailed assessment required?
7. How much case coordination is needed?

Broad enough to detect needs, proportionate enough to remain usable. Assessment should therefore follow a **common minimum + conditional depth** approach.

A basic assessment should provide an overview of the relevant domains. More detailed exploration should take place only where there is a reason to do so. Not every beneficiary requires every assessment section, every specialist assessment or every Annex A form.

Information collected earlier should be visible and reusable by authorised professionals. A beneficiary should not be asked to repeat basic personal, family, housing, employment or communication information simply because a different professional is now involved.

This approach responds directly to the cross-country evidence on bureaucratic fatigue and repeated retelling of personal histories.

The Initial Assessment and Detailed Needs Assessment tools in Annex A can support this stage. The latter should be used conditionally where a deeper household or multi-domain assessment is justified.

4.3.4. Prioritisation and support planning

Assessment should lead directly to decisions.

Once needs, risks, strengths and beneficiary preferences have been identified, the professional and beneficiary should determine **what needs to happen first, what can happen in parallel and what can reasonably be addressed later**.

Prioritisation should consider:

- immediate risk and potential harm;
- consequences of delaying action;
- vulnerability;
- interdependence between needs;
- practical feasibility;
- beneficiary preferences and readiness;

- existing strengths and resources;
- the beneficiary's capacity to act independently.

A rigid numerical score is not required. Professional judgement should remain central.

For example, employment may be an important long-term objective, but unstable housing or lack of childcare may need to be addressed first. Conversely, a beneficiary with stable housing, legal status and strong autonomy may move directly towards qualification recognition, language training or employment support.

Where several actions or providers need to be coordinated, an individual **Personalised Action Plan (PAP)** should be developed with the beneficiary.

The PAP should not repeat the assessment. It should convert assessment into action by identifying:

- agreed priorities and objectives;
- concrete actions;
- who is responsible for each action;
- the service or provider involved;
- the expected timeframe;
- foreseeable barriers;
- how progress will be assessed;
- when the plan will be reviewed.

A practical planning logic is:

need → objective → action → responsibility → service → timeframe → review → outcome

The beneficiary should understand and agree, as far as possible, with the plan. Objectives should be realistic, understandable and linked to the person's own priorities rather than imposed solely by professionals.

The Annex A PAP also deliberately records **strengths and existing resources, beneficiary preferences, risks and barriers, future intentions and follow-up arrangements**, supporting a strengths-based rather than purely deficit-based approach.

Where a formal service or case-management agreement is required by the provider or national framework, it can be aligned with the PAP so that the beneficiary receives one coherent explanation of goals, responsibilities, communication arrangements and rights rather than several overlapping documents.

4.3.5. Service activation and referral

Once an action has been agreed, the relevant service should be activated.

This is a central feature of the one-stop-shop model: **the beneficiary should not be sent back into the fragmented service system to find the next provider independently**.

Within the one-stop-shop ecosystem, service activation normally means connecting the beneficiary to the participating provider responsible for the relevant service. That provider may belong to another public institution, NGO or organisation, but the beneficiary remains within the same coordinated case pathway.

The receiving professional should, where appropriate and legally permitted, have access to the **relevant information already collected** so that their intervention can start from the existing assessment rather than from a new intake.

Only information necessary for the receiving service should be transferred.

Internal service activation versus external referral

A distinction should be made between:

- **Internal/ecosystem activation** – the service is available through a participating provider within the coordinated one-stop-shop mechanism.
- **External referral** – the required service, specialist expertise or capacity is not available within the participating one-stop-shop ecosystem and support must therefore be accessed outside it.

The level of assistance required may vary according to beneficiary autonomy. It may involve:

- providing clear information and explaining what happens next;
- arranging or confirming an appointment;
- facilitating direct contact with the provider;
- supporting eligibility or administrative requirements;
- transferring agreed information;
- helping prepare documentation;
- accompanying or providing interpretation where required.

The level of referral support may range from signposting for an autonomous beneficiary, through standard or assisted referral, to coordinated referral involving direct communication between providers and follow-up in more complex cases.

A referral is **not complete merely because contact details have been provided**.

Where a formal transfer is made between organisations, the beneficiary should know:

- which organisation will receive the information;
- what service it will provide;
- what information will be shared;
- why the information is necessary;
- whether further consent is required.

The Referral Form in Annex A reflects this logic by documenting the receiving organisation, service, consent for information sharing, referral method, acceptance/confirmation and follow-up.

If the beneficiary does not consent to optional information sharing, professionals should explain the practical implications and identify, where possible, an alternative way for the beneficiary to access the service without unnecessary disclosure.

4.3.6. Case coordination during service delivery

Once one or more services / modules are active, the role of case management becomes particularly important.

The case manager does **not** replace the professionals delivering legal, medical, psychosocial, employment, education or other specialist services. Instead, case management ensures that those interventions form part of **one coherent pathway**.

The case-management function should maintain an overview of:

- which actions are active;
- which provider is responsible for each action;
- what information has been shared;
- what appointments or interventions are pending;
- what barriers have emerged;
- whether different interventions affect one another;
- whether priorities have changed.

Where several providers work with the same beneficiary, duplication should be actively avoided. A specialist may need additional domain-specific information, but should not routinely repeat the entire initial assessment.

Similarly, professionals should not assume that completion of their own intervention means the beneficiary's overall need has been resolved. Relevant outcomes should feed back into the coordinated case pathway.

Case coordination may be relatively light for beneficiaries who are able to navigate services independently. For others—particularly people with several interconnected needs, significant vulnerabilities, low language or digital autonomy, disability or unstable circumstances—it may require more active contact and coordination.

This proportional approach is consistent with the Polish and Romanian expert feedback that support should adapt to actual needs, autonomy and local conditions rather than apply the same intensity to every beneficiary.

4.3.7. Follow-up and review of progress

Follow-up answers a different question from referral:

What happened after the action was initiated?

The responsible case-management function should follow progress to the extent appropriate to the case.

For each relevant action, follow-up should establish:

- Did the beneficiary reach the service?
- Was the service actually provided?
- Did the intervention respond to the identified need?
- Was the expected progress achieved?
- Did a new barrier emerge?
- Has urgency changed?
- Have new needs appeared?
- Does the support plan need to be adjusted?

Follow-up should therefore focus on **outcomes rather than administrative completion**.

A referral marked as “sent” is not necessarily successful. An employment course completed without improved labour-market access may require another action. A healthcare appointment attended may still leave a continuity-of-care problem unresolved. A housing referral may fail because the service has no capacity.

Where an action fails, the case manager should determine why and, where possible:

- remove the barrier;
- activate an alternative service;
- revise the action;
- change the timeframe;
- reassess the priority.

Recurring failures should not remain hidden in individual case notes. They should be reported through service mapping and governance processes because repeated failures may indicate **structural gaps in the ecosystem**.

The PAP in Annex A provides practical fields for follow-up frequency, progress notes and plan review and can function as the main living record of this stage.

4.3.8. Outcome review, transition and closure

The pathway should distinguish between:

- **completion of an activity**,
- **completion of a particular service intervention**, and
- **closure of the overall coordinated case**.

These are not the same.

A service module may close when its planned intervention has been completed and its outcome is known. Other modules may remain active.

Similarly, the beneficiary may move from one phase of support to another—for example from emergency stabilisation to language and employment integration—without closing the overall case.

At review, the responsible professional should consider:

- Was the agreed objective achieved?
- Has the identified need been resolved, reduced or changed?
- Does another service need to be activated?
- Can the beneficiary now continue independently?
- Is case-management intensity still appropriate?
- Are there unresolved needs for which no service is available?

A coordinated case may be closed when:

- agreed objectives have been sufficiently addressed;
- no further active coordination is required;
- the beneficiary can continue through ordinary services independently;
- support has been transferred to another appropriate long-term mechanism; or
- the beneficiary chooses to discontinue participation.

Closure should be discussed with the beneficiary and documented. The person should understand:

- what has been achieved;
- what remains unresolved;
- any responsibilities or next steps that remain;
- where to seek support in the future;
- how to reconnect with the mechanism if circumstances change.

An unresolved need should not be recorded as a successful outcome simply because no suitable service is available.

Where appropriate, beneficiaries should also have an opportunity to provide feedback on the accessibility, usefulness, respectful delivery and practical effect of the support received. The Beneficiary Feedback Form in Annex A includes these dimensions as well as barriers such as language, transport, childcare, lack of information and safety concerns.

Recurring feedback should inform service improvement at ecosystem level rather than remain only within individual case files.

A closed case may be reopened where significant new needs emerge, the beneficiary's circumstances change, a previously unresolved need becomes actionable, or renewed coordination is required. Reopening should be proportionate and should build on the existing case record rather than require a new intake unless this is necessary.

4.3.9. Information continuity and use of the Annex A Toolkit

The operational pathway described above is supported by the practical tools in the Annex A Toolkit.

The Toolkit is not the pathway itself, and its forms should not be interpreted as mandatory consecutive stages. The tools support different professional functions within the pathway and should be selected according to the beneficiary's situation.

Their use should follow five principles:

Proportionality. Use only the level of assessment, documentation and follow-up required by the situation.

Collect once, reuse when relevant. Basic information should not be repeatedly requested simply because the same field appears in different forms. Relevant information should flow forward through the case, subject to access controls and data-protection requirements.

Need-to-know information sharing. Professionals should receive the information necessary for their intervention, not unrestricted access to the entire case record.

Modularity. Detailed assessment, specialist tools, formal referral documentation and intensive follow-up should be activated where they serve a clear purpose rather than applied automatically to every beneficiary.

Professional judgement and beneficiary participation. Forms should structure good practice, but they should not replace professional conversation or the beneficiary's involvement in decisions.

The tools can therefore be used as follows:

- the **Pre-screening Form** supports rapid first-contact screening where this is needed;
- the **Initial Assessment Form** supports initial needs and vulnerability assessment;
- the **Detailed Needs Assessment** supports deeper exploration where justified;
- the **Personalised Action Plan** translates priorities into coordinated action and provides a basis for progress review;
- the **Referral Form** supports formal handover, information-sharing consent, referral confirmation and follow-up where these need to be documented;
- the **Beneficiary Feedback Form** supports review of experience, accessibility and service improvement.

The precise combination of tools will differ between cases.

What should remain constant is the **logic of the one-stop-shop pathway**.

4.4. Human resources and competency framework

The effective functioning of the one-stop-shop model depends on the professionals who deliver, coordinate and connect services across the beneficiary pathway. Because the model brings together different areas of support—including legal and administrative assistance, housing, healthcare, education, language learning, employment and psychosocial support—staff need both role-specific expertise and the capacity to work within a coordinated, multi-provider system.

The Blueprint does not prescribe a fixed staffing structure or require the creation of entirely new positions. Rather, it identifies a set of **operational functions and minimum competency areas** that should be covered within the implementing organisation or partnership. Depending on the local context, several functions may be performed by the same professional, while specialist functions may be provided through partner organisations or external services.

What is essential is that responsibilities are clearly assigned, staff understand the limits of their roles, and beneficiaries can move through the pathway without gaps in coordination.

A. Core operational functions

Single-entry, intake and initial assessment function

Professionals assigned to the designated single-entry function are responsible for formally receiving the beneficiary into the coordinated pathway, providing initial orientation, identifying urgent needs and initiating or coordinating the initial assessment. They should also ensure that responsibility for the next stage of the case is clear.

Other participating providers may also be the beneficiary's first point of contact. Unless they are formally assigned an intake role within the one-stop-shop mechanism, they should provide appropriate information and connect the beneficiary to the designated single-entry function rather than duplicate the intake and initial assessment process.

Frontline staff should be able to recognise situations requiring urgent action and should know the relevant internal or external escalation and referral procedures. They are not expected to conduct specialist assessments outside their professional competence.

Case management and integration counselling

Case managers or integration counsellors play a central role in maintaining continuity throughout the beneficiary pathway.

Depending on the local organisational arrangement, their functions may include:

- taking over or maintaining case responsibility following entry and assessment;
- supporting the prioritisation of identified needs;
- developing or coordinating the Personalised Action Plan;
- connecting beneficiaries with direct services or appropriate referral options;
- coordinating referrals across organisations;
- monitoring progress and following up agreed actions;
- reviewing whether interventions have produced the intended outcomes;
- adjusting the support pathway where circumstances change;
- supporting transition or case closure.

Case management should remain proportionate to the beneficiary's situation. The intensity of coordination and follow-up may therefore vary according to the complexity of needs, level of risk and vulnerability, and the beneficiary's capacity to navigate services independently.

Specialist service functions

Some identified needs require expertise that cannot and should not be provided by the case manager alone. Specialist functions may include, depending on the service ecosystem:

- legal and administrative advice;
- healthcare and specialised health support;
- mental health and psychosocial services;
- employment, skills development and labour-market integration support;
- education and childcare support;
- housing or specialised social assistance;
- safeguarding and protection services.

Specialist assessments and interventions should be undertaken by appropriately qualified professionals where required.

The case-management function remains responsible for maintaining continuity across the overall pathway, while specialist professionals remain responsible for decisions and interventions within their respective areas of competence.

Employment and labour-market support

Employment advisors may support beneficiaries in assessing professional experience and transferable skills, identifying employment barriers, exploring realistic labour-market pathways, accessing training or qualification-recognition procedures, preparing for job search and connecting with employers.

Where employment support involves several stages—such as training, qualification recognition, job placement and in-work support—it should remain connected to the broader Personalised Action Plan and case-management pathway.

Intercultural mediation, interpretation and communication support

Intercultural mediators and interpreters facilitate communication between beneficiaries and service providers and help reduce linguistic and cultural barriers that may otherwise affect access to services.

Their role may include interpretation, clarification of institutional procedures, support in intercultural communication and facilitation of trust between beneficiaries and service providers.

Interpretation and mediation should support, but not replace, the professional responsibility of the practitioner providing the service.

B. Core competency areas

Professionals working within the one-stop-shop ecosystem should possess competencies appropriate to their role and level of responsibility. Not every professional requires the same level of expertise in every area, but the following competency areas are particularly relevant to integrated service delivery.

Communication and language accessibility

Professionals should be able to communicate information clearly and in a form that beneficiaries can understand. Organisations should ensure access to multilingual communication through multilingual staff, interpreters, intercultural mediators, translated materials or other appropriate arrangements.

Communication should take account of differences in language proficiency, literacy, digital skills and familiarity with administrative systems.

Intercultural competence

Professionals should be able to work respectfully and effectively with people from different cultural and social backgrounds.

This includes awareness of how cultural expectations, communication styles, previous institutional experiences and displacement may influence interactions with services. Intercultural competence should support respectful communication without relying on stereotypes or assumptions about individual beneficiaries.

Trauma-informed practice

Professionals should understand that displacement, conflict, loss and prolonged uncertainty may affect a person's emotional well-being, communication, concentration, decision-making and capacity to engage with services.

Trauma-informed practice should emphasise safety, predictability, dignity, respect and empowerment. Staff should avoid unnecessary repetition of sensitive information and minimise practices that may contribute to distress or re-traumatisation.

Trauma-informed practice does not mean that all professionals provide psychological intervention. Rather, they should be able to work sensitively and recognise when specialised psychosocial or mental-health support is required.

Safeguarding and vulnerability identification

Professionals involved in first contact, assessment and case management should be able to recognise indicators of significant vulnerability, protection concerns or situations requiring urgent intervention.

Where a potential safeguarding concern is identified, the professional should know:

- what immediate action is required;
- which specialist service or authority should be contacted;
- what information may be shared and under what conditions;
- where responsibility for the case lies after referral or escalation.

Identification of vulnerability should therefore lead to an appropriate response and should not remain only a recorded characteristic in an assessment form.

Case management and coordination skills

Professionals responsible for case coordination should be able to translate assessment findings into prioritised actions and maintain continuity across multiple services.

This includes the ability to:

- distinguish urgent, short-term and longer-term needs;
- develop realistic and beneficiary-centred support plans;
- identify appropriate and available services;
- coordinate referrals and handovers;
- monitor whether referrals have resulted in actual service access;
- review outcomes and adapt the pathway where necessary;
- identify unresolved needs or service gaps;
- coordinate with professionals and organisations across institutional boundaries.

Rights-based and ethical practice

Professionals should approach beneficiaries as rights-holders and ensure that support respects dignity, autonomy, informed participation and non-discrimination.

Beneficiaries should be involved, as far as possible, in decisions affecting their support pathway and should receive understandable information about available options, referrals and next steps.

The principles of confidentiality, informed consent and do-no-harm should guide interactions throughout the support process.

Confidentiality and responsible information management

Professionals involved in assessment, referral and case coordination should understand the basic requirements governing the collection, storage and exchange of personal information.

This includes:

- collecting only information necessary for the support process;
- avoiding unnecessary repetition of personal or sensitive information;
- obtaining consent where required;
- sharing information only with authorised professionals or organisations;
- using appropriate and secure communication channels;
- respecting applicable data-protection requirements.

This competency becomes particularly important in a multi-provider ecosystem where information may need to follow the beneficiary across organisational boundaries.

Professionals should also understand that consent to receive support, consent to process personal data and consent to share information with another provider are not necessarily the same process and should be handled in accordance with the applicable legal basis and organisational procedures.

Professional boundaries and escalation

Professionals should understand the limits of their own role and competence.

A case manager, for example, may identify a legal, medical, psychological or safeguarding issue, but should not undertake specialist diagnosis or intervention unless appropriately qualified to do so.

Staff should therefore be able to recognise when:

- specialist assessment is required;
- a case should be escalated;
- additional professional consultation is needed;
- another organisation or competent authority should assume responsibility for a particular intervention.

Clear professional boundaries protect both beneficiaries and practitioners and support appropriate use of specialist services.

C. Capacity development, supervision and interdisciplinary support

Competencies required for integrated service delivery should be supported through continuous professional development rather than assumed to be fully present from the outset.

Organisations implementing the Blueprint should therefore consider a combination of:

- initial orientation to the one-stop-shop model and beneficiary pathway;
- practical training on assessment, case management and referral coordination;
- training in intercultural and trauma-informed practice;
- safeguarding and data-protection training;
- role-specific specialist training;
- refresher training as procedures or service systems change;
- peer learning and exchange between organisations.

Training should be adapted to the professional's role. Frontline staff, case managers, specialist professionals and coordination staff do not require identical competencies or the same depth of training.

Where possible, organisations should also provide access to **professional supervision, interdisciplinary consultation or structured case review**, particularly for complex, high-risk or multi-service cases.

Case review and supervision can support professional judgement, prevent inappropriate expansion of individual roles, improve consistency across staff and provide a mechanism for addressing difficult cases that cannot be resolved by one professional alone.

D. Minimum organisational expectation

Regardless of the specific staffing arrangement, an organisation or partnership implementing the Blueprint should be able to demonstrate that:

- responsibility for the designated single-entry function, intake and initial assessment is clearly assigned;
- case coordination responsibility is identifiable;
- urgent situations can be escalated appropriately;
- specialist expertise can be accessed where required;
- referral and follow-up responsibilities are clear;
- staff understand confidentiality and information-sharing requirements;
- professionals work within the limits of their competence;
- opportunities for consultation, learning or supervision are available for complex situations.

The purpose of this framework is not to impose a uniform staffing model across countries or organisations, but to ensure that the **functions and competencies necessary to operate the beneficiary pathway are present and clearly organised**.

- **Individual Needs**
  Assess needs, strengths, priorities and circumstances. Avoid assumptions and adapt support to the individual situation.
- **System Navigation & Case Coordination**
  Help beneficiaries understand procedures, services and next steps. Coordinate referrals and maintain continuity across providers.
- **Sensitive and Trauma-Informed Practice**
  Work sensitively with experiences of displacement, trauma and stress. Avoid unnecessary repetition of sensitive information and recognise when specialist support is needed.
- **Strengthen Agency and Rights**
  Support informed participation, autonomy and decision-making. Treat beneficiaries as rights-holders and provide clear, understandable information.
- **Interdisciplinary and Cross-Sector Cooperation**
  Work across services and institutions, respect professional boundaries and refer to appropriately qualified specialists when required.

4.5. Equity and accessibility layer

Equity and accessibility are cross-cutting principles of the one-stop-shop model and should be embedded throughout the entire beneficiary pathway described in Section 4.3.

Refugees may experience different and overlapping barriers related to language, disability, age, digital access, caregiving responsibilities, administrative complexity, trauma-related difficulties or other forms of vulnerability. These barriers can affect not only whether a service exists, but whether the beneficiary can understand, reach, use and benefit from it in practice.

For this reason, accessibility should not be treated as a separate service. It should influence how entry, assessment, communication, service activation or referral, follow-up and service delivery are organised across all modules.

4.5.1. Accessibility across the beneficiary pathway

At each stage of the support pathway, organisations should consider whether the beneficiary can meaningfully access and participate in the process.

Accessibility may require attention to:

- language and communication;
- physical accessibility;
- digital accessibility;
- administrative and procedural complexity;
- literacy and digital skills;
- mobility constraints;
- caregiving responsibilities;
- disability-related needs;
- emotional or psychosocial barriers affecting participation.

Information should be provided in clear and understandable language and, where possible, in languages commonly used by the beneficiary population.

Where communication barriers exist, organisations should provide access to interpretation, intercultural mediation, translated materials or other forms of communication support.

Physical service environments should be accessible and safe, while digital services should be designed to avoid creating additional barriers for people with limited digital skills or restricted internet access.

4.5.2. Reasonable adaptations and differentiated access needs

The same pathway may require different forms of practical support for different beneficiaries.

Depending on the individual situation, reasonable adaptations may include:

- additional time for appointments or assessment;
- simplified or step-by-step explanations;
- interpretation or intercultural mediation;
- assisted completion of forms or digital procedures;
- accessible service locations;
- flexible appointment formats;
- remote or phone-based support;
- adaptation for persons with disabilities;
- support with childcare or caregiving constraints;
- involvement of specialised professionals where required.

The purpose of such adaptations is not to create a separate pathway for particular groups, but to ensure equitable access to the common support pathway.

Particular attention should be given to beneficiaries who may face multiple or cumulative barriers, including single parents, persons with disabilities, older

persons, survivors of violence, people experiencing significant psychosocial distress, and individuals with limited literacy or digital skills.

4.5.3. Participation, autonomy and non-discrimination

Accessibility also requires that beneficiaries are able to participate meaningfully in decisions affecting their support pathway.

Professionals should therefore ensure that beneficiaries:

- receive understandable information about available options;
- are involved in setting priorities and defining support goals;
- understand referrals and next steps;
- are able to express preferences and concerns;
- are treated with dignity and without discrimination;
- can provide feedback on the support received.

Participation should be proportionate to the beneficiary's circumstances and should support autonomy rather than create additional procedural burden.

Feedback may be collected through counselling discussions, short feedback forms, surveys, consultations or focus groups. Where recurring accessibility barriers are identified, this information should inform service improvement and ecosystem-level review.

4.5.4. Practical accessibility check

As a minimum practical reference, professionals should consider the following questions at key stages of the pathway:

- Can the beneficiary understand the information provided?
- Can the beneficiary physically and practically access the proposed service?
- Is interpretation, mediation or communication support required?
- Does the procedure need to be adapted?
- Are digital barriers affecting access?
- Are caregiving, disability, mobility or other personal circumstances limiting participation?
- Is additional support required to enable informed and meaningful participation?

Accessibility should therefore be reviewed throughout the pathway rather than assessed only at first contact.

4.6. Hybrid access, communication and digital support

The one-stop-shop ecosystem may combine physical, digital, telephone and assisted access channels to make services easier to find, reach and use. These channels support information, orientation, communication, appointment management, navigation and follow-up, but remain distinct from the **designated single-entry function** described in Section 4.3.

Regardless of the channel first used, beneficiaries should be connected to the designated single-entry function and, once formally entered, to the common beneficiary pathway. Access channels should not create parallel intake, assessment or case-management processes.

The combination of channels should reflect beneficiary needs, local infrastructure, service availability and accessibility requirements. Digital solutions should expand access and continuity without becoming a prerequisite for receiving support.

4.6.1. Complementary and assisted access channels

The ecosystem may combine:

- **physical access points**, including public institutions, municipalities, NGOs, community centres, employment services or specialised integration hubs;
- **digital access**, supporting information, orientation, appointment scheduling, service navigation and access to resources;
- **phone-based support**, particularly for information, appointments, follow-up and ongoing contact;
- **assisted access**, including support through partner organisations, community actors or face-to-face services where beneficiaries face language, mobility, disability, digital or trust-related barriers.

Where needed, assisted access may include help with online platforms or digital forms, outreach through trusted organisations and other low-tech alternatives.

All access routes should remain connected to the same beneficiary pathway.

4.6.2. Digital information and navigation

A digital portal may support beneficiaries in identifying available services and reaching the designated single-entry function. Depending on local capacity, it may provide information on:

- available services, eligibility and access conditions;
- contact details, service locations and appointment arrangements;

- administrative procedures and practical guidance;
- employment, education, healthcare, housing and legal support;
- relevant institutions, programmes, training and events.

Where technically and legally feasible, digital tools may also support referral tracking, secure information exchange and appointment follow-up.

Digital tools should support, but not replace, professional assessment, case management or specialist decision-making. Digital information should be clear, concise, mobile-accessible, available in relevant languages and organised around beneficiary needs.

4.6.3. Optional and future-oriented AI-supported guidance

AI-supported tools may be used as an optional component of digital information and navigation. Their role should be limited primarily to general information, orientation and navigation, for example helping users locate relevant information, identify service categories or find appropriate contact points.

AI-supported tools should not constitute formal intake, conduct professional assessment, determine eligibility, prioritise needs, make legal, medical or psychosocial decisions, or replace human case management and professional judgement.

Users should always be able to move from automated guidance to human support. Any AI-supported service should clearly indicate that responses are automated and should be subject to regular review, updating and appropriate safeguards.

4.6.4. Digital content and service-information governance

Digital information is useful only if it remains accurate and current. Participating providers should therefore keep information about their own services updated, including eligibility conditions, access requirements, contact points, service availability and referral procedures.

At ecosystem level, the designated coordination function or process owner should oversee the consistency and reliability of service and referral information. This should include periodic review, correction of outdated information, verification of key contacts and procedures, and clear arrangements for reporting changes in eligibility, availability or capacity.

Where service information is used for referral, changes should be reflected as quickly as possible to reduce failed referrals and unnecessary burden for beneficiaries and professionals.

Digital information governance should remain aligned with applicable data-protection, confidentiality and accessibility requirements.

4.7. Service modules

The service modules presented in this section represent the main specialised areas of support available within the one-stop-shop ecosystem and activated according to the beneficiary pathway described in Section 4.3.

The modules should not be understood as separate or parallel service pathways, nor as a fixed sequence through which every beneficiary must pass. One or several modules may be activated according to the needs identified through screening and assessment, and several modules may operate simultaneously where needs are interconnected.

Although services may be delivered by different public institutions, non-governmental organisations, private providers or other participating actors, they form part of the **same coordinated support mechanism**. Activation of a module therefore normally means connecting the beneficiary to the appropriate provider **within the one-stop-shop ecosystem**, while maintaining continuity of the overall case-management pathway.

In emergency or acute crisis situations, modules addressing immediate safety, protection, healthcare, accommodation or basic needs may need to be activated before broader assessment and longer-term planning. Once the beneficiary is stable or stabilised, additional modules may be activated according to the priorities identified through assessment and reflected in the individual support pathway or Personalised Action Plan.

