REPORT

PRECARIOUS ASYLUM
The Centres of Special Reception for Asylum Seekers and the experience in Ragusa (Sicily)

SUMMARY

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The authors:
Alberto Barbieri, Flavia Calò, Giuseppe Cannella, Laura Deotti, Mariarita Peca, Federica Visco Comandini.

MEDU Team in Sicily:
Flavia Calò (coordinator), Giuseppe Cannella (psychiatric doctor), Angelo Kiros Abraha (cultural mediator), Anna Dessì, Stefania Pagliazzo, Valentina Vegna (psychologists).

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The project "ON TO: Stopping the torture of refugees from Sub-Saharan countries along the migratory route to Northern Africa" is funded by the European Commission, the Open Society Foundations and Oxfam Italy. The project is implemented in Italy (Sicily and Rome) by MEDU and in Israel it is implemented in partnership with two Israeli NGOs, the Hotline for Refugees and Migrants (HRM) ad Physicians for Human Rights (PHR-I). In particular, in 36 months such project is aimed at collecting testimonies of refugees and migrants surviving torture and other cruel, inhuman or degrading treatment disembarked in Italy. Furthermore, this project aims to build a wide-ranging awareness campaign to inform the public and competent authorities in Italy and Europe on the specific needs of victims of torture and how to ensure their early detection; promoting the rehabilitation of victims of torture by psychological - psychiatric assistance and direct training of health personnel in the territories concerned.

Medici per i Diritti Umani (Doctors for Human Rights) is a humanitarian and international solidarity non-profit organisation, free of any political, union, religious and ethnic affiliation. Medici per i Diritti Umani (MEDU) proposes to bring medical aid to vulnerable peoples in crisis situations in Italy and abroad, and to develop democratic and participative spaces within civil society for the promotion of the right to health and other basic human rights. The actions of MEDU are grounded in the militancy of civil society and on the professional and voluntary commitment of doctors and other health operators, as well as of citizens and professionals in other fields.

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SUMMARY

This report is based on direct observation and information collected by Medici per i Diritti Umani (Doctors for Human Rights) during 14 months (October 2014 - December 2015). Data were collected from both refugees and internal personnel working inside the Special Reception Centres (CAS) in the Ragusa Province for the project "ON TO: Stopping the torture of refugees from Sub-Saharan countries along the migratory route to Northern Africa". During these months, a team of Medici per i Diritti Umani (MEDU) provided medical and psychological assistance to migrants victims of torture and inhuman and degrading treatment, collecting their testimonies. The continuing presence in CAS allowed MEDU to check and identify critical issues, therefore to suggest recommendations for a more respectful reception model required to fulfil the complex needs of migrants, particularly the most vulnerable.

Indeed, this is not an ordinary independent report based on a certain number of external visits to different CAS, but rather a collection of observations gathered from day by day operations by an independent humanitarian organization that worked for more than a year to provide services to refugees. The report provides a general evaluation of the CAS system in Ragusa, a region on the front line for the reception of asylum seekers.

What are the CAS?
As foreseen by the National Plan of 10 July 2014 and the Legislative Decree no. 142 of 18 August 2015, both designed for dealing with the extraordinary flow of migrants, the reception in Italy to asylum seekers is presently provided in three steps: 1) first aid (maximum 72 hours); 2) first asylum and qualification (residence time limited to fulfil and check the application for protection); 3) second reception and integration (protection system for asylum seekers and refugees - SPRAR). This system is currently under revision for its alignment with the new approach "hotspot" promoted by the European Commission in September 2015. The new system involves a co-responsability with European Institutions for identifying migrants, including their reallocation up to a maximum of 39,600 migrants from Italy to other Member States. Critical issues of 4 currently active hotspot centres in Italy (with respect to 6 planned) are not considered in this report. The report is focused instead on special reception centres (CAS) that until October 2015 welcomed more than 72% of incoming migrants in Italy, while remaining 21% were hosted in SPRAR and 7% in Government reception centres (Reception Centres for Asylum Seekers – CARA).

CAS were instituted by the Ministry of Interior (circular no. 104 of 8 January 2014) to meet the challenges of an extraordinary inflow of foreign citizens in Italy. CAS were born by definition as "temporary" facilities to accommodate asylum seekers that could not be hosted in oversaturated state and local government reception centers operating under the SPRAR system. Although circular no. 2204 of 19 March 2014 of the Ministry of Interior asked Prefectures (i.e. its provincial branches) to sign agreements with CAS for services to be provided up to 30 June 2014, CAS continuously operate in Italy for about two years. In June and September 2014, the Ministry of Interior asked prefectures to select and identify additional CAS.

The enforcement of the Legislative Decree no. 142/2015 implementing European directives 2013/33/EU and 2013/