Across all modules, the **case management function** maintains continuity of the beneficiary pathway. The case manager does not necessarily deliver the specialised service, but ensures that identified needs are connected to the appropriate module, monitors progress and, where several services are involved, coordinates the contribution of the relevant providers and professionals.

Each participating provider is expected to have the staff and professional competencies required to deliver the service for which it is responsible, in line with the competency framework described in Section 4.4. Where a beneficiary requires highly specialised expertise or an intervention that is not available within

the one-stop-shop ecosystem, an **external referral or specialist input** may be arranged.

Relevant information already collected through screening, assessment and case planning should, subject to the beneficiary's consent and applicable data-protection requirements, be available to the professionals involved in delivering the activated modules. Providers should build on existing case information rather than repeat assessments unnecessarily. Relevant outcomes, changes in circumstances and new needs identified within a module should, in turn, feed back into the overall support pathway and Personalised Action Plan.

Each module is presented as a practical operational sheet covering:

- when the module should be activated;
- its purpose;
- the main decisions to be made;
- the main actions to be undertaken;
- how the module is delivered and when external specialist input may be required;
- key implementation considerations;
- possible tools and resources;
- the expected outcome and next step.

All modules operate within the common principles of **case management, coordinated service activation and referral, follow-up, outcome review and closure** described in Section 4.3. These transversal procedures are therefore not repeated in each module.

The modules should also be interpreted in conjunction with the human resources and competency framework in Section 4.4 and the equity, accessibility and hybrid-access principles described in Sections 4.5 and 4.6.

The modular structure supports flexible and proportionate implementation. The number and combination of modules activated should reflect the beneficiary's actual needs rather than a predefined service package.

The specific providers, eligibility conditions, service capacity and operational arrangements for each module will depend on the national and local context. These should be established and kept up to date through the service mapping, partnership and governance arrangements described in Chapters 5 and 6.

4.7.1. Legal, documentation and residence support

Field	Operational guidance
When to activate this module	When the beneficiary has unclear or incomplete residence/documentation status; needs support with temporary protection, residence or administrative procedures; faces documentation-related barriers to employment, healthcare, education or social services; needs documents to be obtained, renewed or updated; or requires legal support beyond general administrative orientation.
Purpose	To resolve or reduce legal, documentation and residence-related barriers that affect access to rights, services and the wider integration pathway.
Key decision points	Is the issue urgent and affecting safety, protection, lawful stay or access to essential services? Can it be addressed through the legal or administrative support available within the one-stop-shop ecosystem? Does the case require more specialised legal expertise than is available within the mechanism? Does the issue affect other parts of the beneficiary pathway?
Main actions	• Clarify the legal or administrative issue. • Identify the relevant procedure, authority or service. • Explain rights, requirements and necessary documents in an understandable way. • Support completion of administrative steps where appropriate. • Activate the appropriate legal or administrative support available within the one-stop-shop ecosystem. • Where highly specialised legal expertise is not available within the mechanism, arrange external specialist input or referral. • Reflect unresolved issues in the Personalised Action Plan where they affect other needs.
Module delivery	The module should be delivered by the participating provider responsible for legal and administrative support within the one-stop-shop ecosystem, using staff with the relevant knowledge and professional competencies. Where the case requires highly specialised legal advice, representation, appeal or another intervention that is not available within the ecosystem, an external legal specialist or competent authority may be involved.
Key implementation considerations	Urgent legal or documentation issues should be addressed without delaying immediate support. Information should be current, verified and adapted to the national context. Relevant case information already collected should be available to the professionals involved, subject to consent and applicable data-protection requirements, so that unnecessary reassessment is avoided. Language, literacy and digital barriers may require interpretation, simplified information or assisted procedures.

Field	Operational guidance
Possible tools / resources	Administrative or document checklist; multilingual information on rights and procedures; verified contact details for competent authorities; updated information on eligibility and procedures; relevant shared case information; contacts for specialised external legal support where needed.
Expected outcome / next step	The legal or administrative issue has been clarified and the relevant procedure or service activated; the beneficiary understands the next steps; required documentation has been initiated, obtained, renewed or updated where applicable; or specialised legal support has been activated when needed. Any unresolved barrier is reflected in the wider support pathway, and responsibility for the next action is clear.

4.7.2. Housing mediation and basic needs

Field	Operational guidance
When to activate this module	When the beneficiary lacks safe or stable accommodation; is at risk of homelessness or housing loss; needs to move from temporary to more sustainable housing; faces barriers in accessing the local housing market; or cannot meet essential basic needs such as food, clothing or essential household items.
Purpose	To reduce immediate housing insecurity and basic-needs instability and support the beneficiary in moving towards safer and more sustainable living conditions that enable participation in the wider integration pathway.
Key decision points	Is there an immediate safety or homelessness risk requiring urgent action? Are basic needs currently unmet? Is a short-term emergency solution required before longer-term housing planning? What housing options are realistically available and accessible? Does the housing situation affect other priorities in the Personalised Action Plan, such as employment, education, health or childcare?
Main actions	• Clarify the beneficiary's current housing situation and immediate basic needs. • Address urgent accommodation or basic-needs risks without delaying broader support. • Identify appropriate housing, accommodation or social-support options available within the one-stop-shop ecosystem. • Explain eligibility conditions, procedures, rental requirements and relevant responsibilities. • Support contact and access to housing providers, accommodation programmes or social-assistance services. • Where appropriate, support the transition from emergency or temporary accommodation towards a more stable arrangement.

Field	Operational guidance
	• Reflect unresolved housing or basic-needs issues in the Personalised Action Plan where they affect other areas of support.
Module delivery	The module should be delivered by the participating provider(s) responsible for housing mediation, accommodation support, basic-needs assistance or related social services within the one-stop-shop ecosystem. Depending on the local configuration, this may involve public authorities, social services, NGOs, housing providers or other participating organisations. Where an appropriate solution is not available within the ecosystem, external housing or specialised social-support options may need to be explored.
Key implementation considerations	Immediate safety and stabilisation take priority in cases of homelessness, unsafe accommodation or severe deprivation. Housing options should take account of family composition, disability-related accessibility, safety, affordability and location. Information on availability and eligibility should be current, as housing capacity may change rapidly. Language, digital or administrative barriers may require additional assistance. Relevant information already collected should be reused to avoid repeated assessment.
Possible tools / resources	Current directory of housing and accommodation options; eligibility and procedure information; housing or basic-needs checklist; contacts for social-assistance services and participating providers; information on rental procedures and rights; local emergency accommodation and community-support resources.
Expected outcome / next step	Immediate housing or basic-needs risks have been addressed or an appropriate response has been activated; the beneficiary understands the available options and next steps; access to a suitable housing, accommodation or social-support service has been established where possible; and any unresolved housing instability is reflected in the wider support pathway with a clear next action.

4.7.3. Healthcare navigation

Field	Operational guidance
When to activate this module	When the beneficiary needs support to access healthcare; is uncertain about eligibility, registration or available services; has an ongoing health condition requiring continuity of care; needs access to primary, specialised or rehabilitation services; or faces language, administrative, digital or accessibility barriers in navigating the healthcare system.
Purpose	To facilitate timely and appropriate access to healthcare by helping the beneficiary understand how the healthcare system works, identify the appropriate service and overcome practical barriers to accessing care.
Key decision points	Is there an immediate health or safety concern requiring access to emergency care? Can the need be addressed through primary or routine healthcare services, or is specialised healthcare required? What eligibility, registration or referral procedure applies? Are interpretation, accessibility or other support measures needed? Does the health-related need affect other parts of the beneficiary pathway?
Main actions	• Clarify the beneficiary's healthcare access need and any existing barriers. • Where an immediate health or safety concern becomes apparent, facilitate access to the appropriate emergency or healthcare service without delaying intervention through completion of the broader assessment process. • Identify the appropriate healthcare provider or service available within the one-stop-shop ecosystem. • Explain relevant eligibility, registration, appointment and referral procedures in an understandable way. • Support registration, appointment scheduling or communication with healthcare providers where needed. • Facilitate access to specialised healthcare, rehabilitation or other relevant services when indicated by competent healthcare professionals. • Reflect ongoing health-related needs in the Personalised Action Plan where they affect other areas of support.
Module delivery	Healthcare navigation and access support should be delivered by the participating provider(s) responsible for this function within the one-stop-shop ecosystem. The one-stop-shop mechanism supports access, coordination and continuity of the beneficiary pathway; clinical assessment, medical triage, diagnosis and treatment remain the responsibility of appropriately qualified healthcare professionals. Where the required healthcare service or specialist expertise is not available within the ecosystem, access to an appropriate external provider should be facilitated.

Field	Operational guidance
Key implementation considerations	The mechanism should not attempt to replace emergency, diagnostic or clinical services. Where an immediate health or safety concern is identified, access to competent healthcare services should take precedence over completion of non-urgent administrative or assessment procedures. Language and communication barriers may require interpretation or cultural mediation. Particular attention may be needed for persons with disabilities, chronic conditions, pregnancy-related needs, rehabilitation needs or continuity of ongoing treatment. Health information should be accessed and shared only where relevant to service provision and in accordance with consent, confidentiality and applicable data-protection requirements. Information on eligibility, access procedures and available providers should be kept up to date.
Possible tools / resources	Updated directory of healthcare providers and services; information on healthcare eligibility and registration; multilingual healthcare-navigation materials; information on appointment and referral procedures; interpretation or cultural-mediation resources; contacts for primary, specialised, rehabilitation and emergency healthcare services.
Expected outcome / next step	The beneficiary understands how to access the appropriate healthcare service and has been connected to the relevant provider where needed. Immediate concerns have been directed to competent healthcare services, while ongoing healthcare needs are integrated into the wider support pathway where relevant. Any further action, specialist access or follow-up required is clearly identified.

4.7.4. Mental health and psychosocial support

Field	Operational guidance
When to activate this module	When the beneficiary shows signs of emotional distress; reports stress, anxiety, trauma-related difficulties, low mood or problems coping with everyday responsibilities; experiences social isolation, family separation or significant uncertainty; or needs support adapting to displacement and a new social or cultural environment.
Purpose	To support emotional well-being, coping and psychosocial stability, reduce barriers to participation in everyday life and integration activities, and ensure timely access to specialised mental-health care where needed.

Field	Operational guidance
Key decision points	Is the beneficiary experiencing psychosocial distress that can be addressed through low-intensity or community-based support? Is there a need for assessment or intervention by a qualified mental-health professional? Are there signs of severe distress, risk of harm, violence-related trauma or another situation requiring urgent specialist or emergency intervention? Are language, cultural or accessibility barriers affecting access to support? Does the psychosocial situation affect other areas of the beneficiary pathway?
Main actions	• Clarify the beneficiary's psychosocial support needs within the limits of the professional role involved. • Provide or activate appropriate low-intensity psychosocial support, counselling, peer-support or group-based activities within the one-stop-shop ecosystem. • Facilitate access to assessment and specialised mental-health care when indicated by the nature or severity of the need. • Provide understandable information on available support and, where appropriate, coping, stress-management and resilience-building resources. • Where serious distress or an immediate safety concern becomes apparent, facilitate prompt access to the appropriate qualified professional, crisis or emergency service rather than attempting to manage the situation within a non-specialist role. • Coordinate psychosocial support with other activated modules where housing, employment, family, health or other pressures contribute to the beneficiary's difficulties. • Reflect relevant ongoing psychosocial needs in the Personalised Action Plan where they affect the wider support pathway.
Module delivery	The module should be delivered by participating providers within the one-stop-shop ecosystem that have the appropriate psychosocial or mental-health competencies. Depending on the level of support required, delivery may involve psychologists, counsellors, social workers, trained psychosocial staff, peer-support facilitators or other appropriately qualified professionals. Psychological assessment, diagnosis, psychotherapy and other specialised clinical interventions should be undertaken only by professionals qualified to provide them. Where highly specialised or emergency mental-health care is not available within the ecosystem, access to an appropriate external service should be facilitated.
Key implementation considerations	Support should be confidential, culturally sensitive and trauma-informed. Language barriers may require appropriately arranged interpretation or multilingual support, while cultural mediators may help improve understanding and engagement. Psychological assessment tools and interpretations should be used cautiously where linguistic or cultural validity is uncertain. Particular attention may be required for survivors of violence or trauma and other highly vulnerable persons. Mental-health information should be accessed and shared only where relevant and in accordance with consent, confidentiality and applicable data-protection requirements. Integrating psychosocial support within the wider one-stop-shop mechanism may also reduce stigma and facilitate access.

Field	Operational guidance
Possible tools / resources	Psychosocial support or counselling sessions; culturally and linguistically appropriate psychosocial information; peer-support and group-support activities; stress-management and resilience-building resources; appropriate psychosocial assessment tools used by qualified professionals; updated directory of specialised mental-health and crisis services; interpretation and cultural-mediation resources.
Expected outcome / next step	The beneficiary has access to a level of psychosocial or mental-health support appropriate to their needs; immediate concerns have been directed to competent specialist or emergency services where required; and ongoing psychosocial needs are integrated into the wider support pathway where relevant. Progress, continuity of care and any further support required are clearly identified.

4.7.5. Language learning and cultural orientation

Field	Operational guidance
When to activate this module	When the beneficiary has limited knowledge of the host-country language; faces communication barriers when interacting with institutions, employers or service providers; has difficulty understanding relevant social or institutional norms; or needs language support to participate in education, vocational training, employment or community life.
Purpose	To strengthen practical language skills and understanding of the host-country social and institutional context, thereby improving the beneficiary's ability to access services, participate in education and employment, and engage in everyday and community life.
Key decision points	What is the beneficiary's current language level and what language skills are most relevant to their immediate and longer-term goals? Is a general language course sufficient, or is more targeted language learning needed for education, vocational training or employment? What cultural or institutional orientation would help the beneficiary navigate everyday life and services more independently? Are childcare, work schedules, transport, digital access or previous educational experience limiting participation?
Main actions	• Identify the beneficiary's current language level, learning needs and practical communication priorities. • Identify appropriate language-learning opportunities available within the one-stop-shop ecosystem. • Facilitate enrolment in suitable courses or learning programmes. • Provide or activate cultural orientation covering relevant institutions, services, everyday procedures and social norms.

Field	Operational guidance
	• Where appropriate, connect language learning with the beneficiary's education, vocational training or employment goals. • Adapt the learning format or identify additional support where childcare, work schedules, mobility, digital access or other barriers affect participation. • Reflect relevant language-learning objectives and progress in the Personalised Action Plan where they are linked to other integration goals.
Module delivery	The module should be delivered by participating providers within the one-stop-shop ecosystem that have the appropriate language-teaching, educational or cultural-orientation capacity. Depending on the local configuration, this may include language schools, adult-education providers, vocational-training organisations, NGOs, community organisations or other participating institutions. Where a specific form of language training is not available within the ecosystem, an appropriate external learning opportunity may be identified.
Key implementation considerations	Language support should be linked as far as possible to the beneficiary's practical needs and integration goals rather than treated as an isolated activity. Learning opportunities should take account of different starting levels, literacy and educational backgrounds. Flexible schedules, accessible formats, childcare-compatible arrangements and support with digital participation may be necessary. Cultural orientation should provide practical information without stereotyping or presenting cultural adaptation as one-sided assimilation. Relevant information from previous assessment should be reused rather than collected again.
Possible tools / resources	Language-level assessment or placement tools used by competent providers; directory of language courses and training providers; multilingual information on available programmes; introductory cultural and institutional orientation materials; online or blended learning resources where accessible; occupation-specific or vocational language-learning resources where relevant.
Expected outcome / next step	The beneficiary has access to a language-learning and/or cultural-orientation option appropriate to their needs and goals; relevant participation barriers have been addressed where possible; and progress in language learning supports greater independence in accessing services and participation in education, employment or community life. Further or more specialised language support is identified where needed.

4.7.6. Education continuity (children/youth)

Field	Operational guidance
When to activate this module	When a child or young person is not enrolled in education; has experienced interrupted schooling; faces uncertainty regarding placement, grade equivalence or recognition of previous studies; or encounters language, learning or other barriers to participation.
Purpose	To support continuity of education by facilitating access to an appropriate educational pathway and helping families understand and navigate the host-country education system.
Key decision points	Is the child or young person currently enrolled? What educational placement is appropriate? Are previous studies or records available and recognised? Are language, learning, accessibility or psychosocial barriers affecting participation?
Main actions	• Clarify the current educational situation and any interruption in schooling. • Provide information on enrolment, placement and available educational pathways. • Support enrolment and communication with schools or education authorities where needed. • Where relevant, support cooperation with the receiving school to identify practical measures that facilitate inclusion, language support and educational continuity. • Activate language support, tutoring or other educational assistance where appropriate. • Connect education-related needs with other relevant modules where necessary.
Module delivery	Delivered by participating education or social-support providers within the one-stop-shop ecosystem, in cooperation with schools and competent education authorities. Formal placement, recognition decisions and specialist educational assessment remain the responsibility of the competent authorities or qualified professionals.
Key implementation considerations	Particular attention should be given to interrupted schooling, language barriers, disability, limited previous educational experience and displacement-related psychosocial difficulties. Information should be accessible to both parents and young people, with interpretation or cultural mediation where needed. Existing educational information should be reused wherever possible. Schools may also require information, guidance or specialist support to respond effectively to learners with migration experience, interrupted schooling or displacement-related needs.
Possible tools / resources	School enrolment checklist; information on the education system and recognition procedures; directory of schools and educational support services; multilingual guidance for families; language-support and tutoring resources.

Field	Operational guidance
Expected outcome / next step	The child or young person is enrolled in, or connected to, an appropriate educational pathway; the family understands the relevant procedures; and any additional educational or related support required is clearly identified.

4.7.7. Childcare and family support

Field	Operational guidance
When to activate this module	When childcare or other family responsibilities limit the beneficiary's participation in language learning, education, training, employment, counselling, administrative procedures or other integration activities; when access to childcare or early childhood education is limited; or when additional family support is needed.
Purpose	To reduce care-related barriers and support families' access to childcare, early education and family-support services, enabling parents and caregivers to participate more fully in the integration pathway.
Key decision points	What childcare or family-support need is limiting participation? Is a regular, temporary or flexible childcare solution required? Are there barriers related to availability, cost, registration, language or accessibility? Does the family require additional social or family-support services?
Main actions	• Clarify childcare responsibilities and family-support needs. • Provide information on available childcare, early education and family-support options. • Support registration and access procedures where needed. • Identify suitable regular, temporary or flexible childcare solutions linked to participation in other services. • Activate additional family or social-support services where relevant. • Coordinate this module with education, employment, language learning or other activated modules where care responsibilities affect participation.
Module delivery	Delivered by participating childcare, early-education, social-service or community providers within the one-stop-shop ecosystem. Depending on the local configuration, this may involve public childcare institutions, NGOs, community organisations or other authorised providers. Where an appropriate service is not available within the ecosystem, an external option may be identified.

Field	Operational guidance
Key implementation considerations	Particular attention should be given to single parents, families with limited support networks, families in vulnerable situations and those facing financial, language or accessibility barriers. Childcare arrangements should be safe, appropriate to the child's needs and compatible, where possible, with the parent's participation in other integration activities. Existing family information should be reused rather than collected repeatedly.
Possible tools / resources	Directory of childcare and early-education services; information on eligibility and registration procedures; childcare-access checklist; information on temporary or flexible childcare options; contacts for family-support, parenting or social services; multilingual guidance for parents.
Expected outcome / next step	The family has access to an appropriate childcare or family-support solution where available; care-related barriers to participation have been reduced; and any additional family-support need requiring further action is clearly identified.

4.7.8. Employment and labour-market integration support

Field	Operational guidance
When to activate this module	When the beneficiary needs support to clarify employment goals, make use of previous skills and qualifications, access training where needed, identify suitable employment opportunities, enter the labour market or maintain employment after placement.
Purpose	To support a coherent pathway from skills and career assessment to sustainable employment, including qualification recognition, training where needed, job matching, employer engagement and in-work support.
Key decision points	What are the beneficiary's employment goals, qualifications and transferable skills? Can previous qualifications be used directly or do they require recognition? Is direct job matching appropriate, or is additional training or upskilling needed first? What barriers affect access to or retention in employment? Is employer involvement or job coaching required? Are employment opportunities elsewhere in the EU relevant to the beneficiary's own plans?
Main actions	**Career guidance and qualification recognition:** review professional experience, education, qualifications and transferable skills; clarify short- and longer-term career goals; provide guidance on qualification-recognition procedures and access to regulated professions. **Vocational training and upskilling:** where additional skills, certification or qualification development is needed to access suitable employment, connect the beneficiary to relevant vocational training, upskilling, reskilling, language,

Field	Operational guidance
	digital or bridging programmes, including internships, apprenticeships or other work-based learning where appropriate. **Job matching and employer engagement:** provide labour-market and job-search guidance; support CV preparation, applications and interviews where needed; identify suitable vacancies; facilitate contact with employers; and involve employers, where appropriate, in clarifying job requirements, identifying skills needs and supporting recruitment. **Job coaching and in-work support:** after employment begins, provide proportionate support with workplace adaptation, communication, task understanding, accessibility, reasonable accommodation and job retention; involve the employer with the employee's consent; and gradually reduce support as independence and workplace stability increase.
Module delivery	Delivered by participating employment, career-guidance, training and supported-employment providers within the one-stop-shop ecosystem, in cooperation with employers, public employment services, training organisations and competent qualification-recognition authorities. For persons with disabilities or others requiring more intensive support, specialised job coaches or supported-employment professionals may be involved.
Key implementation considerations	Employment support should build on existing skills and experience and avoid unnecessary occupational downgrading. Information on education, qualifications, professional experience and competencies should be collected once and reused throughout the pathway. Language, childcare, disability, accessibility and other barriers should be addressed through the relevant modules. Employers should be treated as partners in recruitment, training, workplace adaptation and retention, while respecting the beneficiary's autonomy, consent and confidentiality. Where relevant, employment or entrepreneurship pathways may also include opportunities within social enterprises and the wider social economy. EU labour mobility may be considered where relevant to the beneficiary's own plans, using reliable information and safe employment channels and paying attention to labour rights, misinformation, informal employment and risks of exploitation.
Possible tools / resources	Skills and competency profile; CV and job-search tools; labour-market information and job portals; employer networks; qualification-recognition resources; training-provider directories; internships and other work-based learning opportunities; job-coaching or in-work support plans; reasonable-accommodation guidance; supported-employment tools; relevant European employment and mobility platforms. See also Annex B – Employment Support Toolkit, which provides a structured set of practical tools supporting employment readiness, skills assessment, goal setting, labour-market mapping, activation and ongoing support.
Expected outcome / next step	The beneficiary has a clear and realistic employment pathway and has progressed, as appropriate, towards qualification recognition, training, job matching or employment. Where employment is secured, the beneficiary receives the level of in-work support needed to support workplace adaptation, job retention and increasing independence.

4.7.9. Entrepreneurship and self-employment support

Field	Operational guidance
When to activate this module	When the beneficiary is interested in self-employment, freelance work or starting a business; has professional experience or skills that could support an entrepreneurial activity; faces limited access to traditional employment; or wishes to explore the feasibility of a business idea.
Purpose	To support beneficiaries in assessing and developing realistic entrepreneurship or self-employment pathways and in understanding the administrative, financial and regulatory requirements involved.
Key decision points	Is entrepreneurship a realistic and informed option for the beneficiary? What skills, experience and resources are available? Is further training, mentoring or business-development support needed? Are there legal, financial, language or market-access barriers? Is access to start-up funding, microfinance or another financing mechanism relevant and appropriate?
Main actions	• Explore the business idea, entrepreneurial motivation and relevant professional experience. • Provide information on business registration, taxation, regulatory requirements and available support. • Support development of a basic business plan and market analysis where appropriate. • Connect the beneficiary to entrepreneurship training, mentoring, incubators or business-support networks. • Where financing is needed, provide information on appropriate and available start-up grants, microfinance, social-finance or other legitimate financing mechanisms. • Where relevant, connect financing with financial-literacy support, business mentoring and realistic repayment planning. • Provide or activate early-stage business guidance where needed.
Module delivery	Delivered by participating entrepreneurship-support providers within the one-stop-shop ecosystem, such as business advisory organisations, NGOs, incubators, public employment services or other specialised providers. Where financing is part of the pathway, cooperation may also involve authorised microfinance institutions, social-finance providers, foundations or other legitimate funding bodies. Legal, accounting or specialised financial advice should be provided by appropriately qualified professionals.
Key implementation considerations	Entrepreneurship should be presented as one possible employment pathway, not as a default response to barriers in the labour market. Support should take account of language, digital and financial skills, access to capital, regulatory knowledge and professional networks. Business ideas and financing options should be assessed realistically, including affordability, repayment conditions, sustainability and financial risk. Alternative financing mechanisms should only be considered where they are transparent, lawful and appropriate to the beneficiary's situation.
Possible tools / resources	Business idea or readiness assessment; business-plan templates; market-analysis tools; entrepreneurship training and mentoring programmes; incubators and business-support networks; information on registration, taxation and regulatory requirements; start-up grants; microfinance or social-finance schemes; financial-literacy resources; mentoring linked to business financing.

Field	Operational guidance
Expected outcome / next step	The beneficiary has made an informed decision about whether to pursue entrepreneurship and, where appropriate, has a viable next-step plan involving training, business preparation, registration, financing or early-stage business support.

5. PARTNERSHIPS, GOVERNANCE AND ECOSYSTEM COORDINATION

5.1. Why partnerships matter in the one-stop-shop ecosystem

The one-stop-shop model described in Chapter 4 can function only if the organisations responsible for different areas of support are able to work together as **one coordinated service ecosystem**.

This is a fundamental feature of the model. The one-stop-shop is not expected to be a single organisation that delivers every service a beneficiary may need. Legal assistance, housing, healthcare, education, language learning, employment support, psychosocial services, childcare and other interventions will often remain distributed across different public institutions, civil society organisations, specialist providers, educational institutions, employers, social economy organisations and community actors.

What makes these separate services a **one-stop-shop ecosystem** is therefore not co-location or institutional ownership, but the existence of **operational relationships that connect them into one beneficiary pathway**.

From the beneficiary's perspective, this means that entering the mechanism should not result in being sent back to navigate a fragmented network independently. Once needs have been identified, the system should be able to connect the person to the relevant providers, clarify responsibilities, transfer the information necessary for the next intervention where appropriate, follow important transitions and maintain continuity across services.

From the organisational perspective, this requires more than knowing which other organisations exist. Participating actors need agreed ways of working together so that the pathway remains functional when responsibility moves from one provider to another.

Partnership arrangements should therefore enable the ecosystem to:

- maintain the designated single-entry and coordinated pathway described in Section 4.3;
- ensure that the relevant service can be activated once a need has been identified;
- clarify which organisation is responsible for each intervention and for subsequent follow-up;
- support appropriate transfer and reuse of relevant case information, avoiding unnecessary reassessment and repeated collection of the same information;
- coordinate cases in which several services are active at the same time;
- maintain current information on service availability, eligibility, access conditions and capacity;
- provide mechanisms for escalation when an ordinary service pathway does not work;
- identify recurring service gaps or barriers that cannot be resolved at individual case level;
- adapt cooperation arrangements as beneficiary needs, services and institutional conditions change.

Partnerships should build, as far as possible, on **existing public, civil-society, community and specialist service structures**, rather than create a separate parallel system exclusively for refugees. The added value of the one-stop-shop lies in connecting these existing capacities through a clearer coordination architecture.

This distinction is important: **a network becomes a one-stop-shop ecosystem only when organisations are connected through agreed responsibilities, service pathways, information flows and coordination mechanisms that allow the beneficiary to experience support as a continuous process rather than as a series of unrelated contacts.**

The institutional configuration may differ between countries and territories. What should remain constant is the capacity of the ecosystem to ensure **one coordinated pathway across multiple organisations and service providers**.

5.2. Governance architecture and coordination responsibility

The one-stop-shop ecosystem requires a governance arrangement that makes clear **who is responsible for maintaining the system as a functioning whole**.

This system-level responsibility should be distinguished from the operational functions described in Chapter 4:

- the **single-entry function** formally receives beneficiaries into the pathway;
- the **case-management function** maintains continuity for an individual beneficiary;
- **specialist providers** deliver the relevant interventions;
- the **ecosystem coordination or process-owner function** maintains the organisational conditions that enable these pathways to work across institutions.

The Blueprint does not prescribe which type of organisation must host the ecosystem coordination function. Depending on the national and local context, it may be assigned to a public authority, an NGO or specialised organisation, or a joint governance structure.

Whatever the institutional arrangement, the coordination function should have a clear mandate and sufficient operational capacity to:

- convene and maintain the partnership;
- clarify the roles and contributions of participating organisations;
- maintain the operational service map;
- oversee agreed service-activation, referral and escalation arrangements;
- ensure that changes in services, eligibility or capacity are communicated;
- support common coordination and information-sharing procedures;
- address inter-agency operational problems;
- review recurrent service gaps, failed referrals and bottlenecks;
- coordinate periodic review and development of the ecosystem.

Coordination should not depend only on informal relationships between individual professionals. The function should remain identifiable even when staff or organisations change.

Minimum governance core

Regardless of the institutional configuration, an operational one-stop-shop ecosystem should have, as a minimum:

- a clearly designated ecosystem coordination function;
- a clearly designated single-entry function;
- identifiable case-management responsibility where continued coordination is needed;
- an operational map of participating and external services;
- agreed procedures for service activation, referral and escalation;
- agreed information-sharing and confidentiality arrangements;
- designated operational contact points across participating organisations;
- a mechanism for reviewing service gaps, recurring failures and changes in service capacity.

The actors performing these functions may differ across contexts, but the functions themselves should remain identifiable.

5.2.1. Possible governance models

The Blueprint does not prescribe a single institutional model that should be used in every context. Public, NGO-led and shared governance arrangements may all be appropriate, depending on local mandates, capacity, trust, existing service structures and available resources.

Publicly coordinated model

In this model, a municipality, local or regional authority, public social service, employment service or another competent public body hosts the ecosystem coordination function.

Potential advantages include:

- stronger institutional legitimacy and formal mandate;
- easier connection with statutory services and public entitlements;
- greater potential for integration into mainstream administrative systems;
- access to established public information and referral structures;
- stronger prospects for long-term institutionalisation and public financing;
- greater capacity to align the mechanism with local, regional or national policy.

This arrangement may be particularly suitable where the public institution already has a broad coordination mandate and sufficient operational capacity.

Potential challenges may include more rigid procedures, slower adaptation, administrative boundaries between departments, limited flexibility in working with beneficiaries outside standard eligibility frameworks, or duplication where public services do not recognise assessments or case work carried out by NGOs.

For this reason, public coordination should include practical mechanisms for recognising and using relevant information, assessments and support already provided by trusted non-public partners, where legally permissible.

NGO - or specialised-organisation-coordinated model

In this model, an experienced NGO, social-purpose organisation or specialised integration provider hosts the coordination function and links public services, NGOs, specialist providers, employers and other actors.

Potential advantages include:

- proximity to beneficiaries and communities;
- stronger trust among groups who may be reluctant to approach public institutions;
- flexibility and faster adaptation to emerging needs;
- practical experience in case management, outreach and multi-domain support;
- greater ability to combine formal services with community-based or low-threshold support;
- established networks with civil society, donors and specialised providers.

This may be particularly useful where public systems are fragmented or where NGOs already perform substantial integration and case-management functions.

However, an NGO-led model may face challenges related to formal authority, access to statutory systems, recognition of its assessments by public bodies, dependency on project-based funding and organisational continuity.

Where an NGO or specialised organisation hosts the operational coordination function, this arrangement should remain compatible with the statutory responsibilities of public authorities. An NGO-led operational model should not be interpreted as transferring public authorities' legal or policy responsibilities to civil society.

Shared or co-governance model

A shared model brings together public institutions and non-public actors within a formal or semi-formal governance structure, consortium or coordination platform.

Its principal advantage is the possibility of combining:

- the statutory mandate, institutional stability and policy access of public authorities;
- the flexibility, beneficiary proximity and specialised expertise of NGOs;
- the operational knowledge of specialised providers;
- the labour-market perspective of employers and social economy actors;
- the experience and feedback of refugee and community organisations.

This model may reduce the weaknesses of relying exclusively on either public administration or civil society and may provide stronger collective ownership of the mechanism.

It also requires particularly clear decision-making arrangements. Without a designated coordination function, shared governance can become dispersed governance. The partnership should therefore define who convenes the

mechanism, who maintains operational information, how decisions are taken, how disagreements are resolved and who is accountable for follow-through.

Choosing the governance arrangement

There is no universally preferable model. The appropriate option should be selected by considering:

- existing statutory mandates;
- organisational capacity;
- legitimacy and trust;
- access to public systems;
- existing case-management experience;
- service coverage;
- funding stability;
- capacity for data governance;
- territorial reach;
- ability to maintain coordination over time.

In practice, the most effective arrangement may often be **hybrid**, combining public institutional anchoring with strong operational participation by NGOs and other providers.

5.3. Stakeholder and service mapping

Stakeholder mapping provides the organisational foundation of the ecosystem, but a list of organisations alone is insufficient.

The practical objective is to understand:

what support exists, who can deliver it, under what conditions, with what current capacity, and how the service can be activated.

Mapping should start from the beneficiary pathway and service modules described in Chapter 4.

Relevant actors may include:

- local, regional and national public authorities;
- social assistance and child-protection services;
- public employment services;
- healthcare providers;
- education and vocational-training institutions;
- universities;
- housing and accommodation providers;
- NGOs and humanitarian organisations;

- MHPSS and specialist support providers;
- childcare and family-support services;
- employers and employer organisations;
- social enterprises and social economy organisations;
- interpretation and intercultural-mediation providers;
- community and refugee-led organisations;
- specialist legal, protection or crisis-response services.

For each relevant service, the operational map should clarify, as far as possible:

- service provided;
- geographical coverage;
- target group and eligibility criteria;
- access or referral procedure;
- designated contact point;
- relevant documentation requirements;
- language and accessibility arrangements;
- current capacity or significant limitations;
- whether the provider participates directly in the ecosystem or represents an external referral option.

This is important because **knowing that an organisation exists is not equivalent to knowing that its service is accessible**.

The mapping should therefore combine a relatively stable map of actors with **dynamic information on service availability, eligibility and capacity**.

Classification of actors within the ecosystem

For practical purposes, stakeholders may be classified according to their operational relationship with the mechanism:

Core participating providers

Organisations formally involved in delivering one or more functions or service modules within the coordinated mechanism and working under agreed coordination arrangements.

Associated or supporting actors

Organisations contributing information, outreach, resources, community links or occasional support without assuming regular responsibility for a core service module.

External referral providers

Services outside the participating ecosystem that may be used where the required service, specialist expertise or capacity is unavailable internally.

This distinction helps clarify which transfers represent **service activation within the ecosystem** and which constitute **external referral**, as described in Section 4.3.5.

5.4. Establishing partnership arrangements

Once relevant actors have been identified, cooperation should be translated into practical arrangements.

Not every relationship requires a complex formal agreement. However, cooperation that is critical to the beneficiary pathway should not depend solely on informal personal contacts.

Depending on national legislation and organisational practice, arrangements may take the form of cooperation agreements, memoranda of understanding, referral protocols, data-sharing arrangements, framework agreements or other suitable instruments.

Where relevant, they should clarify:

- the role of each participating organisation;
- the services or resources it contributes;
- operational contact persons;
- procedures for service activation and referral;
- conditions for accepting, declining or redirecting referrals;
- responsibility for follow-up and feedback;
- procedures for urgent or complex situations;
- information-sharing and confidentiality requirements;
- how changes in availability or capacity will be communicated;
- escalation and problem-resolution arrangements;
- arrangements for review, amendment or withdrawal from the partnership.

The purpose is not to formalise every interaction, but to ensure that **critical parts of the pathway remain predictable even when individuals, programmes or organisational circumstances change**.

Recognition of work undertaken across organisations

Particular attention should be given to avoiding duplication between public and non-public providers.

Where legally and professionally appropriate, partnership arrangements should clarify how assessments, Personalised Action Plans, referrals or other relevant case work carried out by one participating organisation can be used by another.

This may require agreement on:

- minimum documentation standards;
- professional responsibilities;
- consent and lawful information sharing;
- verification requirements;
- circumstances in which supplementary assessment is genuinely required.

The objective is not automatic acceptance of all external documentation, but to avoid routinely requiring beneficiaries to repeat the same assessment solely because responsibility has moved between organisations.

This responds directly to the concern raised by Romanian practitioners regarding duplication between NGO-led case work and public procedures.

5.4.1. Joining and leaving the ecosystem

Because service ecosystems evolve, arrangements should also define how organisations join, temporarily suspend participation or leave the mechanism.

Before becoming an active participating provider, an organisation should, as appropriate:

- confirm the service or function it will provide;
- identify designated operational contacts;
- clarify eligibility conditions and current capacity;
- agree service-activation and referral procedures;
- confirm applicable information-sharing and confidentiality arrangements;
- identify known accessibility or service limitations;
- understand how referral outcomes and changes in capacity should be communicated;
- confirm that relevant staff meet the competencies required for the service delivered.

Where a provider becomes temporarily unavailable or permanently withdraws, the coordination function should ensure that:

- its service status is updated promptly;
- active cases are reviewed;
- alternative service routes are identified where possible;
- relevant professionals and beneficiaries are informed where necessary;
- the change does not leave unresolved responsibility for active interventions.

This helps protect continuity when funding, staff or organisational capacity change.

5.5. Coordination routines and inter-agency problem-solving

Partnership agreements alone do not create a functioning ecosystem. The mechanism also requires **regular, proportionate coordination routines**.

Routine ecosystem coordination

Periodic coordination between participating organisations may be used to:

- communicate changes in services or eligibility;
- update service availability and operational contacts;
- review service-activation and referral arrangements;
- identify recurrent delays or capacity constraints;
- discuss emerging service gaps;
- align responses to changing needs;
- share operational learning.

The frequency and form should match the size and complexity of the ecosystem. Meetings, secure digital communication, designated liaison persons or other arrangements may be used.

Complex-case coordination

Where a beneficiary has several interconnected needs requiring intervention by multiple providers, a structured **case conference or interdisciplinary case review** may be appropriate.

Such discussions should:

- have a clearly defined purpose;
- involve only relevant professionals;
- follow applicable confidentiality and data-protection requirements;
- distinguish case-management responsibility from specialist professional responsibility;
- conclude with agreed actions, responsible actors and next steps.

Escalation and problem-solving

Partners should have an agreed route for situations in which the normal pathway fails or responsibility is unclear.

Examples may include:

- an urgent risk requiring specialist action;
- repeated inability of a provider to accept cases;
- uncertainty regarding institutional responsibility;
- a significant safeguarding issue;
- conflicting eligibility decisions;
- absence of a service needed to address a priority need.

Escalation should not mean merely transferring the problem elsewhere. It should ensure that **responsibility for determining the next action remains identifiable**.

Repeated problems should feed into ecosystem-level review rather than being managed indefinitely as isolated case difficulties.

5.5.1. Refugee participation and accountability

A coordinated ecosystem should not rely only on institutional perspectives.

Beneficiaries and refugee communities should have appropriate opportunities to contribute to **service learning, improvement and, where feasible, co-design**.

Participation may include:

- feedback during or after service delivery;
- accessible complaints and suggestion mechanisms;
- short user surveys;
- focus groups or consultation sessions;
- advisory or user panels;
- participation of refugee-led organisations;
- peer-support or community liaison roles;
- intercultural-assistant roles;
- involvement in reviewing service information or navigation materials.

The key requirement is a **feedback loop**. Information collected should be reviewed and, where relevant, lead to action.

Where possible, organisations should also communicate how beneficiary feedback has influenced changes.

Participation should be voluntary and should not affect access to services or entitlements.

This approach reflects expert recommendations that beneficiary involvement should go beyond satisfaction surveys and contribute more systematically to service design, implementation and evaluation.

5.6. Information sharing, confidentiality and data governance

A coordinated ecosystem requires relevant information to follow the beneficiary pathway where necessary, while protecting privacy and limiting unnecessary circulation of personal data.

Sections 4.3 and 4.4 describe the principles applying to individual case information. At ecosystem level, participating organisations should establish **compatible and clearly understood arrangements for lawful and secure information exchange**.

These arrangements should clarify, where relevant:

- what categories of information may be exchanged;
- the purpose for which information is shared;
- which professionals or organisations are authorised to access it;
- applicable legal bases for processing and sharing;
- when consent is required and how it is documented;
- how special-category and highly sensitive information is protected;
- secure communication and information-management channels;
- access control;
- retention, deletion or anonymisation arrangements;
- procedures for data incidents or inappropriate disclosure.

Information exchange should follow the principles of:

purpose limitation → data minimisation → need-to-know access → secure transfer

The aim is neither unrestricted data sharing nor disconnected organisational silos.

Relevant information should support continuity where legally permissible without requiring the beneficiary to repeatedly provide the same information to different providers.

Where organisations use different IT systems, full technical interoperability is not a precondition for operating the ecosystem. The immediate requirement is a **lawful, secure and workable method of transferring the minimum necessary information**. Digital interoperability may subsequently strengthen this function.

5.7. Minimum quality and accountability expectations

The ecosystem should also maintain a basic level of consistency across participating providers.

This does not require identical organisational procedures or service models. However, participation in a shared pathway requires a minimum set of common expectations.

Participating providers should be able to demonstrate, as relevant to their role:

- respect for beneficiary dignity, autonomy and informed participation;
- non-discrimination and equitable access;
- safeguarding and escalation procedures;
- confidentiality and responsible information management;
- timely communication regarding service activation or referral outcomes;
- accessibility of information and services;
- communication of significant changes in service availability or risk;
- participation in agreed coordination and review arrangements.

Participating organisations should have a clear route for reporting and responding to discrimination, including concerns related to the conduct of service providers. Such concerns should be reviewed promptly, appropriate corrective or protective action should be taken where required, and access to support should not be negatively affected because a beneficiary raises a concern or complaint.

Where significant or recurrent problems occur, the coordination function should support clarification and corrective action.

Depending on the seriousness of the issue, this may involve:

- clarification of procedures;
- additional staff guidance or training;
- revision of responsibilities;
- changes to the referral route;
- temporary suspension of referrals;
- or reconsideration of the provider's role within the ecosystem.

Quality assurance should remain proportionate and should support improvement rather than create an additional administrative layer.

5.8. Contextualising the ecosystem

The one-stop-shop governance model should be adapted to the national and local service environment rather than copied mechanically from another setting.

Before establishing the ecosystem, relevant actors should consider:

- statutory responsibilities of public institutions;
- existing public–NGO cooperation arrangements;
- territorial distribution of services;
- availability of specialist providers;
- existing case-management and coordination structures;
- local and regional capacity;
- legal and data-sharing requirements;
- existing crisis-response and integration networks;
- existing initiatives funded through national or European programmes.

This is particularly important because the same function may be organised differently across countries or even between regions.

Experiences identified in Poland illustrate this diversity. Foreigners' Integration Centres, local intercultural centres, coordination bodies and NGO networks demonstrate different ways in which direct services, case management, information and cross-sector collaboration can be combined.

These examples should be treated as **illustrations rather than institutional templates**.

The same principle applies to Romania, where the refugee response has demonstrated the importance of cooperation between public social services, employment institutions, municipalities, NGOs and community actors, while also showing the risk of duplication where mechanisms remain institutionally disconnected. The focus group therefore recommended alignment with existing public, NGO and project-based mechanisms rather than creating another parallel coordination layer.

Country-specific service directories and referral resources should remain in the relevant annexes and be updated independently of the stable Blueprint architecture.

5.9. Maintaining and developing the ecosystem over time

A one-stop-shop ecosystem should be understood as a **dynamic coordination structure**.

Beneficiary needs evolve. Programmes end. Eligibility criteria change. Staff move. New services become available and others lose capacity.

For this reason, the ecosystem coordination function should periodically review:

- participating organisations;
- service availability and capacity;
- operational contacts;
- service-activation and external-referral routes;
- recurrent failed referrals;
- unresolved beneficiary needs;
- overlaps or unnecessary duplication;
- accessibility barriers;
- coordination problems;
- beneficiary and practitioner feedback;
- emerging policy or service needs.

Not every change requires redesign of the ecosystem. Some may require only an updated contact, a new provider or clarification of a procedure. Others may reveal a structural gap requiring additional capacity, resources or institutional action.

Evidence from individual cases should therefore contribute to system development.

A useful learning cycle is: **service delivery → outcome and feedback information → identification of recurring problems → ecosystem review → adjustment of services, partners or procedures**

A repeated inability to meet the same type of need should not remain only a case-management problem. It should be recognised as a potential **ecosystem gap** requiring a system-level response.

6. IMPLEMENTATION PLAN

6.1. Purpose of this chapter

Chapters 4 and 5 define the one-stop-shop model itself: the beneficiary pathway, service modules, professional functions, governance structure, partnership arrangements and coordination mechanisms.

This chapter addresses a different question:

How can an organisation or partnership move from the Blueprint model to a functioning local one-stop-shop ecosystem?

Its purpose is therefore to support implementing actors in assessing readiness, adapting the model to their context, preparing the required operational conditions, launching the mechanism, monitoring how it functions and improving it over time.

Implementation should be understood as a **structured but adaptable process**. The core functions of the Blueprint should be preserved, while institutional arrangements, provider configurations, procedures and delivery formats may be adapted to national, regional and local realities.

6.2. What should remain constant and what can be adapted

> FUNCTIONAL EQUIVALENCE, NOT INSTITUTIONAL UNIFORMITY
>
> Transferability does not mean replicating the same institutional structure in every setting.
>
> The one-stop-shop may be coordinated by different types of organisations, operate at different territorial levels and use different combinations of providers. However, adaptation should not remove the functions that make the model an integrated one-stop-shop.

Core elements to preserve

Local implementation should retain:

- a designated single-entry function;
- a coherent beneficiary pathway;
- proportionate needs assessment and support planning;

- identifiable case-management responsibility where ongoing coordination is required;
- access to relevant service modules;
- coordinated service activation and external referral arrangements;
- follow-up and outcome review;
- an identifiable ecosystem coordination function;
- operational cooperation between participating providers;
- appropriate arrangements for information continuity, confidentiality and data protection;
- accessibility and beneficiary participation;
- mechanisms for monitoring, review and service improvement.

The detailed design of these elements is described in Chapters 4 and 5 and should not be recreated locally from the beginning.

Elements that may be adapted

Depending on the local context, implementing actors may adapt:

- which organisation hosts the single-entry function;
- which organisation or partnership coordinates the ecosystem;
- territorial coverage;
- the number and type of participating providers;
- which services are delivered within the ecosystem and which rely on external referral;
- staffing arrangements and combinations of professional functions;
- local operational forms and documentation, provided that the required functions remain covered;
- physical, telephone, digital and assisted access arrangements;
- the frequency and format of coordination routines;
- additional local monitoring indicators;
- the pace and sequencing of implementation.

The objective is therefore **functional equivalence rather than institutional uniformity**.

6.3. Organisational readiness assessment

Before implementation begins, the organisation or partnership should assess whether the minimum conditions required for the model to function are sufficiently in place.

The purpose of the readiness assessment is not to delay implementation until every condition is ideal. It is to identify what already exists, what can be adapted from existing systems and what gaps must be addressed before or during implementation.

A. Institutional mandate and ownership

Implementing actors should determine:

- Is there an organisation or partnership with sufficient mandate and legitimacy to coordinate implementation?
- Is the ecosystem coordination function clearly assigned?
- Is there an organisation capable of hosting the designated single-entry function?
- Are the proposed responsibilities compatible with existing statutory and institutional mandates?
- Is there sufficient organisational commitment to maintain the mechanism beyond an initial pilot or project phase?

B. Service capacity

Implementing actors should assess:

- Which service modules described in Chapter 4 are already available locally?
- Which can be delivered by participating providers?
- Which require external referral?
- Are there major geographical, eligibility or accessibility gaps?
- Are essential services sufficiently accessible to the intended target group?
- Are there known capacity constraints that could make referrals routinely unsuccessful?

The objective is not to require every service to be available before implementation, but to understand **what the ecosystem can realistically provide and where unresolved gaps remain**.

C. Partnership readiness

Relevant questions include:

- Are the necessary public, civil-society and specialist actors identifiable?
- Are they willing and able to participate?
- Are operational contact persons designated?
- Can existing cooperation mechanisms be used?
- Are formal or semi-formal agreements required for critical parts of the pathway?
- Can organisations communicate service changes and referral outcomes reliably?

D. Human-resource and competency readiness

The organisation or partnership should determine whether the functions and competencies described in Section 4.4 are sufficiently available.

This includes considering:

- staffing capacity;
- case-management experience;
- language and intercultural capacity;
- safeguarding competence;
- availability of specialist professionals;
- data-protection knowledge;
- access to supervision or interdisciplinary consultation.

Readiness should consider not only whether the necessary competencies exist, but also whether the **available staffing capacity is sufficient for the expected caseload and likely intensity of support**.

Where staffing or specialist capacity is limited, the implementation scope should be adjusted rather than launching a pathway that cannot provide adequate continuity or follow-up.

E. Information and data readiness

The readiness assessment should consider whether:

- relevant case information can be recorded securely;
- participating organisations have lawful and workable mechanisms for necessary information exchange;
- authorised access can be controlled;
- service information can be maintained and updated;
- existing digital systems can support the mechanism or whether simpler secure arrangements are initially more realistic.

Full technical interoperability is not required before launch. However, lack of a lawful and workable method for transferring essential information may prevent the ecosystem from functioning as a coordinated pathway.

F. Financial and operational readiness

Implementing actors should identify whether sufficient resources are available for functions requiring continuity, particularly:

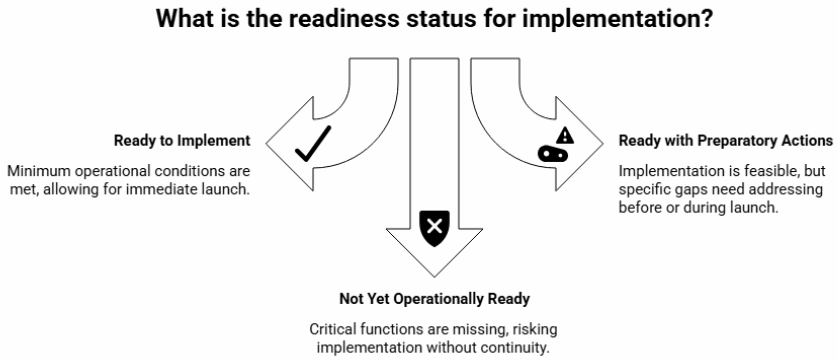
- ecosystem coordination;
- single entry and intake;

- case management;
- essential specialist capacity;
- maintenance of service information;
- interpretation and accessibility support;
- secure information management.

Detailed sustainability and financing options are addressed in Chapters 7 and 8.

Readiness decision

The readiness review should result in one of three practical conclusions:



6.4. Local adaptation protocol

Once readiness has been assessed, the Blueprint should be adapted to the national and local context. Adaptation should begin with the existing system rather than with the assumption that a completely new structure must be created.

For each core element of the Blueprint, implementing actors should determine:

1. What already exists?
   Which institutions, services, procedures, staff and networks already perform the required function?
2. What can be used without modification?
   Existing arrangements should be retained where they already meet the model's requirements.
3. What requires operational adaptation?
   Some functions may exist but require clearer handovers, information flow, role allocation or referral procedures.

4. **What requires inter-organisational agreement?**
   Cooperation may require protocols, formal agreements, data-sharing arrangements or common procedures.
5. **What requires additional capacity or resources?**
   A service, professional function, digital tool or coordination capacity may need to be developed.
6. **What cannot currently be resolved locally?**
   Some barriers may depend on national legislation, statutory competences, regional service capacity or wider structural conditions.

A useful distinction is:

Type of adaptation	Example	Appropriate response
Operational adaptation	local contact route, staffing configuration	adapt locally
Inter-organisational adaptation	shared referral or handover procedure	agree between partners
Institutional/procedural change	recognition of another provider's assessment	revise institutional procedure or formal agreement
Legal/systemic barrier	statutory competence or legal restriction	escalate to competent authority or policy level

The result of the adaptation process should be a **local implementation configuration** identifying:

- coordination host;
- single-entry host;
- participating providers;
- service coverage;
- external referral areas;
- local operational procedures;
- information-management arrangements;
- staffing and training needs;
- accessibility arrangements;
- unresolved structural gaps.

6.5. Preparing for implementation

Once the local configuration has been agreed, a limited set of practical elements should be prepared before service delivery begins.

6.5.1. Confirm operational responsibilities

The functions already defined in Chapters 4 and 5 should be assigned to identifiable organisations and professionals.

At minimum, the local implementation record should identify responsibility for:

- ecosystem coordination;
- single entry and case opening;
- case management;
- specialist service delivery;
- service-information maintenance;
- data-protection and information-governance oversight;
- safeguarding escalation;
- implementation monitoring and review.

Where several organisations share a function, the arrangement should clarify how responsibility is coordinated or transferred.

Where responsibilities are shared across several organisations, implementing partnerships may use a RACI matrix or an equivalent responsibility-allocation tool to clarify who is Responsible, Accountable, Consulted and Informed for each critical function or stage of the beneficiary pathway. Such a tool can support clearer coordination across organisational boundaries, particularly for entry, assessment, case management, service activation and referral, follow-up, safeguarding, information governance and ecosystem coordination. Responsibility allocation should remain consistent with statutory mandates, professional competencies and existing institutional responsibilities.

6.5.2. Confirm the operational service map

Before launch, participating providers should confirm the service information described in Section 5.3, including:

- current eligibility;
- access routes;
- operational contacts;
- known capacity limitations;
- service availability;
- external referral alternatives where relevant.

The implementation team should distinguish clearly between:

- services available within the participating ecosystem;
- associated or supporting resources;
- external referral options;
- known service gaps.

The service map should be usable in practice, not only descriptive.

6.5.3. Put essential agreements and procedures in place

Any cooperation essential to the functioning of the beneficiary pathway should have the minimum agreed arrangements described in Chapter 5.

Priority should be given to arrangements affecting:

- service activation;
- external referral;
- transfer or continuation of responsibility;
- information sharing;
- urgent escalation;
- safeguarding;
- communication of referral outcomes;
- significant changes in service availability.

The mechanism should not be launched on the assumption that these matters will be resolved informally once difficult cases arise.

Where relevant, these operational arrangements should also define locally appropriate indicative response times for urgent, priority and routine cases, taking account of statutory requirements, service capacity and the nature of the identified need. These timeframes should support accountability and timely follow-up without being treated as rigid universal standards. Where an agreed timeframe cannot be met, responsibility for communicating the delay, identifying an alternative route or escalating the case should remain clear.

6.5.4. Prepare staff

Before implementation, relevant professionals should receive role-appropriate orientation covering:

- the purpose and architecture of the one-stop-shop;
- their own responsibilities;

- how their function connects to the wider pathway;
- use of relevant Annex A tools;
- referral and handover procedures;
- safeguarding and escalation;
- confidentiality and information sharing;
- accessibility and communication;
- access to supervision or specialist consultation.

Training should focus on **how the model works in practice**, not only on the content of individual forms.

6.5.5. Establish the minimum implementation file

Before launch, the implementing partnership should maintain a concise operational file containing, as applicable:

- the local implementation configuration;
- assigned functions and contact persons;
- the current service map;
- essential cooperation and referral arrangements;
- information-sharing procedures;
- safeguarding and escalation routes;
- staff orientation materials;
- monitoring and review arrangements;
- identified implementation risks and corrective actions.

The purpose is to provide a practical reference for implementation, not to create additional bureaucracy.

6.6. Phased implementation

The one-stop-shop does not necessarily need to reach its full intended scale on the first day of operation.

Where resources, partnerships or organisational experience are limited, a phased approach may reduce implementation risk while preserving the minimum operational core.

Phase 1. Preparation and adaptation

Key activities include:

- readiness assessment;
- local adaptation;
- confirmation of governance and operational responsibilities;

- stakeholder and service mapping;
- partnership arrangements;
- preparation of staff, procedures and information systems.

Phase 2. Controlled launch

Implementation may begin within a defined territory, target group or service configuration.

During this phase, particular attention should be given to:

- whether single entry works as intended;
- whether responsibilities are understood;
- whether relevant information can move appropriately;
- whether service activation and referral work in practice;
- whether case-management capacity is sufficient;
- whether any procedures create unnecessary burden or duplication.

A controlled launch is particularly useful where several organisations have not previously worked through a shared operational pathway.

Phase 3. Consolidation

Once initial implementation is functioning, the focus moves to:

- correcting weak handovers;
- addressing recurrent referral failures;
- simplifying unnecessary documentation;
- improving service information;
- clarifying responsibilities;
- strengthening staff capacity;
- adding providers or services where significant gaps have been identified.

Phase 4. Expansion or scaling

The mechanism may then expand geographically, organisationally or in service coverage.

Scaling should reproduce the **core functions and minimum quality requirements**, not necessarily the same organisational chart, provider mix or delivery format.

Before expansion, implementing actors should confirm that the existing mechanism is sufficiently stable and that additional scale will not weaken coordination, case-management capacity or service quality.

6.7. Launch readiness checklist

Immediately before launch, implementing actors should be able to answer **yes** or identify a clear corrective action for the following questions:

- Is the ecosystem coordination function assigned?
- Is the designated single-entry function operational?
- Are participating providers and external referral options mapped?
- Are operational contacts current?
- Are service activation and referral arrangements understood?
- Can urgent and safeguarding situations be escalated?
- Is case-management responsibility clearly identifiable, with the level of active coordination adapted to the beneficiary's needs?
- Are relevant professionals sufficiently prepared for their functions?
- Is staffing capacity proportionate to the intended implementation scope?
- Can necessary information be recorded and exchanged lawfully and securely?
- Are interpretation and accessibility arrangements available where needed?
- Are relevant Annex A tools configured for proportionate use?
- Is there a mechanism for reporting service changes or failed referrals?
- Is a basic monitoring and review process in place?
- Do staff know where to escalate implementation problems?

Not every contextual limitation needs to be eliminated before launch. However, **critical gaps that would prevent safe entry, continuity, referral, information protection or safeguarding should be addressed before routine implementation begins**.

6.8. Managing implementation risks and continuity

Implementation should include a simple risk-management process.

The purpose is not to create a separate reporting system, but to identify conditions that could undermine the mechanism and define how they will be managed.

Common risks may include:

Risk	Possible response
Key provider withdraws or loses capacity	activate an alternative route; update service map; review affected cases
Case-management workload exceeds capacity	reassess intensity; redistribute cases; increase staffing or narrow implementation scope

Risk	Possible response
Referrals repeatedly fail	verify service availability; revise pathway; escalate ecosystem gap
Staff turnover affects continuity	use documented roles, handover procedures and shared records
Information cannot be exchanged between organisations	establish a lawful secure alternative and clarify information-sharing arrangements
Language or accessibility barriers prevent service use	strengthen interpretation, assisted access or reasonable adaptations
Partnership responsibilities become unclear	convene coordination review and clarify roles
Funding interruption threatens a core function	prioritise the minimum operational core and activate sustainability measures
Procedures become overly burdensome	simplify documentation while retaining essential functions
Local service environment changes	update the service map and adapt operational routes

Continuity arrangements

For critical functions, implementing organisations should identify basic contingency arrangements for:

- staff absence or turnover;
- temporary provider unavailability;
- interruption of funding;
- failure of essential communication or information systems.

Depending on the context, continuity measures may include:

- deputy or backup arrangements for critical coordination functions;
- documented handover procedures;
- alternative service providers or referral routes;

- secure backup access to essential operational information;
- procedures for informing affected beneficiaries and professionals.

Continuity planning is particularly important because the effectiveness of the model depends on stable coordination even when the surrounding service environment changes.

6.9. Monitoring implementation

Monitoring should help determine whether the model is **functioning as an integrated pathway**, not merely count activities.

A manageable minimum monitoring framework should cover four dimensions.

A. Access and responsiveness

Possible indicators include:

- number of beneficiaries formally entering the pathway;
- time from initial contact to first appropriate response;
- accessibility barriers identified;
- use of interpretation or other adaptations where needed.

B. Pathway functioning

Possible indicators include:

- proportion of cases requiring coordinated support;
- services or modules activated;
- referral acceptance or completion;
- recurrent failed referrals;
- cases requiring escalation;
- significant delays between agreed action and service access.

C. Continuity and outcomes

Monitoring should distinguish between:

Outputs – activities completed, appointments attended, referrals sent, plans prepared.

Outcomes – whether the identified need was resolved or reduced, whether actual access was achieved, whether progress occurred and whether further coordination remained necessary.

This distinction is important because completion of an activity does not necessarily mean that the beneficiary's need has been addressed.

D. Implementation quality

Relevant information may include:

- beneficiary feedback;
- practitioner feedback;
- recurring duplication or procedural burden;
- unresolved role ambiguity;
- service-information accuracy;
- significant safeguarding or quality concerns;
- recurring unmet needs;
- changes in provider capacity.

Monitoring should remain proportionate. The purpose is to generate information that supports decisions and improvement, not to collect data that are never used.

6.10. Implementation issue log and real-time problem identification

In addition to routine monitoring, implementing actors may maintain a simple implementation issue log.

The log can record recurring or significant operational problems such as:

- failed or delayed referrals;
- unclear responsibilities;
- unavailable services;
- repeated duplication of assessment;
- communication failures between providers;
- staffing or caseload constraints;
- information-sharing difficulties;
- recurring accessibility barriers;
- procedural bottlenecks.

For each issue, the log may identify:

- the problem;
- date or period identified;
- affected part of the pathway;
- responsible actor for follow-up;
- action taken;
- current status;

- whether the issue indicates a wider ecosystem gap.

The purpose is to allow implementation problems to be identified and addressed **while the mechanism is operating**, rather than only during periodic evaluation.

6.11. Implementation review and corrective action

Monitoring and issue tracking should lead to periodic implementation review.

Reviews may consider:

- What is functioning as intended?
- Where are beneficiaries still experiencing fragmentation?
- Which referrals or service transitions repeatedly fail?
- Are staff responsibilities clear?
- Is case-management capacity proportionate to demand?
- Are procedures creating unnecessary duplication?
- Are service maps and contact points still current?
- Have new needs or accessibility barriers emerged?
- Are there gaps that cannot be resolved through individual case management?
- Does the local implementation configuration need adaptation?

Corrective action may include:

- simplifying a procedure;
- clarifying responsibility;
- revising a referral route;
- changing an operational contact;
- providing additional training;
- adding or replacing a provider;
- strengthening case-management capacity;
- revising an agreement;
- escalating a structural issue to the appropriate authority;
- narrowing or expanding the implementation scope.

The review should distinguish between:

- **case-level problems**;
- **implementation problems**;
- **ecosystem or system-level gaps**.

Not every unsuccessful case requires redesign of the model, but repeated problems should not be treated as isolated events.

6.12. Use of the implementation toolkit

The practical tools included in Annexes A and B support different parts of the beneficiary pathway described in Chapter 4 and should not be interpreted as separate or competing implementation workflows.

Annex A provides general case-management and pathway-support tools that may assist with first contact, assessment, referral, support planning, follow-up and beneficiary feedback.

Annex B provides a complementary set of employment-oriented tools for beneficiaries for whom labour-market integration is an appropriate and relevant objective. These tools support different stages of employment-focused intervention, including initial stabilisation and readiness assessment, identification of priorities, assessment of competencies and resources, goal setting, labour-market and support-network mapping, activation, job search and ongoing support.

During implementation, organisations should determine:

- which existing organisational documents and procedures already fulfil the required functions;
- which Annex A and Annex B tools should be adopted, adapted or used selectively;
- which information collected at an earlier stage can be reused;
- which tools or elements are required routinely and which should be activated conditionally;
- how information will be recorded, stored and made available to authorised professionals;
- how local documentation requirements can be met without duplicating information already collected through the Blueprint tools.

The use of tools should remain proportionate to the beneficiary's needs, priorities, level of autonomy and stage in the support pathway. Not every beneficiary requires every tool, and the same tool may be used with different levels of depth depending on the situation.

Annex B should be used within the broader employment and labour-market integration pathway described in Section 4.7.8 and remain connected to the beneficiary's wider Personalised Action Plan and case-management process. Employment-oriented intervention should therefore be coordinated with other relevant service modules where housing, childcare, health, language, psychosocial or other needs affect labour-market participation.

Both toolkits are intended to support structured, consistent and person-centred professional practice. They should guide professional judgement rather than

replace it, and they should be adapted to existing national, organisational and professional requirements where necessary.

The central implementation principle is:

adapt the tools to the workflow; do not redesign the workflow around the forms.

This approach helps preserve the Blueprint's core operational logic while avoiding unnecessary duplication, excessive documentation and rigid use of tools.

6.13. Scaling and replication

Replication of the Blueprint should be based on the **common functional core**, not on copying one country's institutional configuration.

Before extending the model to another municipality, region, organisation or target group, the new setting should undertake its own:

- readiness assessment;
- stakeholder and service mapping;
- legal and institutional review;
- capacity assessment;
- adaptation process.

Elements that worked elsewhere may provide useful examples, but local implementation should take account of:

- statutory responsibilities;
- territorial service organisation;
- existing integration infrastructure;
- labour-market conditions;
- availability of specialist services;
- public–NGO relationships;
- funding arrangements;
- information systems;
- accessibility conditions;
- characteristics and needs of the target population.

Scaling is therefore best understood as:

common model → local readiness assessment → contextual adaptation → implementation → review

rather than:

successful model in one location → direct replication elsewhere.

Where the model is adapted for another vulnerable group rather than another refugee-support setting, transferability should be assessed particularly carefully. The common coordination architecture may remain relevant, but risk assessment, safeguarding requirements, competent authorities, service modules and intervention timelines may need to be substantially adapted to the characteristics of the new target group.

6.14. Continuous improvement

Implementation should be treated as iterative rather than final.

The service environment, beneficiary needs, legislation, funding and institutional capacity will continue to change. The one-stop-shop should therefore be able to learn from implementation and respond without losing its core architecture.

A simple continuous-improvement cycle can be used:

PLAN – assess readiness, identify gaps and agree adaptations
→ DO – implement the agreed local configuration
→ CHECK – monitor pathway functioning, outcomes and feedback
→ ACT – adjust procedures, capacity, partnerships or services where needed

Continuous improvement should not mean constantly redesigning the model. The objective is to preserve the Blueprint's core functions while improving how effectively they operate in the local context.

7. SUSTAINABILITY

7.1. What sustainability means for the one-stop-shop ecosystem

Sustainability of the one-stop-shop ecosystem means more than the continuation of individual services after the end of a project or funding cycle.

The model remains sustainable when the **functions that make separate services operate as one coordinated pathway** continue over time. These include institutional ownership of coordination, sufficient case-management capacity, functioning partnerships, maintained professional competence, reliable service information and a viable financing basis for the operational core.

This distinction is important because individual services may continue to exist while the integrated mechanism itself disappears. If coordination ends, case-management capacity is lost, partnership arrangements weaken or essential information is no longer maintained, beneficiaries may once again experience the support system as a fragmented set of organisations.

Sustainability should therefore be understood across several interconnected dimensions:

- **institutional sustainability** – core functions are embedded in regular organisational mandates, responsibilities and procedures;
- **financial sustainability** – essential functions have an identifiable and sufficiently stable financing basis;
- **partnership sustainability** – operational cooperation continues beyond individual projects or personal relationships;
- **workforce sustainability** – relevant competencies and sufficient staffing capacity are maintained;
- **operational sustainability** – essential service information, documentation and infrastructure remain functional;
- **adaptive sustainability** – the ecosystem can continue its core functions as institutional, staffing, funding or service conditions change.

The objective is not to preserve every project-created structure in its original form. Providers, technologies and organisational arrangements may evolve. What should remain sustainable is the **functional core of the coordinated ecosystem**.

7.2. Institutional anchoring and ownership

> BUILD ON WHAT ALREADY EXISTS
>
> Long-term sustainability requires the one-stop-shop functions to become part of regular institutional practice rather than remain dependent on temporary project structures.

Where the model is adopted at national level, institutional anchoring may also take the form of a national framework defining the core functions and minimum operational standards, while allowing regional or local implementation arrangements to reflect territorial service structures and capacity.

The governance arrangement established under Chapter 5 should therefore progressively be embedded in regular institutional mandates, procedures and responsibilities.

Institutional anchoring may include:

- incorporating coordination functions into existing organisational responsibilities;
- integrating relevant intake, assessment, case-management or support-planning procedures into routine service delivery;
- embedding cooperation and referral arrangements in standing inter-agency mechanisms;
- incorporating the one-stop-shop approach into local, regional or organisational strategies;
- adopting relevant Blueprint procedures and tools as standard operational practice;
- formalising public–NGO cooperation where this is important for continuity;
- recognising the model within relevant operational or policy guidance.

Institutionalisation should build on existing structures wherever possible. The purpose is not to create a permanent parallel system where existing institutions and organisations can fulfil the necessary functions through stronger coordination.

At the same time, institutionalisation should not be understood as transferring all responsibilities to a single organisation. The one-stop-shop remains a multi-provider ecosystem. Sustainability therefore depends both on stable ownership of

the coordination architecture and on continued participation by the organisations responsible for relevant services.

This is particularly important in contexts where NGOs have developed substantial case-management and integration expertise through temporary programmes. Where such functions are essential to the ecosystem, sustainability planning should consider how they can be recognised, retained or integrated into longer-term institutional arrangements rather than disappearing when individual projects end.

7.3. Sustainable financing of the operational core

The one-stop-shop ecosystem cannot remain operational if its coordination and case-management functions depend exclusively on temporary funding.

Expert feedback consistently highlighted the need to recognise coordination, case management and related support functions as **structural components of the service model**, rather than as temporary administrative activities attached to a project.

Sustainability planning should therefore identify a sufficiently stable financing basis for the operational core described in Chapter 8, particularly ecosystem coordination, single entry, case management and the enabling functions required for continuity.

These functions do not necessarily need to be financed through the same source. What is important is that each critical function has an **identifiable and sufficiently stable financing basis before temporary project funding ends**.

Where temporary funding supports additional services or capacities, the Sustainability Transition Plan should clarify whether these will be continued, integrated into mainstream systems or discontinued without undermining the minimum operational core.

Where available resources are limited, priority should be given to sustaining the minimum operational core rather than attempting to preserve every activity originally financed during the project or pilot phase.

Specific financing sources and prioritisation options are addressed in Chapter 8.

7.4. Partnership continuity and institutional memory

> BUILD INSTITUTIONAL MEMORY, NOT PERSONAL DEPENDENCY
>
> The one-stop-shop ecosystem depends on cooperation between organisations. For this cooperation to remain sustainable, it should not depend exclusively on individual professionals or informal personal relationships.

Staff turnover, organisational restructuring, programme closure or changes in leadership can quickly weaken an ecosystem where operational knowledge has not been institutionalised.

Partnership continuity should therefore be supported through:

- clearly documented organisational roles;
- institutional contact points rather than reliance on one individual alone;
- maintained cooperation agreements or protocols where appropriate;
- documented referral, handover and escalation arrangements;
- preserved operational guidance and working procedures;
- handover arrangements when key staff change;
- continuity of relevant records and organisational knowledge;
- periodic confirmation that critical cooperation arrangements remain active.

The objective is to create **institutional memory**.

A new professional entering the mechanism should be able to understand how the ecosystem operates without having to reconstruct it from personal contacts or undocumented practice.

Sustainable partnerships should therefore preserve both the **relationship between organisations** and the **operational knowledge required to make that relationship work in practice**.

7.5. Workforce sustainability and knowledge retention

The competencies required to operate the one-stop-shop are described in Section 4.4. Sustainability requires those competencies to remain available as staff and organisational conditions change.

This may involve:

- integrating orientation to the one-stop-shop model into induction for new staff;
- maintaining role-specific training materials;
- providing refresher training when legislation, services or procedures change;
- using training-of-trainers approaches where appropriate;
- supporting peer learning and knowledge exchange between participating organisations;
- maintaining access to supervision or interdisciplinary consultation;
- documenting handovers for case-management and coordination functions;
- establishing succession or backup arrangements for critical roles.

Knowledge retention is particularly important where organisations depend on project-funded specialists whose expertise may otherwise be lost when funding ends.

Workload should also be treated as a sustainability issue. A model that depends on staff consistently operating beyond realistic caseload capacity is not sustainable, even if its formal structures remain in place.

Participating organisations should therefore periodically consider whether staffing capacity remains proportionate to demand and whether essential functions can be maintained without undermining service quality or staff continuity.

7.6. Sustaining operational information and infrastructure

> PRESERVE THE FUNCTION, NOT THE TECHNOLOGY
>
> The service-information, documentation and communication functions established under Chapters 4–6 require continuing ownership after project funding ends.

Sustainability planning should therefore identify who will maintain:

- essential operational service information;
- relevant shared documentation and procedures;
- information needed to support service activation and referral;

- any digital infrastructure used for communication, coordination or secure case-related information exchange.

Where digital systems are used, responsibilities should be clear for:

- technical maintenance;
- authorised access;
- security and data protection;
- updates;
- backup or migration where systems change.

The objective is not necessarily to preserve a particular digital platform or technological solution indefinitely. Technologies can change.

What should be preserved is the **operational function of reliable, secure and current information continuity**.

7.7. Mainstreaming and wider institutional uptake

The longer-term value of the Blueprint depends not only on continued use by the original implementing organisations, but also on its capacity to become part of wider professional and institutional practice.

Mainstreaming may include:

- incorporating the Blueprint into regular programmes and service-delivery procedures;
- integrating relevant elements into organisational guidelines or professional practice standards;
- continuing to make the Blueprint and its tools accessible to practitioners;
- using training-of-trainers and peer-learning approaches to transfer implementation knowledge;
- sharing implementation experience with public authorities and policymakers;
- promoting the model through professional, social-economy, integration and civil-society networks;
- using implementation evidence to support wider institutional recognition of integrated one-stop-shop approaches.

Mainstreaming should focus on the **functional principles and coordination architecture** of the model rather than on direct replication of one institutional configuration.

The process for adapting and implementing the Blueprint in new settings is addressed in Chapter 6.

7.8. Sustainability review and transition plan

Sustainability should be reviewed before the end of an initial implementation, project or funding period rather than addressed only when resources are about to expire.

A practical sustainability review should examine:

- Which core functions currently depend on temporary funding?
- Which organisation will retain responsibility for ecosystem coordination?
- How will the designated single-entry function continue?
- How will necessary case-management capacity be maintained?
- Which critical partnership arrangements will remain operational?
- Who will retain responsibility for essential operational information?
- Are key staff roles and competencies sufficiently secure?
- Which information systems or tools require continued ownership or maintenance?
- Are there foreseeable service, staffing or financing gaps?
- Which functions can be integrated into routine institutional procedures or budgets?
- Which elements require additional financing, institutional decisions or policy support?

The review should result in a Sustainability Transition Plan.

Project Sustainability and Transition Plan

Core function	Current arrangement	Post-project owner	Sustainability action	Main risk
Ecosystem coordination	Project-funded arrangement	Designated institution/partnership	integrate into regular mandate and resources	coordination ends
Single-entry function	Pilot/service point	Designated host organisation	incorporate into routine service pathway	unclear access
Case management	Temporary staff	Responsible service provider	secure continuing staffing capacity	discontinuity of cases
Partnership arrangements	Project network	Participating organisations	maintain agreements and institutional contacts	cooperation becomes informal
Operational information	Project team	Ecosystem coordination function	establish routine ownership and maintenance	outdated service information
Workforce knowledge	Project training	Participating organisations	induction, refresher training and handover	loss of expertise
Information infrastructure	Project-supported system	Designated operational owner	maintenance or transition arrangement	loss of information continuity

The plan should identify clear responsibility, required action and timing for each essential function.

The objective of sustainability planning is therefore **not to preserve every project-created structure**, but to ensure that the core functions of the one-stop-shop ecosystem retain **institutional ownership, operational capacity and an adequate financing basis over time**.

8. FUNDING

8.1. Funding principles and priorities

The financing arrangement for the one-stop-shop ecosystem may vary across national, regional and local contexts. The model may be financed through a single stable public framework or through several complementary sources. The Blueprint does not prescribe a particular financing model. What matters is that the selected arrangement is sufficiently stable, coordinated and aligned with the functional architecture of the ecosystem.

> FUND FUNCTIONS, NOT ORGANISATIONAL BOUNDARIES
>
> Funding should follow the functions required to operate the model rather than the organisational boundaries of individual providers.

Funding should:

- protect the minimum operational core of the ecosystem;
- ensure continuity of responsibility across the beneficiary pathway;
- enable identified priority needs to lead to actual services;
- address locally identified service and capacity gaps;
- support equitable access and necessary adaptations;
- avoid unnecessary duplication of already financed services;
- reduce dependency of critical functions on short-term funding;
- prevent multiple funding streams from fragmenting operational responsibilities.

Where resources are limited, funding should be prioritised in the following order:

1. **Minimum operational core:** ecosystem coordination, the designated single-entry function, proportionate case management, service activation and referral, follow-up, and essential information continuity.
2. **Access to priority services:** the service modules necessary to respond to needs identified through assessment, service mapping and implementation monitoring.
3. **Workforce and equitable access:** sufficient staffing, specialist expertise, interpretation, intercultural mediation, accessibility measures and reasonable adaptations.
4. **Enabling infrastructure:** secure and proportionate information-management, communication and monitoring arrangements.

Once the operational core and priority service gaps are adequately financed, additional resources may support locally relevant service development, outreach, innovation or expansion.

Whether financing comes from one source or several, beneficiaries should continue to experience one coordinated pathway.

8.2. What needs to be financed

Four areas require particular attention when planning the financing of the one-stop-shop ecosystem.

1. Coordination and pathway continuity

Financing should cover the functions that connect individual services into a coordinated beneficiary pathway. Depending on the local configuration, these may include:

- ecosystem coordination;
- designated single-entry and intake capacity;
- case management and follow-up;
- inter-organisational referral and coordination;
- maintenance of current service and referral information;
- implementation monitoring and quality review;
- secure information-management arrangements.

These functions are essential even where individual services are already financed through existing public systems, organisational budgets or external programmes. Without sufficient coordination and case-management capacity, the ecosystem may become a directory or network of services rather than an integrated one-stop-shop.

2. Service delivery

Funding should ensure that priority needs identified through assessment can lead to appropriate and accessible services.

Some service modules may already be financed through mainstream systems or existing programmes. Additional resources should therefore focus on actual gaps in service availability, capacity or accessibility rather than create unnecessary parallel provision.

The required mix of services will differ between contexts and should be informed by:

- beneficiary needs;
- the operational service map;
- statutory responsibilities;
- existing public and non-public provision;

- current service capacity;
- recurrent failed referrals;
- implementation monitoring and feedback.

The purpose is not necessarily to finance every service through the one-stop-shop mechanism, but to ensure that the beneficiary pathway has viable routes to the services required.

3. Workforce and equitable access

Financing should take account of the staff capacity and competencies required to operate the ecosystem safely and effectively. Depending on identified needs, this may include:

- frontline and case-management staff;
- specialist professional capacity;
- staff induction and continuing professional development;
- supervision and interdisciplinary consultation;
- interpretation and intercultural mediation;
- accessible communication;
- reasonable adaptations;
- assisted access for beneficiaries facing language, disability, digital, mobility, caregiving or other barriers.

Staffing levels should be proportionate to the expected caseload and the likely intensity of support. Where staffing or specialist capacity is insufficient, the implementation scope should be adjusted or additional capacity secured.

4. Operational information and enabling infrastructure

Financing may also cover the arrangements needed to maintain reliable information continuity and coordination, including:

- secure case-information management;
- referral confirmation and tracking;
- current service and contact information;
- communication between participating organisations;
- implementation and outcome monitoring;
- accessible digital or telephone interfaces where appropriate;
- maintenance, security and authorised access for any information systems used.

Digital solutions should be proportionate to operational need. They should support an agreed and simplified workflow rather than reproduce unnecessary forms or create additional administrative requirements.

8.3. Potential financing models and sources

The following options represent possible financing arrangements. They do not need to be used together, and the appropriate model will depend on the institutional, legal and financial context.

A. National public financing

Where the one-stop-shop ecosystem is adopted within a national integration, social-inclusion, employment or public-service framework, its core functions may be financed through the national budget or a dedicated national programme.

National financing may provide continuity, territorial coverage, institutional stability and common minimum standards. It does not require all services to be delivered directly by public institutions. A publicly financed model may still operate as a multi-provider ecosystem involving regional and local authorities, municipalities, NGOs, specialist providers and other competent actors.

B. Local and regional public funding

Municipal or regional budgets may finance functions and services falling within local or regional responsibilities, including ecosystem coordination, social support, housing-related assistance, employment support, community services or locally required accessibility measures.
Local and regional financing should reflect the territorial organisation of services and the division of responsibilities between public institutions and participating providers.

C. European and programme funding

European, national and regional programmes may complement structural financing where their objectives and eligibility conditions correspond to identified implementation needs.

Programme funding may be particularly relevant for:

- piloting or extending the model;
- developing institutional cooperation;
- addressing identified service gaps;
- strengthening workforce capacity;
- improving accessibility;
- developing information-management arrangements;
- testing locally relevant innovations.

Because programmes and eligibility conditions change over time, available funding opportunities should be verified in the relevant national and programming context.

D. Philanthropic and private resources

Foundations, philanthropic organisations and corporate initiatives may complement public or programme funding, particularly in relation to innovation, targeted services, outreach, accessibility, capacity development or pilot activities. Such resources may provide useful flexibility. However, critical functions such as ecosystem coordination, single entry, case management and information continuity should not depend exclusively on short-term philanthropic or private funding where more stable arrangements are available.

E. Employer and social-economy participation

Employers and social-economy actors may contribute to specific labour-market measures, including:

- sector-specific or workplace training;
- work-based learning;
- internships or apprenticeships;
- workplace mentoring;
- onboarding;
- job coaching;
- workplace adaptation;
- measures supporting job retention.

These contributions should remain connected to the broader employment and case-management pathway and should complement rather than replace responsibility for the wider integration process.
Different sources may finance different parts of the ecosystem. In such cases, the division of financing should not result in fragmented responsibility or gaps between assessment, service access, referral and follow-up.

8.4. Funding review and continuity

Funding should be reviewed periodically, before the end of a temporary funding period and before any significant expansion of the ecosystem.
The review should consider:

1. Are the minimum operational functions sustainably financed?
   This includes ecosystem coordination, single entry, proportionate case management, referral, follow-up and essential information continuity.
2. Can identified priority needs lead to actual services?
   The review should identify service modules that are sufficiently financed, areas with insufficient capacity and needs for which no viable service pathway currently exists.

3. Is workforce and specialist capacity adequate?
   Staffing levels, caseload, required competencies, specialist availability, interpretation, mediation and access to supervision should be considered.
4. Are accessibility and information-management needs covered?
   The review should include reasonable adaptations, assisted access, secure information exchange, service-information maintenance and any essential operational infrastructure.
5. Which functions face continuity risks?
   Particular attention should be given to functions dependent on temporary funding, upcoming funding gaps, provider withdrawal, duplication between programmes and responsibilities that do not have an identifiable future financing basis.

Where several funding streams are used, the ecosystem coordination function should maintain a basic overview of:

- which core functions have stable financing;
- which functions depend on temporary funding;
- which service or capacity gaps remain unfunded;
- when relevant funding periods end;
- where financing arrangements create a risk of operational discontinuity;
- whether different programmes unnecessarily duplicate the same activities.

The funding review should lead to clear decisions on:

- functions that can continue under existing arrangements;
- functions that require additional or replacement financing;
- activities that can be integrated into routine institutional budgets;
- services or functions that may need to be reduced, transferred or discontinued;
- responsibilities for addressing identified financing gaps;
- measures required to protect continuity for active beneficiaries.

The results of the funding review should inform the **Sustainability Transition Plan** described in Section 7.8. Detailed arrangements for institutional ownership, post-project responsibility and operational transition should be maintained in that plan rather than duplicated in this chapter.

The central financing principle is:
finance the functions that maintain the beneficiary pathway, ensure that priority needs can lead to actual services, and protect continuity when funding arrangements change.

9. CONCLUSIONS

9.1. Key messages

The central message of the Blueprint is that refugee integration depends on **a coherent support architecture that connects services into an accessible and continuous pathway**. Effective support requires beneficiaries to understand how to enter the system, how responsibilities are organised and how different interventions connect over time.

The Blueprint therefore proposes a **coordinated one-stop-shop ecosystem** in which different providers contribute through a common functional pathway linking entry, assessment, prioritisation, support planning, service activation or referral, case management, follow-up and outcome review. Services may be delivered by different organisations and through different access channels while remaining part of one coordinated support process.

Integration is **multidimensional and dynamic**. Needs related to legal status, housing, health, language learning, education, childcare, psychosocial well-being and employment may interact and change over time. The model therefore combines sufficiently broad assessment with modular and proportionate intervention, allowing support to reflect the beneficiary's needs, resources, priorities and level of autonomy.

Case management and coordination are central to continuity. They connect assessment with action, maintain responsibility across providers, support active referral and follow-up, and ensure that outcomes remain linked to the wider beneficiary pathway. The pilot and expert evaluation particularly reinforced the importance of maintaining a clear progression from assessment to service access, follow-up and outcomes.

The model also promotes **accessible, equitable and adaptable service delivery**. Accessibility, safeguarding, beneficiary participation and non-discrimination are embedded throughout the pathway, while different physical, digital, telephone and assisted-access channels can be combined according to local conditions and beneficiary circumstances.

Effective implementation also depends on **institutional anchoring and sustainable financing**. Coordination, case-management capacity, information continuity and other enabling functions require clear ownership, sufficient staffing and a stable financing basis. These conditions allow the integrated pathway to remain functional over time.

Taken together, the Blueprint provides a practical, adaptable and transferable framework for developing **coherent beneficiary pathways and sustainable service ecosystems**.

9.2. Priority recommendations

Based on the research, model development, expert validation and piloting, six priorities emerge for organisations, institutions and policymakers seeking to implement or strengthen integrated refugee-support systems.

Preserve the common functional core of the one-stop-shop model.

Implementation should maintain a designated entry function, sufficiently broad screening and assessment, prioritisation, support planning, access to relevant services, case management, referral, follow-up and outcome review. Local adaptation should focus on configuring these functions in ways that fit the legal, institutional and organisational context while maintaining the integrity of the pathway.

Organise support around a coordinated entry and beneficiary pathway.

A clear entry function should initiate the pathway and establish responsibility for subsequent steps. Multiple access channels can connect beneficiaries to this function while maintaining one coordinated intake and support logic across the ecosystem.

Ensure that assessment leads to action, service access and outcomes.

Each significant priority identified through assessment should lead, where relevant, to a planned action, an available service or appropriate referral, identifiable responsibility and follow-up. Active referral and case management should connect identified needs with actual service access and observable outcomes.

Make support proportionate, accessible and equitable.

The intensity and combination of services should reflect the complexity of needs, level of risk, existing resources and capacity for independent action. Language, disability, caregiving, digital, geographical and other access barriers should be addressed through appropriate adaptations and assisted-access arrangements.

Establish the organisational conditions required for implementation and continuity.

A functioning ecosystem requires clear governance, prepared staff, active partnerships, up-to-date service mapping, appropriate information flow, safeguarding and data-governance arrangements. Readiness assessment and local adaptation should ensure that these conditions are sufficiently developed before implementation or scaling.

Secure a sustainable financing basis for the operational core.

Coordination, case-management functions, information continuity and other essential enabling functions require stable financing. Funding arrangements should protect the functioning of the beneficiary pathway and ensure that identified priority needs can lead to actual services. Depending on the context,

this may involve national or local public financing, programme resources and complementary funding sources.

Taken together, these priorities emphasise **connection, responsibility and continuity** across the beneficiary pathway. The Blueprint therefore functions both as a **service-delivery framework and a system-development reference**, with a common functional core that can be adapted to different legal, organisational and resource contexts.

9.3. Future directions for development and scaling

The present Blueprint provides a common functional architecture and a practical implementation framework for integrated refugee-support ecosystems. Future development should build on evidence generated through implementation in different institutional, territorial and national contexts. Further refinement can strengthen operational usability, comparability and sustainability while preserving the clarity of the current model.

Further development of implementation and management tools.

Implementation experience can support the development of additional practical tools for local management and coordination. One useful option is a concise operational matrix linking the main stages of the beneficiary pathway with responsible functions, relevant tools or records, expected results and selected monitoring indicators. Such a matrix could provide a single operational overview and complement responsibility-allocation tools such as RACI and the detailed guidance already included in the Blueprint.

Development of maturity and benchmarking approaches.

Implementation experience can also support the development of an ecosystem maturity framework describing progressive levels of integration. Such a framework could help organisations and territories assess their current capacity, identify realistic development priorities and monitor progress over time. Possible levels could range from coordinated information and access, through structured assessment and referral, to integrated case management and, where feasible, interoperable and sustainably financed service ecosystems. The framework would provide a structured way of assessing how fully the common functional core operates in practice.

Further refinement of monitoring and outcome measurement.

Comparable implementation data can support further development of the monitoring framework. Future work may establish more standardised operational definitions for selected indicators, clarify data sources and collection intervals, and assign responsibility for data collection and review. Particular attention should focus on measures that capture actual service access, continuity, responsiveness

and beneficiary outcomes. Over time, implementation evidence may also support a limited set of indicators for meaningful comparison across different settings.

Costing and resource modelling.

Further implementation can generate more reliable evidence on the resources required to maintain the operational core of the one-stop-shop ecosystem. This includes direct service provision as well as ecosystem coordination, single entry, case management, interpretation and mediation, information management, staff development and specialist support. Such evidence can inform indicative costing models, financing scenarios and realistic planning for local, regional or national implementation.

Digital interoperability and information continuity.

Future development can explore secure and interoperable approaches that allow relevant information to be collected once and reused appropriately across authorised parts of the beneficiary pathway. Technological solutions should support data protection, role-based access, professional responsibility and proportionality while improving continuity, accessibility and efficiency.

Further formalisation of inter-institutional cooperation.

Implementation experience may support the development of adaptable model agreements, referral protocols, information-sharing arrangements and other cooperation instruments. These resources can strengthen responsibility and continuity while remaining compatible with national legislation, statutory responsibilities and existing institutional procedures.

Strengthening community and informal support links.

Future implementation may explore more systematically how refugee-led organisations, peer-support structures, community networks, volunteers and other informal actors can complement formal service pathways. These actors can strengthen trust, access to information, social participation and early identification of barriers while remaining connected to the wider ecosystem and clearly differentiated from professional or statutory responsibilities.

Learning across implementation settings and transferring to other target groups.

Comparative implementation across municipalities, regions and countries can help identify which elements of the model remain consistently essential, which adaptations improve accessibility and effectiveness, and which governance and financing arrangements provide the strongest basis for continuity. The Blueprint's coordination architecture may also provide a useful reference for other groups experiencing complex or interconnected support needs. Transfer to other target groups should involve a deliberate adaptation process covering safeguarding requirements, competent authorities, service modules, risk profiles and intervention timelines.

Future development should remain evidence-led.

Implementation experience should guide the refinement of elements that prove necessary, useful and transferable. In this way, the Blueprint can provide a stable system-development reference while remaining responsive to changing service environments, implementation evidence and emerging integration needs.

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11. ANNEXES

The following annexes form an integral part of the Blueprint and provide practical tools to support its implementation:

Annex A. Implementation Toolkit

Annex B. Employment Integration Toolkit

Social Innovation Initiative

Co-funded by the European Union

BLUEPRINT ONE STOP SHOP

ANNEX A: IMPLEMENTATION TOOLKIT

Social Innovation + Initiative

Co-funded by the European Union

ONE STOP SHOP BLUEPRINT

STAFF TRAINING GUIDE

How to use the Initial Assessment and Case Management Toolkit

INTRODUCTION: WHERE THESE TOOLS FIT

The one-stop-shop ecosystem and the role of intake

This toolkit has been developed to support the practical implementation of the beneficiary pathway described in the Integrated One-Stop-Shop Blueprint for the Social and Labour Market Integration of People in Crisis Situations and Vulnerabilities (EU4UA project). It is intended for frontline staff working within one-stop-shop structures or integrated service ecosystems that bring together legal assistance, housing support, healthcare navigation, language learning, employment guidance, psychosocial support, and other integration services within a coordinated framework.

The Blueprint describes a coordinated pathway connecting single entry, triage and needs assessment, prioritisation and support planning, service activation or referral, case coordination, follow-up, outcome review, and transition or closure. The tools included in this toolkit support key operational functions within that pathway, including first contact and case opening, assessment of needs, risks and strengths, support planning, referral, follow-up, and beneficiary feedback.

In line with the Blueprint, assessment should be structured, proportionate and beneficiary-centred, enabling staff to identify urgent needs, understand the beneficiary's situation and priorities, and determine appropriate next steps. The tools are designed to support this process while respecting the dignity, agency and individual circumstances of each beneficiary, as well as applicable safeguarding, confidentiality and data-protection requirements.

The access and triage chapter of the Blueprint

Chapter 4.3 of the Blueprint — Access model: how beneficiaries move through the system — provides the conceptual framework within which the toolkit operates. It describes a coordinated pathway linking entry, assessment, support planning, service activation or referral, case coordination, follow-up and outcome review.

Single entry — Beneficiaries may reach the support system through physical, digital, telephone or assisted access channels. These channels should connect

them to the designated single-entry function, where case opening and the coordinated support pathway begin. Where a formal case opening is required, the **Pre-screening Form** may be used to record the minimum identifying and contact information necessary to initiate the case. Subsequent tools use the Unique ID to support information continuity and avoid unnecessary repetition of identifying data.

Triage and initial needs assessment — Following entry and case opening, where applicable, an initial assessment helps identify urgent concerns, immediate support needs and the appropriate next step in the pathway. **Form 01 (Initial Assessment)** may support this stage by covering urgent needs, vulnerability screening and initial referral or service activation. The assessment is intended to be brief and proportionate, capturing enough information to determine whether immediate action, further assessment or connection to an appropriate service is required.

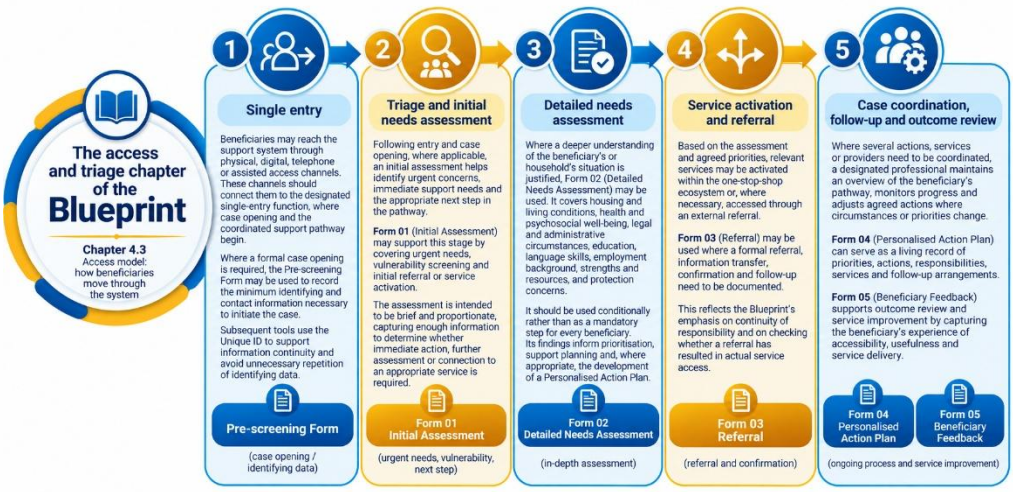
Detailed needs assessment — Where a deeper understanding of the beneficiary's or household's situation is justified, **Form 02 (Detailed Needs Assessment)** may be used. It covers housing and living conditions, health and psychosocial well-being, legal and administrative circumstances, education, language skills, employment background, strengths and resources, and protection concerns. It should be used conditionally rather than as a mandatory step for every beneficiary. Its findings inform prioritisation, support planning and, where appropriate, the development of a Personalised Action Plan.

Service activation and referral — Based on the assessment and agreed priorities, relevant services may be activated within the one-stop-shop ecosystem or, where necessary, accessed through an external referral. **Form 03 (Referral)** may be used where a formal referral, information transfer, confirmation and follow-up need to be documented. This reflects the Blueprint's emphasis on continuity of responsibility and on checking whether a referral has resulted in actual service access.

Case coordination and follow-up — Where several actions, services or providers need to be coordinated, a designated professional maintains an overview of the beneficiary's pathway, monitors progress and adjusts agreed actions where circumstances or priorities change. **Form 04 (Personalised Action Plan)** can serve as a living record of priorities, actions, responsibilities, services and follow-up arrangements.

Outcome review and beneficiary feedback — Follow-up should establish not only whether an action or referral was completed, but whether it produced the intended result and whether further support is required. **Form 05 (Beneficiary**

Feedback) provides an additional mechanism for capturing the beneficiary's experience of accessibility, usefulness and service delivery and for informing service improvement.



Who uses these tools and when

The Blueprint identifies **case managers** and **integration counsellors** as **key professionals** responsible for maintaining continuity across the beneficiary pathway, including assessment, support planning, service coordination, referral and follow-up. Depending on the organisational model, other frontline or specialist professionals may also use individual tools within their respective areas of responsibility.

In smaller organisations, a generalist staff member may use several of the tools across a beneficiary's case journey, depending on the person's needs and the organisation's workflow. In larger or multi-actor settings, different tools may be used by different professionals — for example, an intake worker may complete the Pre-screening Form and Form 01, a social worker may use Form 02, and an employment advisor may contribute to Form 04.

Regardless of the organisational model, the tools are designed to support continuity across the same beneficiary pathway. The Unique ID assigned at case opening links relevant records to the same person and case. Information collected at one stage should inform subsequent actions, so that assessment, planning, referral and follow-up build on information already available rather than starting again at each contact.

As a general principle, **information should be collected once and reused where relevant, subject to access controls, confidentiality and applicable data-protection requirements**. Information may still need to be updated, verified or supplemented where circumstances change or where a specialist service requires additional information.

What these tools do not cover

These tools support the intake, assessment, support planning, referral, follow-up and feedback functions of the one-stop-shop pathway. They do not replace the service module guides described in Chapter 4.7 of the Blueprint, which provide operational guidance for specific areas of support, including legal and documentation support, housing and basic needs, healthcare navigation, mental health and psychosocial support, language learning and cultural orientation, education continuity, childcare and family support, employment and labour-market integration, and entrepreneurship and self-employment.

The service modules describe how specialised support is organised and delivered once a relevant need has been identified and a service has been activated within the ecosystem or accessed through an external referral. The tools in this toolkit support the case-management functions that connect assessment, planning, service activation or referral, follow-up and review across the beneficiary pathway.

They also **do not replace the governance and coordination mechanisms** described in Chapter 5 of the Blueprint, including partnership arrangements, service and stakeholder mapping, information-sharing and confidentiality arrangements, and coordination routines. These mechanisms provide the organisational conditions within which the beneficiary pathway and the toolkit can operate effectively.

A note on standards alignment

These tools have been developed within the EU4UA project framework and are grounded in the service model, principles and beneficiary pathway described in the Blueprint.

Their design reflects widely recognised good-practice principles relevant to integrated support, including person-centred and strengths-based practice, proportionate assessment, safeguarding, confidentiality, responsible information sharing, continuity of support, referral follow-up and beneficiary

participation. The tools are intended to **support, not replace**, the legal, professional and organisational frameworks applicable in each implementation context. Before use, implementing organisations should review and adapt them in line with:

- ✓ relevant national legislation and institutional procedures;
- ✓ applicable safeguarding and protection protocols;
- ✓ data-protection and confidentiality requirements, including the GDPR where applicable;
- ✓ professional standards governing the services delivered;
- ✓ organisational procedures relating to consent, information sharing, referral, complaints and feedback.

Where national or organisational requirements differ from the procedures suggested in the toolkit, the applicable legal and professional requirements should take precedence.

The toolkit should therefore be understood as an adaptable operational resource designed to support the implementation of the Blueprint, rather than as a substitute for national legislation, professional regulation or organisation-specific procedures.

HOW TO USE THIS GUIDE

This guide covers six forms in total: the Pre-Screening Form (Form 0) and five case management forms (Forms 01–05). It explains the purpose and correct use of each field, section, and procedural note. It is intended for use in staff induction training and as an ongoing reference during supervision.

For each item, the guide explains: what the field captures, why it matters, and how to handle it correctly in practice — including edge cases and common mistakes.



PART 0 — PRE-SCREENING FORM

Where a formal case opening is required, the **Pre-screening Form may be used to collect the minimum identifying and contact information necessary to initiate the case**. Subsequent tools should build on information already available and avoid unnecessary repetition

The Unique ID

What it is

The Unique ID is a short alphanumeric code assigned to each beneficiary at first contact. It is carried across all subsequent forms throughout the entire case journey.

Format recommended

[LOCATION CODE] – [DATE] – [SEQUENCE NUMBER]

Example: **BUC-0204-0041** = Bucharest office, 2 April, 41st case opened.

Why it matters

The Unique ID allows staff to link all records to the same person without using their full name in every document — which also reduces privacy risks. It ensures continuity even if the beneficiary is seen by different staff members, moves to a different locality, or returns after a gap. Without a Unique ID, cases can be duplicated, lost, or impossible to trace across the case file.

In practice

The ID is assigned by the staff member conducting the Pre-screening and recorded immediately at the top of that form. The Unique ID should be used in any subsequent tools applied to the case, supporting continuity while reducing unnecessary repetition of identifying data. From Form 01 onward, the Unique ID is the only identifier that appears in the form header. The beneficiary's full name and demographic data are not repeated — they are available in the case file opened at pre-screening.

Section 1 — Identifying Information

Full name

Names from Ukrainian or Russian may be transliterated differently depending on who writes them — for example Olena vs Elena, or Zelenska vs Zelenská. Always note the name exactly as it appears on the person's identity document, even if staff use a simplified version in conversation. This avoids mismatches when cross-referencing with legal or medical records.

Date of birth / Age

Date of birth is always preferable to age alone. Age changes every year and creates inconsistencies across forms completed at different times. Date of birth also matters for legal purposes — establishing whether someone is a minor, whether they qualify for age-specific services, and for matching with official documentation.

Gender

Gender is not just an administrative field. It shapes vulnerability, access to services, risk of GBV, and eligibility for certain programs. The option "prefer not to answer" must always be available — forcing a binary choice can be distressing for some individuals and is not required for service delivery.

Nationality

Not all people fleeing Ukraine are Ukrainian nationals. There are significant numbers of third-country nationals — students, workers, family members — who were living in Ukraine when the war began. These individuals have a different legal status and fewer automatic protections under Temporary Protection regulations. Nationality should always be recorded carefully.

Number of household members / Children

Children are broken out separately from total household members because they trigger specific considerations — child protection protocols, education needs, healthcare, and psychosocial support. Ages matter because the needs of a two-year-old, a ten-year-old, and a sixteen-year-old are entirely different. This field also helps staff quickly identify if any children appear to be of school age but are not enrolled, which is a safeguarding concern.

Contact details

Some beneficiaries do not have a personal phone and rely on a friend, neighbor, or community member's number. Always ask: *"Is this the best number to reach you, or is there another contact who can pass on messages?"*

This often yields more reliable contact information than the primary number alone.

Section 2 — Language & Communication

Literacy level — staff observation

This field is a staff observation, not a question directed at the beneficiary. Asking someone directly "can you read?" can feel deeply embarrassing, especially in a formal assessment setting. People may say yes to avoid shame even when they struggle.

A trained staff member can usually observe literacy level naturally during the first few minutes of interaction — for example by noticing hesitation when asked to sign a form, or difficulty reading a simple instruction.

The three levels mean different things for how you deliver services:

Reads and writes fluently — the person can independently read and complete written forms. Written materials and information leaflets can be shared with confidence.

Limited literacy — staff should read questions aloud, explain them simply, and record answers on the person's behalf. Written materials should be simplified or supplemented verbally.

Unable to read/write — all forms must be completed by staff with the person responding orally. Written information leaflets alone will not be sufficient — verbal explanation and pictorial materials must be used instead.

This information should follow the beneficiary through their case file. It affects how every subsequent service is delivered — appointment reminders, participation in written group activities, support in language classes, and how legal documents are explained.

Section 3 — Legal Status

This section captures two pieces of information that have direct implications for what services the person can access and what administrative steps may be needed.

Temporary Protection status determines the person's legal right to remain in the host country, access the labour market, use public healthcare and

education, and receive certain forms of financial assistance. Someone who has not yet applied — or whose application is in progress — may have gaps in their entitlements that affect every other area of support.

Staff should not assume that everyone fleeing Ukraine has Temporary Protection. Third-country nationals who were living in Ukraine, people who entered through irregular channels, or people who have been in the host country for a long time without registering may have a different or unclear status. If there is any uncertainty, a referral to legal support should be initiated immediately.

Documents issued in the host country covers any official document — Temporary Protection certificate, residence permit, identity document issued by national authorities. The absence of documents is not just an administrative inconvenience — it can block access to healthcare, banking, housing, employment, and education. If the person has no documents, this should be flagged as a priority need regardless of what they identify as their most urgent concern.

Section 4 — Employment Status

This section captures a quick snapshot of the person's current employment situation — enough to flag whether employment support is likely to be needed, without duplicating the detailed employment assessment in Form 02 Section 3.5.

Section 5 — Main Difficulties

This is a brief, open-ended field to capture the person's own description of their main challenges. It is not a structured assessment — it is an initial orientation that helps staff understand where to focus in Form 01 and Form 02.

Section 6 — Immediate Need

This is the key question of the pre-screening. Its purpose is to identify whether there is anything so urgent that it must be addressed before anything else — before the broader assessment or support pathway continues.

Section 7 — Data Protection & Consent

Why the consent language matters

At case opening, the beneficiary should receive clear information about how their personal data will be processed and about their applicable data-protection rights. The implementing organisation should determine the appropriate legal basis for each processing activity and obtain consent where legally required. Separate consent may be required for sharing information with another provider. The consent section must be read aloud to the beneficiary, not simply handed to them to sign.

Beneficiary signature — optional

The signature is optional for a specific reason. In many humanitarian contexts, being asked to sign a document triggers anxiety or distrust, particularly among people who have had negative experiences with authorities. A missing signature does not invalidate the form and does not affect access to services.

If the person cannot write, a mark, initial, or cross made by their own hand is sufficient. Staff should note next to the field: *"mark made by beneficiary."*

Staff signature — mandatory

The staff signature documents who completed the form and confirms that the required information was explained to the beneficiary. It documents that the form was completed by an authorized person, that information was explained to the beneficiary, that consent was obtained correctly, and that the staff member takes responsibility for the accuracy of the data recorded.

Date of consent

The date recorded in the consent section should correspond to the date on which the relevant information was provided and, where applicable, consent was obtained.

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PART 1 — FORM 01: INITIAL ASSESSMENT

Where identifying data has already been collected at case opening, it should be accessed from the existing case file rather than collected again. Form 01 focuses exclusively on the current situation, urgent needs, vulnerability screening, and initial referral.

Section 1 — Current Situation

Type of accommodation

Each accommodation type carries different implications for immediate need and risk:

Community Refugee Centre — the person has shelter through an organized reception system, but these centres are often overcrowded, offer limited privacy, and are typically temporary. People here may feel stable on paper but be under significant stress.

Private host — this arrangement is often fragile. It depends entirely on the goodwill of the host and can end with little or no notice. Staff should probe gently whether the arrangement feels secure and whether there are any concerns about the relationship with the host. Private hosting situations can occasionally carry exploitation risks.

Rented accommodation — a positive sign of stability, but can mask significant financial strain. Ask about ability to maintain rent going forward.

No shelter — an immediate crisis flag. This person needs housing support before anything else can be meaningfully addressed.

Other — covers situations like staying in a church, informal settlement, a car, or an employer's premises. All of these may carry their own risks and should be explored further.

Stability of accommodation

This is a self-assessment by the beneficiary, which makes it valuable in a different way from the accommodation type. Someone living in rented accommodation might describe it as temporary if they cannot afford next month's rent. Someone in a refugee centre might describe it as unsafe if there is violence or harassment inside the facility. Both the accommodation type and the person's own perception matter — they may tell very different stories.

Expected duration of current accommodation

This field transforms housing from a static snapshot into a risk indicator. If someone ticks *Private host* + *Temporary* + *Less than 1 month*, staff knows there is a narrow window to act before the situation becomes a crisis. Prioritize a referral to housing mediation immediately, even if the person does not identify housing as their most urgent need. Many beneficiaries do not raise the issue of housing until they are already without shelter.

Date of arrival in the host country / Date of arrival in this locality

These are two separate fields serving different purposes.

Date of arrival establishes how long the person has been in the country — relevant for legal status, registration deadlines, and understanding the overall displacement trajectory.

Date of arrival in this locality tells you how recently they arrived in your specific area of operation. Someone who arrived locally three days ago has very different immediate needs from someone who has been in the same locality for eight months, even if their accommodation type is identical.

Read these two fields together, not in isolation.

Section 2 — Rapid Screening: Urgent Needs

This section identifies whether the person in front of you has an immediate, unmet need that requires action before anything else in the form is completed.

The key word is *urgent* — this is not a comprehensive needs assessment. It is a filter that tells staff whether to pause the standard intake process and act immediately, or whether to continue with the full form.

In practice, staff should ask this question conversationally, not by reading through the checklist item by item. A natural opening might be: *"Before we go through the form together, is there anything you need urgently right now — food, a place to sleep, medical attention?"* The checklist is then used to record what was said, not to prompt every option.

If any box is ticked, staff must assess whether the need can be addressed on the spot, whether an immediate referral is needed, or whether the need can be scheduled for the same day. The intake should not continue until urgent needs have been acknowledged and a response plan — even a brief one — has been communicated to the beneficiary.

One practical note: people who have been in crisis for a long time sometimes stop identifying their own needs as urgent. Someone who has not eaten properly for three days may say they are fine. Staff should observe as well as listen — physical appearance, energy level, the presence of young children — and probe gently if something does not add up.

Section 3 — Vulnerability Screening

General approach

This section is completed by staff based on observation and the conversation so far — not by asking the beneficiary to tick boxes themselves. Some vulnerabilities are self-evident; others require gentle probing.

Victim of violence / risk of exploitation

This item is separated visually from the rest of the vulnerability list and marked with a warning indicator because it triggers a different response from all other vulnerabilities.

It covers two distinct but related situations:

Victim of violence — someone who has already experienced violence, whether physical, psychological, sexual, or economic. This may include domestic violence, conflict-related violence, or abuse suffered before or after displacement.

Risk of exploitation — someone who has not necessarily been harmed yet but is in a situation that makes them vulnerable. Examples include a woman alone without a support network, a young person without documents, someone entirely financially dependent on another person, or someone who has accepted an unclear work offer.

This item should be ticked not only when there is an explicit disclosure, but also when staff observes indicators — evasive responses, signs of fear, a controlling companion who answers on behalf of the beneficiary, or any other signal that raises concern.

When this item is ticked, do not continue the standard intake process. Activate the protection protocol and transfer the case immediately to the designated protection focal point. Do not record any details about the situation in this form.

Section 4 — Main Need: Self-Identified

This is one of the most important fields in the entire form — and one of the most frequently underused.

It is an open text field for a reason. Its purpose is to record, in the beneficiary's own words, what they consider their most urgent need at this moment. It is not a summary of what staff has observed, not a rephrasing of what was ticked in Section 2, and not a clinical assessment. It is the person's own voice.

This field matters for three reasons.

First, it grounds the entire case in the beneficiary's perspective. A person-centred approach starts from what the person themselves identifies as the priority — even if staff assesses the situation differently. Both perspectives are valid and should inform the action plan.

Second, it often reveals needs that do not appear in the structured checkboxes. Someone might say: *"I need to find my sister — we were separated at the border."* Or: *"I need someone to explain to my child's school why she hasn't been attending."* These are real, specific, actionable needs that no checklist would have captured.

Third, it creates accountability. When staff review the case later, this field tells them what the person asked for — and whether it was addressed.

In practice, staff should ask this question after completing the rest of the form, not at the beginning. By that point the person has had time to think, has understood that the purpose of the conversation is to help, and is more likely to give a genuine and considered answer.

Section 5 — Referral

This section documents the immediate action taken at the end of the intake — where the person is being directed and who is responsible.

A few important principles:

Referrals should be specific, not generic. Ticking "social services" without noting which organisation, which service, and who the contact person is creates ambiguity that can result in the beneficiary falling through the cracks. Wherever possible, a referral should include a named contact and a specific next step — an appointment, a phone call, a document to bring.

Multiple referrals are possible — in fact they are common at initial assessment. However, staff should prioritize. If someone receives five referrals at once with no clear indication of where to start, the result is often paralysis. The action taken field at the bottom of this section should reflect a clear primary next step.

The referring staff name and date are mandatory. This creates accountability and makes it possible to follow up if the referral does not result in contact.

The protection referral box operates differently from all others — see the dedicated note in the form and the separate section of this guide.

Urgency Level — How to Assign It

The urgency level — High, Medium, or Low — determines the speed and intensity of the response. It is one of the most consequential judgments staff make during intake, and it should be based on a consistent set of criteria, not intuition alone.

HIGH — Immediate referral required

Assign High urgency when any of the following are present: the person has no shelter or is at immediate risk of losing shelter within 24–48 hours; there is an immediate medical need — acute illness, untreated injury, pregnancy with complications, a child in visible distress; a protection concern has been identified or suspected — GBV, trafficking, risk of violence; a child is unaccompanied or separated from their caregiver; the person is in acute psychological distress — disoriented, unable to engage with the interview, expressing hopelessness or crisis; there is no food and no means to obtain it.

High urgency means action is taken before the person leaves the building, or at minimum before the end of the working day. Do not schedule a High urgency case for next week.

MEDIUM — Scheduled support within a defined timeframe

Assign Medium urgency when the situation is serious but not immediately dangerous. Examples include: accommodation that is temporary or at risk within the next few weeks but not days; limited financial resources that are not yet exhausted; children not enrolled in school but not in immediate danger; legal status issues that need resolution but are not creating an immediate barrier to safety; mental health concerns that need professional assessment but are not in acute crisis.

Medium urgency means a specific appointment or follow-up is scheduled — not "we will be in touch" but a named date, time, and contact.

LOW — Follow-up and information

Assign Low urgency when the person's immediate situation is stable and the identified needs are informational or developmental rather than crisis-related. Examples include: someone who is housed, has income, and wants information about language courses or employment pathways; someone whose needs have already been substantially addressed and who needs monitoring rather than active intervention.

Low urgency does not mean the case is unimportant. It means the response can be planned rather than immediate. Low urgency cases should still have a clear next step recorded.

A practical note on urgency reassessment

Urgency is not fixed. A case assessed as Medium at intake can become High within days if the housing situation collapses or a protection concern emerges. Staff should reassess urgency at every contact and update the case file accordingly. The urgency level recorded on Form 01 reflects the situation at the moment of intake — it is a starting point, not a permanent classification.

PART 2 — FORM 02: DETAILED NEEDS ASSESSMENT

Identifying data is available in the case file. Form 02 uses the Unique ID exclusively and builds on — rather than repeating — information collected at Pre-screening and Form 01.

Data Protection Notice at the Start

Some information collected through Form 02, particularly health-related and other sensitive information, may constitute special-category personal data under GDPR Article 9 and therefore require additional safeguards. Implementing organisations should ensure that the collection, access, storage and sharing of such data comply with the GDPR and any applicable national data-protection requirements.

The data protection notice at the top of Form 02 must be read aloud and explained to the beneficiary before any questions are asked. Pay particular attention to explaining that responses to the Protection Screening section are handled through a separate confidential file with restricted access — this is often what gives people the confidence to answer honestly.

Section 1 — Family Situation

This section establishes the family structure and the relationships between household members. It is not an administrative formality — the family configuration directly influences the type of support needed and the power dynamics within the household.

A single parent with three children has very different needs from a couple with the same number of children. A family where parents are separated may involve custody tensions or communication difficulties that affect the children's wellbeing. A widowed person may be more socially isolated and emotionally vulnerable.

In practice, this section often opens conversations about the real composition of the family — who left, who remained in Ukraine, who is missing. Staff must be prepared to manage the emotions that can arise at this point in the interview and should not rush past this section.

Section 2 — Sources of Family Income

This section serves two distinct purposes.

The first is assessing financial stability — whether the family has regular income, how sustainable it is, and whether there is a risk of not being able to cover basic needs in the short term.

The second is identifying dependency on external support. A family entirely dependent on humanitarian assistance or private transfers from Ukraine is in a different position of vulnerability from one that has at least one local income, however modest.

In practice, people may be reluctant to declare all sources of income — out of fear that they will lose access to services if they appear "too financially stable." Staff must explain clearly that this information is used for support planning, not for determining eligibility or removing access to services.

Section 3.1 — Education

This section covers all family members with education needs — preschool children, school-age children, and adults who are enrolled in or wish to pursue courses.

The fields are deliberately open to allow staff to note specific details — not just what grade a child is in, but what concrete difficulties they are experiencing. Difficulties may include the language barrier, non-recognition of years of study completed in Ukraine, bullying, social adaptation problems, or pre-existing learning difficulties aggravated by the experience of displacement.

A child who is not enrolled in school and is of school age must be identified quickly — this is a child protection concern, not only an educational need.

Section 3.2 — Health

This section covers all health issues affecting family members — both children and adults — including disabilities and chronic illnesses.

People may hesitate to declare diagnoses out of fear of stigmatization or unfamiliarity with the healthcare system. Staff must explain that the information is confidential and used exclusively to facilitate access to appropriate medical services.

Disability requires particular attention — it is not sufficient to note that a disability exists. The specific support needs must be detailed: mobility, communication, personal care, required medical equipment.

Mental health is frequently under-reported in this section. Many beneficiaries do not identify symptoms of post-traumatic stress, anxiety, or depression as medical problems. Staff should be attentive to indirect signals and facilitate access to psychosocial support without labelling or diagnosing.

Section 3.3 — Housing

This section deepens the housing information collected at Form 01, going further into the concrete living conditions.

The type of housing — house or apartment — is less relevant than the actual conditions. A small apartment in good condition may be more adequate than a house in poor repair.

The legal status of the housing has direct implications for stability and the type of support needed. A person paying rent from their own funds needs financial support if income decreases. A person in a refugee centre may need housing mediation support for independent accommodation over the longer term.

Living conditions are assessed on a three-level scale, but staff should go beyond the checkbox and note specific details — overcrowding, lack of heating, hygiene problems, absence of a private space for children to study.

Section 3.4 — Access to Public Services

This section identifies the concrete barriers the family faces in accessing public services — health, education, transport, social services.

Barriers may be linguistic, administrative, geographic, or related to unfamiliarity with the system. Many families do not access services they are entitled to simply because they do not know they exist or do not know how to navigate them.

Staff should actively probe this section — not wait for the beneficiary to spontaneously list difficulties. Useful prompts include: *"Have you tried to register with a family doctor? What happened?"* or *"Have the children had any difficulties at school related to documents or language?"*

Section 3.5 — Employment Situation

Why this section matters beyond finding a job

Employment is not just an economic issue — it is one of the strongest predictors of long-term integration, mental health, and self-sufficiency. Research consistently shows that access to meaningful employment reduces dependency on humanitarian assistance, strengthens social connections, and rebuilds a sense of identity and agency that displacement often damages. This section should be approached with that broader context in mind — not as a job placement form, but as the foundation of an integration pathway.

Note that the Pre-screening Form captured a brief employment status snapshot. This section goes significantly deeper — it is not a duplication but an expansion into qualifications, skills, recognition, and specific support needs.

Family member seeking employment

This field captures which specific family member is job-seeking, not just whether the household has an employment need. A household may have multiple adults at different stages — one already employed, one actively searching, one not yet ready due to caregiving responsibilities or health. Recording the individual's name and age ensures that the action plan that follows is tailored to a specific person, not to an abstract household need.

Type of support needed

The checklist of support types is not a menu to tick mechanically — it is a conversation starter. Before ticking boxes, staff should ask openly: *"What do you feel you need most to find work here?"* The answer will often point to a combination of needs that cross multiple categories.

Each support type implies a different referral pathway:

Career counselling and guidance is the appropriate starting point for someone who is uncertain about their direction, has qualifications that may not transfer directly to the market, or has been out of the workforce for an extended period.

Job mediation and placement is for someone who knows what they want to do and needs practical support to get there — job search assistance, direct contact with employers, support during the application process, and follow-up after placement.

Digital skills training addresses a barrier that is often invisible until it becomes an obstacle. Many job applications are submitted online, interviews are

conducted via video call, and workplace communication increasingly happens through digital tools.

Additional language learning may be relevant where another language, including English, is required for the beneficiary's intended occupation, training pathway or workplace.

Highest level of education completed

This field should be recorded as specifically as possible — not just "university" but the field of study and the country where the qualification was obtained. The same degree can have very different recognition outcomes depending on the field and the awarding institution.

Professional qualifications and certifications

This field is particularly important for regulated professions. Depending on the host country, certain professions may require formal recognition of foreign qualifications before the person can practise. Identifying such cases at the assessment stage allows staff to initiate the relevant recognition process early and manage expectations realistically.

Previous occupation in Ukraine or country of origin

This is frequently the most actionable field in the entire employment section. A person's most recent occupation tells you more about their realistic employment pathway than their formal qualifications alone.

Some people held roles that do not exist in the same form in the host country— these require a translation into comparable equivalents before job matching can begin. Some people held roles significantly below their qualification level due to market conditions in Ukraine — in these cases, the qualification may open doors that the previous occupation alone would not suggest. Some people have entrepreneurial backgrounds — they may be strong candidates for entrepreneurship support pathways rather than standard employment.

Are qualifications recognised

Yes — focus shifts to job matching, CV adaptation, and interview preparation.

No — refer to legal or documentation support services that can guide the person through the recognition process and set realistic expectations about timelines.

In progress — note how far the process has advanced and what the next step is. These cases need active monitoring.

Unknown — the most common response. An information and orientation session is the immediate next step before attempting job matching.

Other relevant skills

When completing this field, staff should listen for three categories that beneficiaries often do not think to mention spontaneously: language skills beyond Ukrainian and Russian; digital and technology skills; and practical and informal skills — things the person does well that were never formally certified. Staff should ask: *"Is there something you are particularly good at or that people often ask you for help with?"*

Section 4 — Identified Needs

This is the central section of the assessment — it translates everything discussed so far into a structured map of support needs as identified by the beneficiary themselves.

The table format allows staff to record not just whether a need exists, but details about which family members are affected, what type of support is needed, and for how long. A generic "yes" to financial support means very little — a note explaining that the family needs bridge funding for three months while waiting for employment authorization is actionable.

Two important principles apply: first, this section reflects what the beneficiary identifies as their needs — not what staff assumes; second, writing "not applicable" is a valid and useful response that tells future staff the question was asked and considered.

Section 5 — Risk Factors

This section shifts from needs to risks — factors that could destabilize the family situation or prevent progress toward integration, even if an immediate crisis is not present.

Insufficient funds to continue staying in host country is a time-sensitive flag — it requires immediate financial support planning or housing mediation before the family reaches crisis point.

Persons exposed to GBV should trigger a cross-reference with the Protection Screening section and, if not already done, activation of the protection protocol.

Adults unable to find employment combined with *insufficient material resources* indicates a compounding risk that requires coordinated employment and financial support, not just one or the other.

Children facing barriers in accessing services is both a welfare concern and a potential child protection flag depending on the nature of the barriers.

Staff should not treat this section as a mechanical checklist. Each ticked box should prompt a brief note in the conclusions section explaining the specific nature of the risk and what action has been taken or planned in response.

Section 6 — Protection Screening

Why this section comes after Risk Factors

Protection screening is placed after the risk factors assessment intentionally. Sensitive protection questions should be approached only after sufficient rapport has been established and in accordance with applicable safeguarding procedures. By the time staff reach Section 6, a minimal level of trust has been established and the beneficiary understands that the purpose of the interview is to help, not to judge.

Do not rush the transition into this section. Take a moment to shift tone before asking these questions.

How the questions are formulated

The questions deliberately avoid words like "violence," "abuse," or "trafficking." Named categories can feel accusatory or trigger denial. Situational questions — "is there anyone who makes you feel unsafe?" — tend to produce more honest responses.

The option "prefer not to answer" is mandatory on every question in this section. Never press for an answer if a beneficiary chooses not to respond.

When to activate the protection protocol

The protocol is activated not only when there is an explicit disclosure, but also when staff observes indicators — evasive responses, signs of physical harm, anxiety linked to another person present in the room, or any other signal that raises concern, even if the beneficiary has not confirmed anything directly.

When the protocol is activated, stop the assessment. Do not record details of the concern in this form. Transfer the case to the designated protection focal point immediately.

Section 7 — Future Intentions

Why the question was reformulated

The original question — "how long do you plan to stay in the country?" — sounds like an eligibility check. The reformulated question uses a multiple-choice format that treats uncertainty as a valid answer. "I haven't decided yet" is as useful for programming purposes as any other response.

The responses help staff understand the beneficiary's current intentions and adapt longer-term support planning accordingly. This allows the organisation to plan differentiated support based on realistic integration pathways.

Section 8 — Strengths & Resources

Without a strengths assessment, organisations tend to treat all beneficiaries as starting from the same point of need. A strengths-based approach starts from what the person and family already have: social networks, personal skills, existing access to services and coping strategies developed through experience. These are the building blocks of sustainable integration, not just professional services.

In practice, the responses to this section often open employment or integration options that neither staff nor beneficiary had considered.

Section 9 — Conclusions / Observations / Recommendations

This section is where the assessment becomes a tool for action. It is the staff member's synthesis of everything discussed — not a summary of what the beneficiary said, but a professional analysis that connects the dots between needs, risks, strengths, and recommended next steps.

A well-written conclusions section should answer three questions: What is the overall picture for this family? What are the most urgent priorities? What should the next staff member who opens this file know immediately?

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Staff Confirmation at the End of Form 02

The staff confirmation provides an audit trail showing who conducted the assessment and confirms that the required information was explained and the applicable data-protection procedures were followed.

PART 3 — FORM 03: REFERRAL

Identifying data is available in the case file. This form uses the Unique ID exclusively.

Section 1 — Summary of Needs

This field is deceptively simple — and frequently completed poorly in practice.

"Short and clear" does not mean vague. A summary like *"beneficiary needs housing and employment support"* tells the receiving organisation almost nothing. A useful summary gives enough context for a professional who has never met this person to understand the situation immediately and act appropriately.

A well-written summary should cover four elements in no more than four or five sentences: who the person is in brief terms relevant to the referral, what the primary need is and why it is urgent, what has already been done or attempted, and any critical context the receiving organisation needs to know before first contact.

An example of a poor summary: *"Ukrainian refugee, needs job support."*

An example of a useful summary: *"Female beneficiary, 34, arrived in Romania 8 months ago. Holds a degree in civil engineering from Ukraine — recognition process not yet initiated. Currently employed in an unqualified role below her level. Seeks career guidance and employer mediation to transition into a role that matches her qualifications. Has basic Romanian and intermediate English. No childcare barriers to employment."*

Staff should write this summary after completing the full assessment — not during it. It is a synthesis, not a transcript.

Section 2 — Consent to Share Information

Personal information should be shared with another organisation only where there is an appropriate legal basis and in accordance with applicable data-protection requirements. Where consent is the relevant legal basis, it must be specific and informed: the beneficiary should understand which organisation will receive the information and for what purpose.

The consent must be specific: the beneficiary must know exactly which organisation will receive their data and for what specific purpose.

The third checkbox option — agreeing but requesting anonymity — is particularly important for GBV and trafficking cases, where a beneficiary may want support but has safety concerns about their identity being disclosed to a receiving organisation.

Section 3 — Priority Level

The priority level on the referral form should be consistent with the urgency level assigned on Form 01. If circumstances have changed between intake and referral, the priority level should reflect the current situation, not the original assessment.

High — immediate referral means the receiving organisation should make contact with the beneficiary within 24 to 48 hours. If confirmation does not arrive within 48 hours, the follow-up protocol in Section 8 is activated immediately.

Medium — scheduled support means a specific appointment should be confirmed within five working days.

Low — follow-up and information means the referral is informational in nature. A response should still be confirmed within a reasonable timeframe — typically two weeks.

A practical note: staff sometimes assign Medium priority to avoid the obligations that come with High. If in doubt between High and Medium, assign High. It is easier to de-escalate a case than to recover from a missed crisis.

Section 4 — Services Required

This section translates the needs summary into a structured checklist that the receiving organisation can act on immediately.

Not all services on the list will be provided by the same organisation. A referral may go to one organisation for psychological support and a different one for employment support — in that case, a separate Form 03 should be completed for each receiving organisation.

The protection row — if ticked — operates under a different protocol. Do not include protection details in this form. Details are communicated through the confidential channel only.

Staff should resist the temptation to tick every row as a precaution. A referral that lists eight services simultaneously is difficult for the receiving organisation to prioritize. Identify the primary need and refer for that specifically.

Section 5 — Referral Details: Service Mapping

A referral without a named contact person and specific contact details is not a referral — it is a suggestion.

Referred to organisation should include the full name of the organisation, not an abbreviation. *Type of service provided* should be specific enough that the beneficiary knows what to expect. *Contact person* is critical — referrals to a general inbox or generic phone line are frequently lost.

Service mapping requires staff to have up-to-date knowledge of the local service landscape. This knowledge becomes outdated quickly — staff should actively maintain and update their service directory.

Section 6 — Referral Method

Phone call is the fastest method and recommended for High priority cases — but should always be followed by a written note. *Email* creates a written record and is appropriate for Medium and Low priority cases. *Direct — in person* is the most effective method for High-priority cases and for beneficiaries unlikely to follow through independently. *Appointment scheduled* should always include a specific date, time, and location.

Section 7 — Action Taken

Immediate referral completed is only appropriate to tick when confirmation has been received — not when a referral has been sent and a response is still awaited.

Information provided only should be used sparingly for anything above Low priority. If recorded for a Medium or High-priority need, a follow-up must be scheduled to confirm whether the beneficiary made contact.

Section 8 — Two-Way Referral Confirmation

A referral is not complete when it is sent. It is complete when the receiving organisation has confirmed receipt and the beneficiary has been contacted.

Timeframe triggers: non-emergency referrals — follow up if no confirmation within 5 working days; High-priority cases — follow up within 48 hours.

Section 9 — Follow-Up Required

Follow-up is not optional for High and Medium priority referrals — it is a professional obligation. The follow-up date should be within 48 hours for High-priority cases, within one week for Medium, and within two to four weeks for Low-priority cases.

Protection Referral — Confidential

When the protection referral box is ticked in Form 01 or Form 03, no details are recorded in the standard case file. The only information that appears in the general case file is that a protection protocol has been activated.

Section 10 — Final Notes

This section provides space for any additional information relevant to the referral that has not been captured in the preceding sections. Notes should be brief, factual and directly related to the referral process, including any outstanding issues or agreed next steps. Sensitive protection-related details must not be recorded here and should be handled through the applicable confidential procedure.

PART 4 — FORM 04: PERSONALISED ACTION PLAN

Identifying data is available in the case file. Strengths and future intentions are carried over from Form 02 — not re-collected, only updated if the situation has changed.

Who Should Prepare the Action Plan

The action plan is prepared **together** with the beneficiary — not by staff alone and not left to the beneficiary to complete independently.

In organisations with a dedicated case manager, the action plan is their responsibility. In multi-actor settings, it may be prepared by the professional who will also follow the case going forward. In smaller organisations, the same generalist staff member who conducted the assessment may prepare the plan. The timing of the action plan should reflect the beneficiary's situation and the complexity of the case. In some cases, planning may follow assessment immediately; in others, additional reflection or information may be useful.

The beneficiary must leave the planning meeting knowing exactly what comes next, who is responsible for each action, and when the next contact will be.

Section 1 — Summary of Situation

This section provides a concise overview of the beneficiary's current situation, drawing on information already collected during assessment. It should highlight the main needs, vulnerabilities, strengths and circumstances relevant to support planning, without repeating the full assessment.

The summary should help staff understand the starting point for the action plan and identify the issues that require priority attention. It should remain factual, proportionate and focused on information needed to guide the agreed actions.

Section 2 — Strengths & Existing Resources

Carried over from Form 02 — update only if the situation has changed since the assessment.

The strengths section comes before the objectives intentionally. Identifying what the person already has — before deciding what they need — ensures that

the action plan builds on existing capacity rather than creating dependency on external services.

Section 3 — Priority Areas of Support

This checklist translates the assessment findings into a focused set of intervention areas. A common mistake is to tick every relevant box — if eight out of ten areas are marked as priority, nothing is actually a priority. Staff should identify the two or three areas most likely to have a cascading positive effect on the others.

Each area has specific implications for how the action plan is structured — see the detailed guidance for each area in the original training notes from your organisation's induction materials.

Section 4 — SMART Objectives

Objectives in the action plan should follow the SMART format:

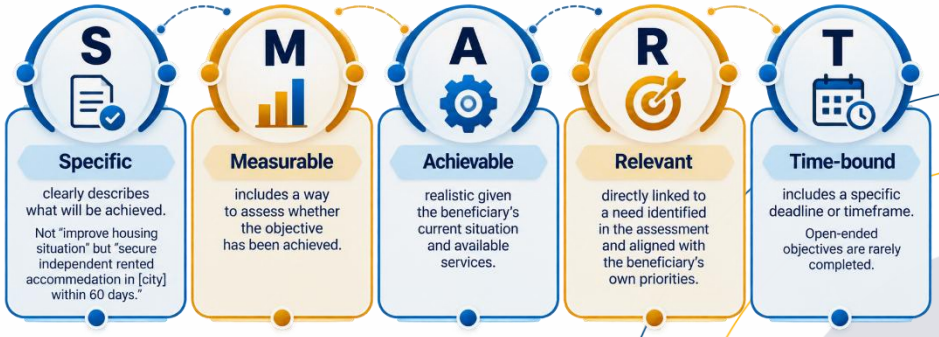
Specific — clearly describes what will be achieved. Not "improve housing situation" but "secure independent rented accommodation in [city] within 60 days."

Measurable — includes a way to assess whether the objective has been achieved.

Achievable — realistic given the beneficiary's current situation and available services.

Relevant — directly linked to a need identified in the assessment and aligned with the beneficiary's own priorities.

Time-bound — includes a specific deadline or timeframe. Open-ended objectives are rarely completed.



Section 5 — Action Plan

The action plan table translates priorities and objectives into specific, assigned, time-bound tasks. Every action must have a named responsible party. Deadlines must be realistic. The status column must be updated at every contact — an action plan that has not been updated since it was created is a historical record, not a living document.

Section 6 — Services & Referrals Linked

This section creates a map of all internal service activations and external referrals connected to this action plan. Its primary function is coordination — when multiple organisations are involved, this table gives any staff member reviewing the file an immediate overview of who is doing what.

Referred — referral sent, service not yet accessed. Requires active monitoring. *Accessed* — beneficiary is actively receiving the service. *Completed* — service fully delivered. Review at next follow-up to confirm the underlying need has been met.

Section 7 — Beneficiary Involvement

If the beneficiary does not agree with the plan, this must be recorded honestly — and the disagreement must be explored, not overridden. A disagreement often reveals important information: an objective that feels unrealistic, a service they have already tried and found unhelpful, or a priority that staff has missed entirely.

Section 8 — Risks & Barriers

Three categories of barriers should be considered: structural barriers (system-level obstacles external to the person); personal barriers (real circumstances that affect capacity to engage with support); and protection-related barriers (barriers linked to safety or risk that require coordination with the protection focal point).

A risk and barriers section that says only "none identified" is rarely accurate. It usually means the question was not explored thoroughly enough.

Section 9 — Future Intentions

Carried over from Form 02 — tick if changed since assessment and note the change.

Future intentions may influence longer-term support planning and should be considered alongside the beneficiary's current needs, priorities and circumstances. A person oriented toward return needs a different action plan from someone committed to long-term stay in the host country. Undecided is the most common response — the plan should focus on stabilization without closing off any pathway. Future intentions change over time and should be revisited at every plan review.

Section 10 — Follow-Up Plan

The next follow-up date should be set before the beneficiary leaves the meeting. Follow-up method should be chosen based on what works for the beneficiary, not only what is convenient for staff. Monitoring frequency should be explicitly agreed — not assumed.

Section 11 — Progress Notes

Progress notes are the ongoing record of what actually happens between the plan creation and its completion. A good progress note is brief, factual, and actionable. Notes should be written as soon as possible after the contact. Notes should be objective — phrases like "beneficiary is uncooperative" have no place in a professional case file. Notes should always end with a clear next step.

Progress notes are also a safeguarding tool — patterns that emerge over time are only visible if notes are consistent and detailed enough to compare across contacts.

Section 12 — Plan Review

This section documents the formal review of the Personalised Action Plan. Staff should record the date of review and any changes to the agreed actions, based on progress made, emerging needs, identified barriers or changes in the beneficiary's circumstances. The review should be conducted with the beneficiary wherever possible, ensuring that the plan remains realistic, relevant

and aligned with their priorities. Where no changes are required, this should be noted rather than leaving the section incomplete.

PART 5 — FORM 05: BENEFICIARY FEEDBACK

Anonymous Submission

Providing an anonymous feedback option can help beneficiaries express concerns or critical feedback without fear that this may affect their access to services. People who depend on an organisation for services may feel unable to give critical feedback if their identity is known. Anonymous feedback channels produce more honest data and give voice to people who would otherwise remain silent.

Where feasible, organisations should provide an appropriate anonymous feedback channel.

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PRE-SCREENING FORM

Purpose: First contact — Initial contact and case opening, where applicable

Estimated duration: 5–10 minutes. *Where a formal case opening is required, this form may be used to collect the minimum identifying and contact information necessary to initiate the case. Subsequent tools should use the Unique ID and build on information already available, avoiding unnecessary repetition.*

STAFF USE

Field	Details
Unique ID *(assign on first contact)*	e.g. ISI-0204-0041 = Iași office, 2 April, case 41
Date of assessment	
Staff name	
Location / office	

1. IDENTIFYING INFORMATION

Full name: _____

Age / Date of birth: _____

Nationality / Citizenship:

_____

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to answer

Number of household members: _____

Children (number + ages): _____

Phone number: _____

Other contact details *(optional)*: _____

2. LANGUAGE & COMMUNICATION

Preferred language: ☐ Ukrainian ☐ Russian ☐ English ☐ Other: _____

Do you need an interpreter? ☐ Yes ☐ No

Literacy level *(staff observation)*: ☐ Reads and writes fluently ☐ Limited literacy ☐ Unable to read/write

Preferred format for communication: ☐ Written ☐ Verbal ☐ Visual/pictorial

3. LEGAL STATUS

Have you applied for Temporary Protection? ☐ Yes ☐ No ☐ In progress

Do you have documents issued in the host country? ☐ Yes ☐ No

4. EMPLOYMENT STATUS

Are you currently employed? ☐ Yes ☐ No

If yes, details *(country, type of work, contract)*: _____

If no, are you actively looking for work? ☐ Yes ☐ No ☐ Not at this stage

5. MAIN DIFFICULTIES *(short description)*

Integration challenges: _____

Financial / material difficulties: _____

Other issues: _____

6. IMMEDIATE NEED *(key question)*

What is your most urgent need today?

_____

Urgency level:	Action taken:
☐ High	☐ Immediate referral
☐ Medium	☐ Scheduled for initial assessment
☐ Low	☐ Follow-up

7. DATA PROTECTION & CONSENT

The following must be read aloud to the beneficiary by staff before signing:

" We are collecting this information to understand your situation and connect you with appropriate support services. Your personal data will be processed securely and accessed only by authorised personnel in accordance with applicable data-protection requirements. Information may be shared with another service provider only where there is an appropriate legal basis and in accordance with applicable confidentiality and data-protection rules. You have rights regarding your personal data under applicable data-protection law, including the right to access and correct your data and, where applicable, to request its deletion or restriction. Your data will be retained in accordance with the implementing organisation's applicable data-retention policy."

Legal basis for processing: To be determined by the implementing organisation in accordance with applicable data-protection requirements.

I have been informed about the purpose of data collection and my rights: ☐ Yes ☐ No

Signature (beneficiary, optional): _____

Staff name, role, signature: _____

Date: _____

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INITIAL ASSESSMENT FORM

Purpose: Vulnerability screening, urgent needs and referral

Estimated duration: 5–10 minutes *Where identifying data has already been collected at case opening, it should be accessed from the existing case file rather than collected again. This form uses the Unique ID to support continuity and avoid unnecessary repetition.*

STAFF USE

Field	Details
Unique ID	
Date of assessment	
Staff name	
Location / office	

1. CURRENT SITUATION

Where are you currently staying? ☐ Community Refugee Center ☐ Private host ☐ Rented accommodation ☐ No shelter ☐ Other: _____

Your accommodation is: ☐ Stable ☐ Temporary ☐ Unsafe

How long is your current accommodation expected to last? ☐ Less than 1 month ☐ 1–3 months ☐ More than 3 months ☐ Unknown

Date of arrival in the host country: _____

Date of arrival in this locality: _____

2. RAPID SCREENING – URGENT NEEDS

Do you currently need URGENT support with: ☐ Accommodation ☐ Food ☐ Basic items (hygiene, clothing) ☐ Medical care ☐ Medication ☐ Financial support ☐ Other: _____

3. VULNERABILITY SCREENING *(tick all that apply)*

☐ Unaccompanied child ☐ Separated child (from primary caregiver) ☐ Elderly person (65+) ☐ Disability / chronic illness ☐ Pregnant or lactating woman ☐ Single-parent household ☐ Other specific situations: _____

⚠ *The following may require activation of the applicable protection protocol. If a protection concern is identified or suspected, follow the organisation's confidential safeguarding procedure and involve the designated protection focal point as appropriate.* ☐ Victim of violence / risk of exploitation

Do you feel safe where you are staying? ☐ Yes ☐ No ☐ Prefer not to answer

If No or if staff observe indicators of a potential protection concern, follow the applicable confidential protection procedure. A 'Prefer not to answer' response should be respected and may prompt a sensitive follow-up by appropriately trained staff where warranted.

4. MAIN NEED *(self-identified)*

What is your most urgent need right now?

5. REFERRAL *(to be completed by staff)*

☐ Social services ☐ Legal / documentation & residence support ☐ Housing mediation and basic needs stabilization ☐ Healthcare navigation ☐ Mental health and psychosocial support ☐ Language learning & cultural orientation ☐ Education continuity (children/youth) ☐ Childcare and family support ☐ Employment guidance, job matching and qualification recognition ☐ Vocational training and upskilling ☐ Job coaching / in-work support ☐ Entrepreneurship pathways ☐ Protection referral *(confidential – separate file)*

⚠ Note for staff: *Ticking the protection referral box does not require recording any details here. Do not describe the situation, name the receiving organization, or add notes in this file. Activate the protection protocol and transfer the case immediately to the designated protection focal point. This box should be ticked not only when a disclosure has been made explicitly, but also when staff observes indicators of concern — evasive responses, signs of fear, controlling behavior by another person present, or any other signal that raises a safeguarding question.*

Urgency level:	Action taken:
☐ High	☐ Immediate referral
☐ Medium	☐ Scheduled for detailed assessment
☐ Low	☐ Follow-up

Referring staff name: _____ Date: _____

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DETAILED NEEDS ASSESSMENT – HOUSEHOLD LEVEL

Where identifying data has already been collected at case opening, it should be accessed from the existing case file rather than collected again. This form uses the Unique ID in the case header and builds on information already available.

Data protection reminder

Some information collected through this form, particularly health-related and other sensitive information, may constitute special-category personal data under GDPR Article 9 and therefore require additional safeguards.

Personal data should be:

- *processed securely and accessed only by authorised personnel in accordance with applicable data-protection requirements;*
- *used only for legitimate purposes related to assessment, support planning and service coordination;*
- *shared with another service provider only where there is an appropriate legal basis and in accordance with applicable confidentiality and data-protection requirements;*
- *handled through the applicable confidential procedure with restricted access where protection-related information is involved.*

Implementing organisations should ensure that the collection, access, storage and sharing of personal data comply with the GDPR and any applicable national data-protection requirements.

STAFF USE

Field	Details
Unique ID	
Date of assessment	
Staff name	
Location / office	

Full name of the family representative: _____

1. FAMILY SITUATION *(tick the appropriate status)*

☐ Parents are married ☐ Parents live in consensual union ☐ Parents are divorced ☐ Parents are separated ☐ Mother or father is widowed ☐ Other situations: _____

2. SOURCES OF FAMILY INCOME *(salaries earned in the host country or country of origin, allowances, pensions, or regular financial support)*

- _____
- _____
- _____
- _____

3.1. EDUCATION *(complete for all family members with education needs, or write "not applicable")*

Full name: _____ Student/preschooler/class/school — difficulties encountered:

_____

Full name: _____ Student/preschooler/class/school — difficulties encountered:

_____

3.2. HEALTH *(complete for all family members with health issues, or write "not applicable")*

Disability status *(if applicable, detail needs)*:

_____

_____

Child – diagnosis:

_____

_____

Adult – diagnosis:

_____

_____

3.3. HOUSING

Current housing: ☐ House ☐ Apartment

Legal status: ☐ Rent (paid from own funds) ☐ Free (government programs or other support) ☐ Personal property ☐ Refugee center ☐ Other: _____

Current living conditions: ☐ Satisfactory ☐ Modest ☐ Needs improvement

Other details:

_____

_____

3.4. ACCESS TO PUBLIC SERVICES *(difficulties encountered — health, education, transport, other services — or write "not applicable")*

3.5. EMPLOYMENT SITUATION

Family member seeking employment in the host country:

Full name: _____ Age: _____

Needs support in finding a job: ☐ Yes ☐ No

If yes, what type of support? ☐ Career counseling and guidance (psychological profile, career plan, CV, motivation letter) ☐ Job mediation and placement (job search, employer contact, employment support) ☐ Digital skills training ☐ Additional language learning ☐ Other: _____

Skills and qualifications held:

Highest level of education completed: _____

Professional qualifications / certifications: _____

Previous occupation in Ukraine or country of origin: _____

Are qualifications recognised in the host country? ☐ Yes ☐ No ☐ In progress ☐ Unknown

Other relevant skills *(languages spoken, digital skills, practical skills not covered by formal qualifications)*: _____

4. IDENTIFIED NEEDS *(as reported by beneficiary)*

Area of support	YES / NO	Details
Host-country language / other language-learning support		
Individual therapy for children		
Psychological services for adults		
Psychological counseling for children		
Social counseling for parents		
Housing / relocation		
Transport		
Schooling and childcare		
Financial support		
Material support		
Medical services		
Information, counseling, vocational guidance		
Other (specify):		

5. RISK FACTORS *(tick YES, NO or NOT SURE / NOT APPLICABLE)*

☐ Insufficient material resources compared to family needs ☐ Insufficient funds to continue staying in the host country ☐ Large household / high dependency burden affecting household stability ☐ Family with dependents (elderly people) ☐ Persons with disabilities in the family ☐ Persons exposed to GBV (gender-based violence) ☐ Adults unable to find employment ☐ Children facing barriers in accessing services (health, education, public services)

6. PROTECTION SCREENING

This section is completed verbally by trained staff. All responses are strictly confidential and handled separately from the general case file. Do not leave this section for the beneficiary to complete independently.

This section follows the risk factors assessment intentionally — it should be completed after trust has been established during the interview. Take a moment to transition gently before asking these questions.

6.1. Safety

Do you currently feel safe where you are living and in your daily life? ☐ Yes ☐ No ☐ Prefer not to answer

Is there anyone in your life right now who makes you feel unsafe, threatened, or controlled? ☐ Yes ☐ No ☐ Prefer not to answer

6.2. Gender-based violence indicators

Is there anyone in your family or close environment who threatens you, harms you, or controls your movements, money, or decisions? ☐ Yes ☐ No ☐ Prefer not to answer

6.3. Trafficking indicators

Did anyone promise to help you travel, find work, or find housing — and are they now asking something in return? ☐ Yes ☐ No ☐ Prefer not to answer

Are you free to move around, keep your own documents, and make your own decisions? ☐ Yes ☐ No ☐ Prefer not to answer

6.4. Child protection

Are all children in your household safe and under the care of a trusted adult? ☐ Yes ☐ No ☐ Prefer not to answer

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Are any children in your household unaccompanied or separated from their parents or primary caregivers? ☐ Yes ☐ No ☐ Prefer not to answer

⚠ **Note for staff:** *If any response indicates a potential protection concern, do not continue this assessment. Follow the confidential protection referral protocol immediately and notify the designated protection focal point*.

7. FUTURE INTENTIONS

Thinking about the future, which of the following best describes your current plans?

☐ I plan to return to Ukraine when it is safe to do so ☐ I am considering moving to another country ☐ I would like to stay in the host country long-term ☐ I am not sure yet / I haven't decided ☐ I prefer not to answer

8. STRENGTHS & RESOURCES *(strengths-based approach)*

What resources, skills, or support networks does this person / family already have?

Social support network (family, friends, community):

_____

Personal strengths or coping strategies noted by staff:

_____

Existing connections to services or employment: _____

9. CONCLUSIONS / OBSERVATIONS / RECOMMENDATIONS

_____

STAFF CONFIRMATION

I confirm that the data protection notice was read and explained to the beneficiary at the start of this assessment, that the applicable data-protection procedures were followed, and that this form was completed with the beneficiary's active participation

Staff name: _____ **Signature:** _____

Date: _____

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CASE REFERRAL FORM

Identifying data is available in the case file. This form uses the Unique ID exclusively.

STAFF USE

Field	Details
Unique ID	
Date of completion	
Staff name	
Location / office	

1. SUMMARY OF NEEDS *(based on assessment — short and clear)*

2. CONSENT TO SHARE INFORMATION

Before personal information is shared for a referral, staff must explain to the beneficiary which organisation will receive the information, for what purpose, and what information will be shared. Information should be shared only where there is an appropriate legal basis and in accordance with applicable data-protection and confidentiality requirements. Where consent is the relevant legal basis, the consent section below must be completed before the information is shared.

I have been informed that my personal information and case details will be shared with:

Organization: _____

Type of service they will provide: _____

I understand that my information will be used for the purpose described above and handled in accordance with applicable data-protection and confidentiality requirements.

☐ I agree to share my information with the organization named above

☐ I do not agree — I understand that this may affect my ability to access the referred service

☐ I agree to share my information but wish to remain anonymous if possible

Signature (beneficiary, optional): _____

Date: _____

Staff confirmation: I confirm that the above was explained to the beneficiary in a language they understand, with interpreter support if needed.

Staff name: _____ **Date:** _____

3. PRIORITY LEVEL *(from triage)*

☐ HIGH – Immediate referral ☐ MEDIUM – Scheduled support ☐ LOW – Follow-up / information

4. SERVICES REQUIRED

Type of service	YES / NO
Legal, documentation and residence support	☐ YES ☐ NO
Housing mediation and basic needs	☐ YES ☐ NO
Healthcare navigation	☐ YES ☐ NO
Mental health and psychosocial support	☐ YES ☐ NO
Language learning and cultural orientation	☐ YES ☐ NO
Education continuity	☐ YES ☐ NO
Childcare and family support	☐ YES ☐ NO
Employment and labour-market integration support	☐ YES ☐ NO
Entrepreneurship and self-employment support	☐ YES ☐ NO
Protection referral (confidential)	☐ YES ☐ NO

Type of service	YES / NO

5. REFERRAL DETAILS *(service mapping)*

Referred to organization: _____

Type of service provided: _____

Contact person: _____

Phone / Email: _____

6. REFERRAL METHOD

Date of referral: _____

☐ Phone call ☐ Email ☐ Direct (in-person) ☐ Appointment scheduled

7. ACTION TAKEN

☐ Immediate referral completed ☐ Appointment confirmed ☐ Information provided only

8. REFERRAL CONFIRMATION *(to be completed after referral)*

This section documents that the receiving organization acknowledged the referral and confirms the beneficiary was contacted.

Confirmation of receipt by receiving organization

Was the referral acknowledged by the receiving organization? ☐ Yes ☐ No ☐ Pending

Confirmed by (name / position): _____

Date of confirmation: _____

Method of confirmation: ☐ Phone call ☐ Email ☐ In-person ☐ Shared case management system

Beneficiary contact confirmation

Was the beneficiary contacted by the receiving organization? ☐ Yes ☐ No ☐ Unknown

Date beneficiary was contacted: _____

If referral was NOT confirmed within 5 working days *(HIGH priority: 48 hours)*:

☐ Follow-up initiated by referring staff ☐ Alternative referral identified ☐ Case escalated to supervisor

Name of staff responsible for follow-up: _____

---

9. FOLLOW-UP REQUIRED

☐ Yes ☐ No

If yes:

- Responsible staff: _____
- Follow-up date: _____

---

10. FINAL NOTES

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PERSONALISED ACTION PLAN

Identifying data is available in the case file. Where strengths, resources and future intentions have already been recorded during assessment, they should be carried forward and updated only where circumstances have changed.

STAFF USE

Field	Details
Unique ID	
Date of plan creation	
Case manager / responsible staff member	
Location / office	

1. SUMMARY OF SITUATION *(based on assessment — include key vulnerabilities, strengths, and current status)*

---

2. STRENGTHS & EXISTING RESOURCES *(carried over from Form 02 — update only if situation has changed)*

Personal strengths and skills: _____

Social support network: _____

Existing access to services: _____

Coping strategies and resilience factors noted: _____

3. PRIORITY AREAS OF SUPPORT

☐ Legal, documentation and residence support ☐ Housing and basic needs
☐ Healthcare ☐ Mental health and psychosocial support
☐ Language learning and cultural orientation ☐ Education continuity
☐ Childcare and family support ☐ Employment and labour-market integration
☐ Entrepreneurship and self-employment ☐ Financial / material support

☐ Protection (confidential — separate procedure) ☐ Other: _____

4. OBJECTIVES *(SMART format: Specific, Measurable, Achievable, Relevant, Time-bound)*

Objective	Timeframe	Priority	How progress will be measured
		☐ High ☐ Medium ☐ Low	
		☐ High ☐ Medium ☐ Low	
		☐ High ☐ Medium ☐ Low	

5. ACTION PLAN

Need identified	Action to be taken	Responsible	Status
			☐ Pending ☐ Ongoing ☐ Completed
			☐ Pending ☐ Ongoing ☐ Completed
			☐ Pending ☐ Ongoing ☐ Completed

6. SERVICES & REFERRALS LINKED

Service	Organisation	Status
		☐ Referred ☐ Accessed ☐ Completed
		☐ Referred ☐ Accessed ☐ Completed

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7. BENEFICIARY INVOLVEMENT

Does the beneficiary agree with the plan? ☐ Yes ☐ No

Preferences expressed:

_____

_____

8. RISKS & BARRIERS *(what could prevent progress — include structural, personal, and protection-related barriers)*

_____

9. FUTURE INTENTIONS *(carried over from Form 02 — tick if changed since assessment)*

☐ Return to Ukraine ☐ Onward movement to another country ☐ Long-term stay in the host country ☐ Undecided ☐ Prefer not to answer

Changed since initial assessment? ☐ Yes ☐ No — if yes, note:

_____

10. FOLLOW-UP PLAN

Next follow-up date: _____

Follow-up method: ☐ Phone ☐ In-person ☐ Other

Monitoring frequency: ☐ Weekly ☐ Monthly ☐ As needed ☐ Other / agreed frequency: _____

11. PROGRESS NOTES *(updated at each follow-up contact)*

Date	Staff	Notes

Date	Staff	Notes

12. PLAN REVIEW

Date of review: _____

Updated actions (if any):

_____

_____

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BENEFICIARY FEEDBACK FORM

1. BASIC INFORMATION

- Date: _____
- Name (optional): _____
- Age (optional): _____
- Activity / Service attended: _____

2. YOUR EXPERIENCE

What did you like about the service/activity?

How did you feel during the activity/service?

3. SATISFACTION

How satisfied are you with the service?

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

4. STAFF & DELIVERY

How would you evaluate the staff / facilitator?

☐ Excellent

☐ Good

☐ Average

☐ Poor

5. USEFULNESS

Did this service help you?

☐ Yes, a lot

☐ Yes, somewhat

☐ Not really

☐ Not at all

If yes, how did it help you?

6. SUGGESTIONS

What could be improved?

What other services or activities would you like?

7. ACCESS & BARRIERS

Was it easy to access this service?

☐ Yes

☐ No

If no, what difficulties did you face?

8. USE OF FEEDBACK (OPTIONAL)

I agree that my feedback may be used in anonymised form to improve services:

☐ Yes ☐ No

Where available, this form may also be submitted through an anonymous feedback channel. The organisation should clearly inform beneficiaries how to access this option.

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ANNEX B:
EMPLOYMENT INTEGRATION TOOLKIT

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Action Toolkit

Employment Support Model

Purpose and Scope of the Employment Support Toolkit

INTRODUCTION

Supporting refugees and migrants in accessing and sustaining employment requires a **structured, holistic and person-centred approach**. Forced migration often results in cumulative challenges, including legal uncertainty, language barriers, loss of professional identity, disrupted career paths and – in some cases – psychological distress linked to traumatic experiences. These factors significantly influence readiness for labour market participation and must be addressed in a coordinated and ethical manner.

The Employment Support Model provides a step-by-step pathway for professionals working with migrants and refugees, guiding them from their first contact with support services through assessment, evaluation, planning, activation, and long-term support towards sustainable integration into the labour market.

The model is based on the principles of case management, transparency, trust-building, and the empowerment of personal agency. Each stage builds on the previous one and may be implemented either in the sequence described or in a flexible order, ensuring continuity of support while reducing the risk of premature or unsustainable employment outcomes.

The model serves as a practical framework and source of guidance for professionals supporting labour market activation processes. It is flexible and can be applied and implemented either in its entirety or partially, depending on the needs of the client and the organization.

This model is intended for:

- employment advisors,
- social workers,
- career counsellors,
- NGO staff,

- public employment services and partner institutions.

KEY RULES FOR USING THE MODEL:

- The stages may be followed **in sequence**, while allowing flexibility in pace depending on the client's situation.
- Progression to the next stage should be based on **readiness**, not pressure or external expectations.
- Some stages may overlap in practice, but none should be omitted.
- **Specialized matters** (e.g. legalisation, mental health) must always be referred to qualified professionals.
- The specialist should explain to the client how **responsibility** is shared between both parties in the support process.

Each stage is supported by **practical tools** included in the annexes, enabling specialists to implement the model effectively in their daily work.

METHODOLOGICAL FOUNDATIONS

Effective employment support for migrants and refugees requires methods that acknowledge the multidimensional nature of migration experiences and the diversity of professional backgrounds. The following approaches form the methodological backbone of this model and should be applied consistently throughout all stages:

1. Individualised approach (case management)
2. Strengths-based approach
3. Motivational interviewing and goal setting
4. Career coaching
5. Educational and developmental (learning-oriented) approach
6. Intercultural competence and intercultural work
7. Empowerment model
8. Community-based work and mapping of support networks
9. Companionship approach – particularly important in refugee support
10. Project-based approach (planning, monitoring, evaluation)

STAGES OF THE SUPPORT PROCESS

The purpose of the staged process is to create a clear, predictable, and supportive pathway, from first contact with the institution through assessment, planning, and goal setting to concrete educational, activation, and employment-focused actions.

EMPLOYMENT SUPPORT MODEL



The diagram presents a compact visual overview of the Employment Support Model.

INTERPRETATION OF THE STAGES

Icon	Stage	Description
	Documentation & Legalisation	Verification of documents, legal residence status and access to the labour market.
	Priorities	Identifying what matters most to the client at the present moment and assessing readiness for employment.
	Assessment	Mapping competencies, skills, resources and barriers in relation to the labour market.
	Goal Setting	Defining realistic educational and vocational goals aligned with the client's situation and labour market opportunities.
	Mapping	Identifying institutional, community and informal support networks as well as job-search resources.
	Action	Implementation of planned activities: job search, training, internships, applications and labour market entry.
	Ongoing Support	Continuous accompaniment, coordination, monitoring and adaptation of support as needed.

Use of Tools and Annexes Across the Support Pathway

Each stage of the Employment Support Pathway is supported by **dedicated tools (annexes)** designed to facilitate individual work with migrants and refugees. These tools are intended to support specialists in organising meetings, structuring the support process, planning actions, and responding to the individual needs of beneficiaries in a systematic and professional manner.

The annexes serve as **practical, hands-on instruments** that translate the Blueprint methodology into everyday practice. They help to:

- structure individual sessions with beneficiaries,
- support assessment, planning and decision-making processes,
- ensure continuity and coherence across subsequent meetings,
- enhance the effectiveness and consistency of specialist work,
- document progress and support evaluation.

Each tool is directly linked to a specific stage of the pathway and should be used **in the order aligned with the stages**, while allowing flexibility to adapt intensity and timing to the individual situation of the client. The tools are designed to complement, not replace professional assessment and judgement. They **support a reflective, systematic and person-centred practice**.

How to Use the Employment Support Model

1. Begin by understanding the client's situation and verifying their legal and administrative status.
2. Use the stages of the model as a guide throughout the support process.
3. Select and adapt tools according to the client's individual circumstances and needs.
4. Not all tools and annexes need to be used during a single session.
5. Return to previous stages whenever necessary.
6. Document key findings and monitor the client's progress.
7. When issues require specialist expertise, refer the client to appropriately qualified professionals.

Recommended Approach to Working with Clients

- Each session should focus on one main topic or area of support.
- The recommended duration of a session is 45-60 minutes.
- At the end of each session, summarize the key outcomes and agree on the next steps.
- Clients should actively participate in planning and achieving their goals.

The model is neither a diagnostic tool nor a mandatory procedure. It is designed as a practical guide to support practitioners in their work. The selection, sequence and scope of the tools used should always be adapted to the client's individual circumstances, needs and level of readiness.

***Note**: For the purposes of this Employment Support Toolkit, the term "client" is used to refer to the beneficiary receiving employment-related support. This terminology is used for consistency within the tools and should be understood in line with the beneficiary-centred terminology of the Blueprint.*

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ANNEX B1:

STAGE 1 - DOCUMENTATION

CHECKLIST FOR SPECIALISTS WORKING WITH PERSONS WITH REFUGEE EXPERIENCE

A. Legal Status and Residence Legalisation

1. Does the client understand their current legal status in the host country?

☐ Yes ☐ Partially ☐ No

2. Does the client require legal consultation? (Many clients are unaware they need it.)

☐ Yes → refer to free legal aid points / NGOs. ☐ No

3. Does the client possess the required documents?

☐ Travel document ☐ Residence permit ☐ National / temporary-protection identification document, where applicable ☐ Bank account ☐ Other…..

B. Is the client ready to discuss employment activation?

☐ Yes → Proceed to the next steps summary ☐ Rather yes

☐ Not now → set priorities and return to the topic later

SUMMARY OF STAGE 1

1. Key identified needs:

……

……..

2. What do we already have? CV, cover letter, language skills, other.

……

……

3. Planned actions:

……

……..

4. Next contact date / agreed next steps:

……

……..

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ANNEX B2:

STAGE 2 – SETTING PRIORITIES

Tool for specialists working with individuals with refugee experience

Entering into **a contract** with the client.

The contract may include: the rules and frequency of meetings, roles and responsibilities, areas of support, and types of working methods, confidentiality.

……

……

A. PURPOSE OF THIS STAGE

To help the client answer the question: "What is most important for me right now?"
while considering their emotional state, life situation, and readiness for vocational activation.

This stage requires:

- attentiveness,
- empathy,
- slow pace,
- cultural sensitivity,
- trust-building.

B. PRIORITY CHECKLIST

1. Which areas are MOST important to you RIGHT NOW?
(Check all that apply.)

☐ Physical health

☐ Mental health / emotional stabilisation

☐ Children – health / care / education

☐ Learning the host-country language / other relevant language

☐ Housing / accommodation

☐ Ensuring financial stability

☐ Building a support network

☐ Returning home / migration decisions

☐ Work or professional development

☐ Education (training, courses, school)

☐ Urgent, any job (for economic reasons)

☐ Social integration

☐ Other important issues: _____

C. EXPLORATORY QUESTIONS

Use these questions to help the client identify their priorities.

1. About life and current situation:

What currently takes most of your energy?

What is your biggest challenge at the moment?

What does your daily life look like?

2. About important areas:

What is most important for you in the coming weeks?

Are there matters that must be addressed first?

3. About emotions and readiness:

How do you feel about the idea of working or studying?

Do you feel you have enough strength to start a process of change?

4. About children and family (if relevant):

Does your children's situation affect your readiness to work or study?

What support does your family need right now?

D. READINESS SCALE FOR VOCATIONAL ACTIVATION

(Conversation tool, not an evaluation!)

"On a scale from 0 to 10, how ready do you feel to begin looking for a job or starting vocational development?"

0 = "I am not ready at all"

10 = "I am fully ready"

Select:

● 0 ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9 ● 10

Then ask:

"Why did you choose this number and not a lower one?"

"What would need to happen for you to move one point higher?"

These questions help identify real barriers and needs.

E. INTERPRETATION FOR THE SPECIALIST

0–3 = no readiness

The client needs:

- stabilisation,
- psychological support,
- residence/legal regularisation,
- resolution of urgent life issues.

→ Do NOT begin vocational activation.

4–6 = partial readiness

The client may:

- start soft activities: language course, workshops, information meetings,
- need further support and accompaniment.

→ You may plan activities, but do not expect immediate activation.

7–10 = high readiness

The client:

- may start job searching,
- may join vocational trainings,

- is in a relatively stable life situation.

→ Set professional goals and proceed to the next stages.

F. WARNING SIGNS / RED FLAGS

If any of the following appear, work should NOT be the priority:

⚠ severe stress, trauma symptoms, emotional difficulties

⚠ lack of stable accommodation

⚠ lack of basic means of living

⚠ childcare responsibilities preventing work

⚠ complicated legal situation

⚠ family crisis

G. SUMMARY OF STAGE 2 – FORM

Main current priorities of the client:

.....

Areas requiring urgent support:

.....

Readiness level (0–10):

.....

Specialist's conclusions:

.....

Recommended next steps:

.....

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ANNEX B3:

STAGE 3 – Assessment

Tool for working with clients with refugee experience

The diagnosis stage helps both the client and the specialist understand who the client is professionally, what resources they have, what they bring from their past life, and how these resources can be used in the new context.
It is a key step in moving from chaos to a structured vision of a career path.

During this stage we work particularly on:

- competencies,
- skills,
- aptitudes,
- professional experience,
- values,
- readiness for change,
- possibilities for reintegration and return to activity.

A. DIAGNOSTIC CHECKLIST (for the specialist)

1. Verification of competencies, experience, qualifications

Does the client have and/or can they describe:

☐ Work experience in the country of origin

☐ Work experience gained in the host country

☐ Formal education

☐ Diplomas, certificates, courses

☐ Professional licenses (in the host country or country of origin)

☐ Knowledge of foreign languages

☐ Digital skills

☐ Soft skills (teamwork, communication, punctuality, etc.)

☐ Personality predispositions (analytical, manual, social, etc.)

2. Mapping the client's resources

☐ A "competency map" has been created – a list of the client's real resources

☐ Areas requiring development have been identified

☐ Strengths identified

☐ Talents / natural predispositions identified

☐ Life experiences collected that may be an asset on the labour market

☐ Social resources discussed (network, family, community leaders, acquaintances)

☐ Professional mobility assessed (commuting possibilities, shift work)

3. Analysis of real career opportunities

☐ Can the client work in their profession in the host country?

☐ Is the profession regulated (e.g. doctor, teacher, lawyer)?

☐ Is qualification/diploma recognition required?

☐ Is language learning or obtaining additional qualifications needed?

☐ What alternative career paths are possible?

☐ What is the client's situation in relation to the labour market (shortages, sectors, openness)?

4. Professional reintegration

☐ Has the client been out of the labour market for a long time?

☐ Do they need introductory activities (workshops, volunteering, job training)?

☐ Do they have mental barriers (anxiety, uncertainty, decreased motivation)?

☐ Do they have the conditions to return to activity (childcare, health, stability)?

☐ Is there a need to set micro-goals for first steps toward activity?

B. DIAGNOSTIC QUESTIONS (conversation with the client)

1. About experience and competencies

How did you work in your country? What exactly did you do?

What tasks did you perform independently?

What were you most proud of in your work?

What skills do you have that will also be useful in the host country?

What training or learning in the host country could help you?

2. About predispositions and work style

In what environment do you feel best – office, manual work, working with people, independent work?

What brings you the most satisfaction at work?

What do you feel naturally good at?

3. About values and motivations

What is most important to you in a job? (security, stability, development, income, meaning)

Should work in the host country resemble your work in your country of origin, or can it be a new path?

What do you expect from a future employer?

4. About readiness for change

Are you ready to learn new things?

Are you ready to change professions if necessary?

How do you rate your readiness to work on a scale of 0–10?

C. SIMPLE RESOURCE MAP TOOL (to be filled together)

STRENGTHS

.....

.....

PROFESSIONAL SKILLS

.....

.....

TRANSFERABLE SKILLS
(e.g., organisation, stress resistance, communication)

.....

.....

EXPERIENCES I CAN TRANSFER TO THE NEW COUNTRY

.....

.....

POTENTIAL LIMITATIONS / BARRIERS

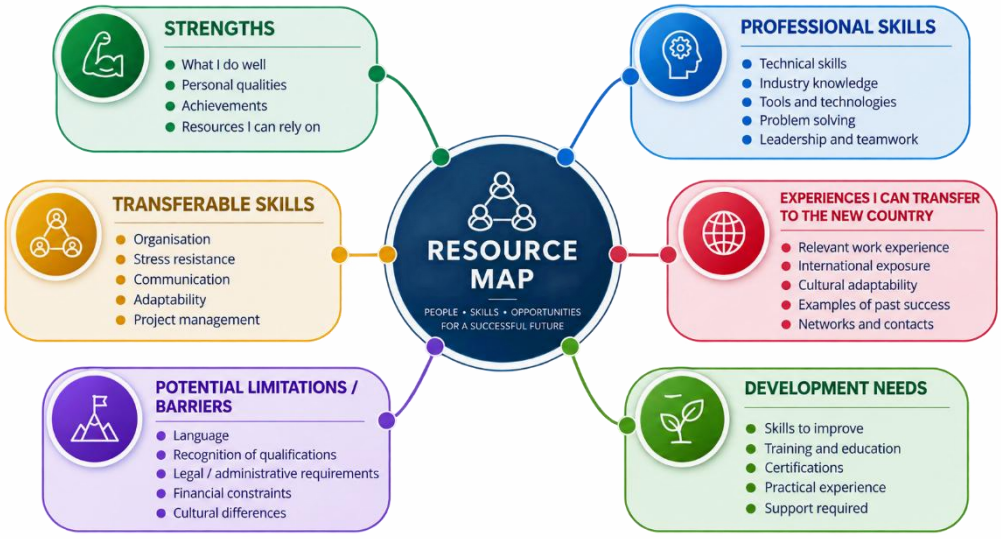
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DEVELOPMENT NEEDS

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D. MINI IAP (Individual Action Plan) – simplified version

Goal 1 (next 2 weeks):

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Goal 2 (next month):

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Goal 3 (next 3 months):

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First steps:

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.....

Who can help?

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.....

E. RED FLAGS – when the client may not be ready to enter the labour market

⚠ signs of trauma or severe stress

⚠ lack of basic stability (housing, finances, health)

⚠ lack of childcare support

⚠ unrealistic expectations of the labour market

⚠ strong fear of change or low sense of agency

In these situations, activation must be postponed and focus placed on stabilisation.

F. AREAS FOR REINTEGRATION (if the client has been inactive for a long time)

- job training
- social and motivational workshops
- volunteering as a “safe” form of return to activity
- short competency courses
- job shadowing
- gradual increase of activity (micro-goals!)

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G. DIAGNOSIS SUMMARY – form

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Key client competencies:

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Professional predispositions:

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Areas requiring development:

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Possible career paths:

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Is work in the learned profession possible?

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Proposed alternative paths:

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Recommended reintegration activities:

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ANNEX B4:

STAGE 4 — GOAL SETTING

Tool for working with clients with refugee experience

Setting goals is a process that helps the client move from resource diagnosis (STAGE 3) to active steps.

At this stage, goals should be:

- realistic,
- important to the client,
- aligned with their capacities,
- measurable and concrete,
- motivating.

A. CHECKLIST – Can we proceed to goal-setting?

☐ The client is in a stable life situation.

☐ The client has expressed readiness to take action.

☐ Resources, experience and possibilities have been discussed (STAGE 3).

☐ The client can identify what is important to them (STAGE 2).

☐ There is potential for action (motivation, energy).

If any element is missing — return to the earlier stages.

B. Introductory conversation – helpful questions

What would you like to achieve in the near future?

Imagine 3 months have passed — what has changed?

What is your most important work-related goal for this year?

What professional role do you see for yourself in the host country?

What do you need to get closer to this goal?

What may support you, and what may be obstacles?

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C. SMART / SMARTEK goal-setting

SMART – worksheet

S – Specific: My goal is…

.....

M – Measurable: How will I know the goal has been achieved?

.....

A – Achievable: Am I able to do this? What do I need to make it possible?

.....

R – Relevant: Why is this goal important to me?

.....

T – Timebound: By when do I want to achieve it?

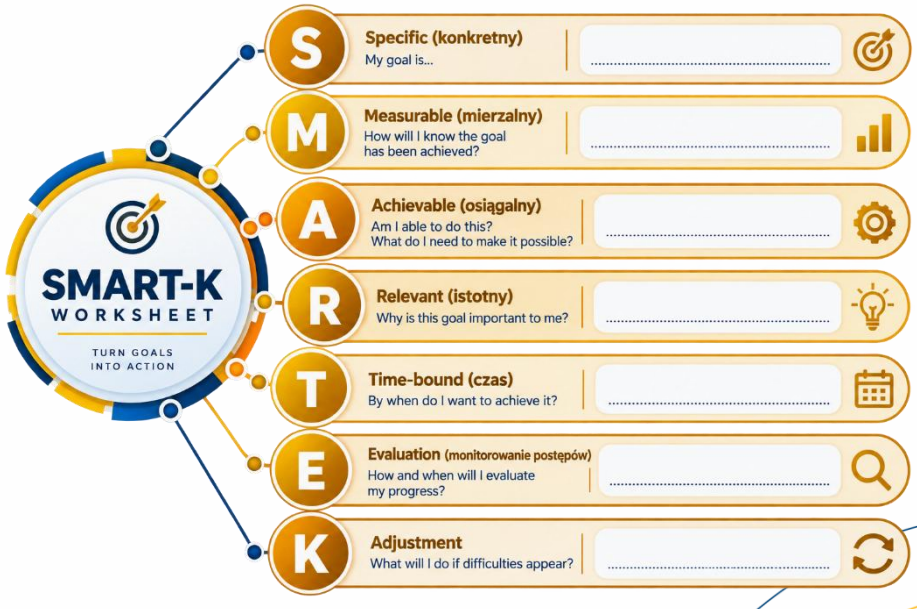
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E – Evaluation: How and when will I evaluate my progress?

.....

K – Adjustment: What will I do if difficulties appear?

.....



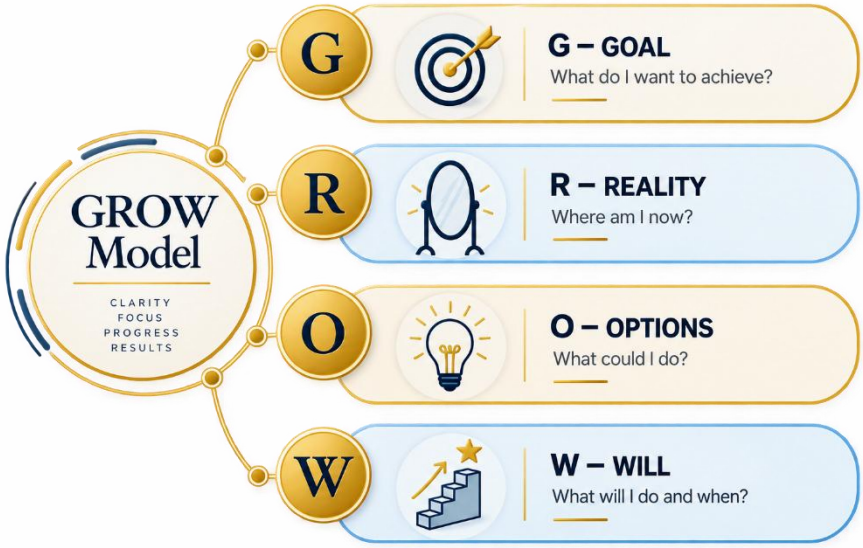
D. GROW Model – coaching tool

G — GOAL: What do you want to achieve?

R — REALITY: What is the situation now? What resources and obstacles exist?

O — OPTIONS: What possibilities do you have? What alternatives?

W — WILL: What is the first step? When will you do it? Who can support you?



E. Tool: “Is my goal realistic?”

1. Do I have the resources to achieve the goal?

☐ Yes

☐ Partially (needs to be supplemented)

☐ No (goal to be postponed)

2. Barriers that may interfere:

☐ Language

☐ Regulated profession

☐ Missing documents

☐ Lack of experience

☐ Life situation

☐ Lack of childcare

☐ Other: _____

3. Is the goal:

☐ Realistic

☐ Ambitious but achievable

☐ A "dream" — long-term goal requiring preparation

☐ Unrealistic at this moment

F. Examples of educational and career goals

Short-term goals (2–6 weeks) :

- Enrol in a host-country language course.
- Update CV and application documents.
- Book an appointment for diploma recognition.
- Create a list of 10 companies hiring in my sector.
- Register for a vocational training.

Medium-term goals (1–3 months) :

- Complete a vocational competence course.
- Participate in an internship or job shadowing.
- Receive first invitations to job interviews.

Long-term goals (6–12 months) :

- Obtain new qualifications or certifications.
- Change profession and start working in a new sector.
- Start a business or micro-enterprise.

G. Working on values, beliefs and motivation

Topics to explore:

VALUES — What is important to me at work (security, stability, development, family, meaning)?

BELIEFS — Which beliefs support me and which limit me?

Examples:

Supportive: “I learn quickly”, “I will manage in a new job”.

Limiting: “No one will hire me”, “My host-country language skills are too weak”.

STRENGTHS — How can I use them?

WEAKER AREAS — What can I strengthen? Which trainings can help me change profession?

H. Searching for a career niche

- analysing sectors where the client can use their skills,
- identifying alternative career pathways (when previous work is currently inaccessible),
- identifying necessary qualifications or certifications,
- selecting trainings, courses, internships, language courses or other upskilling options.

The goal is to create a realistic, tailored career path leading to stable employment.

I. Action plan – worksheet

MAIN GOAL:

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.....

.....

.....

Steps to take:

.....

.....

.....

.....

Deadline: .....

Do I need specialist support?

☐ Yes ☐ No

If yes — what kind?

.....

Who can support me? (NGOs, advisor, friends, institutions)

.....

.....

.....

.....

J. Motivation & readiness – scale 0–10

How motivated do I feel to achieve this goal?

- 0 1 2 3 4 5 6 7 8 9 10

Why not lower?

.....

What would help me move one point higher?

.....

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ANNEX B5:

STAGE 5 – MAPPING

Tool for working with a person with refugee experience

Mapping is the process of jointly creating a SUPPORT MAP and a NETWORK OF CONTACTS.

In a new reality - access to people and institutions is one of the basic factors influencing the sense of safety and ability to function effectively.

This stage strengthens:

- orientation in the local environment,
- client independence,
- sense of support and safety,
- preparation for labour-market activation,
- understanding who/what can be relied on.

A. PURPOSE OF THE STAGE

Help the client:

- learn about local resources and institutions,
- build a list of real contacts,
- understand where and when they can seek support,
- prepare tools for navigating the new environment,
- see that they do not need to go through the process alone.

B. CHECKLIST – SUPPORT MAP

1. Public institutions (local)

Does the client know where the nearest relevant services are located?

☐ Labour Office (registration, trainings)

☐ City / municipal office

☐ Social Welfare Centre

☐ Information point for foreigners

☐ Free legal aid points

☐ Schools / kindergartens (for children)

Addresses / links:

.....

.....

.....

.....

2. Non-governmental organisations / NGOs

Does the client know organisations that can help with:

☐ vocational activation

☐ psychological support

☐ legal aid

☐ integration

☐ education and language courses

List of NGOs in the region:

.....

.....

.....

.....

3. Health and safety

☐ Medical facilities

☐ Crisis points / intervention support

☐ Psychological assistance

Contact list:

.....

.....

.....

.....

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4. Client's social network

List people who can support the client:

☐ Family

☐ Friends

☐ Community leaders (e.g., Ukrainian community)

☐ Neighbours

☐ Colleagues from work / courses / schools

☐ Other trusted people

Names / relationships (optional):

.....

.....

.....

.....

C. MAPPING THE LABOUR MARKET

1. Job websites and applications

Selected list:

.....

.....

.....

.....

2. Employment agencies (verified, safe)

☐ Legal employment agencies

☐ Temporary employment agencies

☐ Local companies cooperating with refugees

List of recommended agencies:

.....

.....

.....

.....

3. Education and development places

☐ Language courses

☐ Vocational courses

☐ Trainings and workshops (e.g., NGOs or Labour Office)

☐ E-learning platforms

Most important proposals:

.....

.....

.....

.....

D. QUESTIONS FOR WORKING WITH THE CLIENT

1.Sense of safety

Who can you ask for help?

Who do you feel connected with and supported by?

2. Orientation in space

Do you know where to handle administrative matters?

Do you know where to go in a difficult situation?

3. Labour market

Which job-offer sources are most user-friendly for you?

Do you feel ready to register at the Labour Office?

4. Social networks

Do you have someone in the host country who can help you?

How can we strengthen your network of contacts?

E. MINI SUPPORT MAP TOOL (to fill in)

1. My support places

Offices:

.....

.....

NGOs:

.....

.....

Health:

.....

.....

Education:

.....

.....

2. My support people

.....

.....

.....

.....

3. Job places / agencies / education

.....

.....

.....

.....

F. SUMMARY – Specialist's sheet

Key resources identified in the client's support map:

.....

Next steps:

.....

.....

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ANNEX B6:

STAGE 6 – ACTION

Tool for working with a person with refugee experience

This stage concerns entering into real action. The client begins to:

- actively search for work,
- use trainings, courses, and internships,
- develop competencies and qualifications,
- explore new career paths,
- learn how to function in the national labour market.

At this stage the specialist accompanies the client rather than doing things for them — strengthening independence, competencies and sense of agency.

A. CHECKLIST – Is the client ready to enter ACTIVITY?

☐ The client knows their resources and possibilities (STAGE 3).

☐ They have defined realistic goals (STAGE 4).

☐ They have basic orientation in opportunities and institutions (STAGE 5).

☐ They are in a stable life and emotional situation.

☐ They feel motivated and ready to act.

If any element is weakened, the specialist returns to earlier stages.

B. AREAS OF WORK IN STAGE 6

This stage includes the following key areas:

- Active job searching
- Competence development / education
- Preparing application documents
- Introduction to the labour market
- Support in searching for job offers and employers
- Employee rights and legal education
- Preparing for a job interview
- Motivation and work on change
- Diploma recognition and qualification validation

- Accompanying throughout the process

C. ACTIVE JOB SEARCH – tool

1. Learning to search for offers

Work with the client on:

☐ entering keywords

☐ filtering offers

☐ understanding requirements

☐ assessing risks (e.g., illegal offers)

☐ building professional networks

☐ direct contact with employers

☐ using networking groups, networking events, and job fairs

☐ creating a list of job portals and apps

☐ using the hidden job market

☐ other

D. DEVELOPMENT AND EDUCATION – supporting tools

Suggested actions:

☐ enrol in a language course

☐ take a vocational course (Labour Office, NGO, private)

☐ internship, practice, vocational volunteering

☐ e-learning courses (Coursera, Udemy, Skills4U)

☐ sector-specific trainings (gastronomy, logistics, IT, care, construction)

☐ other

Coaching questions:

Which training do you need most to achieve your goal?

Can you start a small course today to increase your possibilities?

How can learning help you feel more confident?

E. APPLICATION DOCUMENTS – tool

1. CV – joint work

Work on:

☐ adding all transferable skills

☐ explaining migration-related gaps

☐ simple, concrete description of experience

☐ adapting CV to national standards

☐ preparing CV versions in the host-country language and in English

☐ translating job titles from the country of origin

2. CV – what NOT to include

✗ passport number ✗ children's data ✗ sensitive information ✗ overly detailed personal data ✗ non-standard photos

3. Cover letter / short bio

Help the client write:

"Who I am, what I can do, why I want to work in this sector."

Tools: LinkedIn, Canva, AI.

F. LABOUR MARKET – mini educational module

The client should know the basics:

☐ Labour Market Barometer (shortage occupations)

☐ Minimum and average salary levels

☐ Types of employment contracts

☐ Employee rights and employer obligations

☐ Sectors

☐ How employment agencies work

☐ What the Labour Office is

☐ What diploma recognition and regulated professions are

G. SEARCHING FOR JOB OFFERS – analytical tool

Offer analysis:

☐ responsibilities

☐ requirements

☐ benefits

☐ required language

☐ whether the offer is safe and legal

☐ whether it matches client competencies

Offer analysis sheet:

Position: _____

Do I meet the requirements? (yes/no/partly)

What must I improve to apply?

Does the offer fit my values?

Apply? YES / NO

Person–job fit - job matching includes:

☐ analysis of qualifications, professional experience, and existing skills in relation to employer expectations;

☐ identification of transferable competencies, skills gaps, and areas requiring further development or training support;

☐ which enables more effective alignment with labour market needs.

H. EMPLOYEE RIGHTS – educational module

Discuss:

☐ types of contracts

☐ working hours and pay

☐ right to leave

☐ notice periods

☐ workplace safety

☐ pregnancy rights

☐ rights in cases of mobbing and discrimination

☐ how and where to report irregularities

I. INTERVIEW PREPARATION – tool

Exercises:

☐ mock interviews

☐ difficult questions practice

☐ presenting strengths

☐ talking about migration without revealing too much

☐ elevator pitch (30-second introduction)

☐ how to ask employer questions

☐ preparing for salary negotiation

Questions to practise:

Please tell me about yourself.

Why do you want to work in this company?

What are your strengths?

What professional challenges have you faced?

What are your development plans?

J. MOTIVATING TOWARDS INDEPENDENCE – tools

In work with the client:

☐ build internal motivation (why do I want to work?)

☐ support external motivation (financial needs, stability)

☐ use the hierarchy of needs

☐ return to values from STAGE 4

☐ remind the client of previous successes

☐ create micro-goals (“one small step every day”)

K. DIPLOMA RECOGNITION – support

Help the client:

☐ check if the profession is regulated

☐ identify the proper institution for recognition

☐ prepare documents (diplomas, translations, supplements)

☐ plan the process timeline

☐ find supplementary or specialist courses

L. ACCOMPANYING THROUGH THE PROCESS

This does NOT mean doing things for the client, but:

✓ strengthening their competencies

✓ teaching independent action

✓ providing a safe and supportive presence

✓ moderating the process

✓ monitoring progress

✓ celebrating small successes together

M. SUMMARY – STAGE 6 – worksheet

My goals for the next month:

.....

My actions:

.....

.....

Who will I ask for support:

.....

What I will do today:

.....

.....

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ANNEX B7:

STAGE 7 - ONGOING SUPPORT

(to be used at every stage of work with a person with refugee experience)

Supporting activities are a set of actions that complement the main stages of the process and strengthen the client in their daily functioning in a new country. Their purpose is to ensure safety, facilitate contact with institutions, and build the sense that the client is not alone in the process of adaptation and entering the labour market.

These activities may be implemented in parallel with Stages 1–6.

1. Cross-sector cooperation and referrals to relevant institutions

- Referring clients to labour-market institutions: Labour Offices, employment agencies, vocational activation centres, career information points.
- Establishing contact with employers: presenting the candidate, supporting the initial contact, assisting with sending CVs, jointly explaining recruitment procedures in national context, helping employers reach migrant candidates, and supporting employers in matching candidates to appropriate job positions.
- Cooperation with public and social institutions.

2. Support in contacting public and non-public institutions

- Accompanying the client during office visits (upon request).
- Explaining procedures, documents, deadlines, and requirements.
- Supporting the client in phone or email communication with institutions.
- Assisting in booking appointments, registration, and submitting applications.
- This is especially important in the early period of stay, when language barriers or stress hinder independence.

3. Providing information about available services and events

- Sharing knowledge about activities offered by other organisations: legal aid, psychological support, social assistance, educational and integration services.
- Informing about local events: workshops, consultations, integration meetings, cultural activities.

- Sharing updated resources: websites, apps, webinars, social-media groups, guides.

4. Referrals to specialised services

- Legal assistance: residency status, documents, legalisation, labour rights.
- Psychological support: especially in cases of trauma or strong adaptation stress.
- Social assistance: benefits, material support, aid programmes.
- Medical assistance: facilities, mental-health clinics, free support points for foreigners.

5. Building the client's support network

- Jointly identifying who can support the client in their closest environment.
- Creating an individual contact map: family, friends, colleagues, community leaders, local organisations.
- Reminding the client to regularly use these contacts.

6. Regular contact and monitoring

- Regularly checking progress and challenges.
- Motivating the client to act and maintain engagement.
- Verifying whether goals remain relevant and achievable.
- Adjusting plans when life circumstances change.

7. Strengthening independence – the "accompaniment" principle

Supporting activities DO NOT mean doing things for the client.

The specialist's role is to:

- explain,
- accompany,
- present options,
- strengthen,
- encourage independence,
- support during difficult moments,
- gradually transfer responsibility to the client.

QUICK CHECKLIST – SUMMARY OF SUPPORTING ACTIVITIES

☐ I guide the client to relevant institutions (Labour Office, NGOs, agencies)

☐ I assist in contacting employers

☐ I stay in regular contact with the local support network

☐ I accompany the client to important official appointments

☐ I inform about available support and upcoming events

☐ I refer to legal / psychological / social assistance

☐ I support the client in building their support network

☐ I monitor progress and motivate

☐ I ensure the client's independence is strengthened

☐ I coordinate actions between institutions if needed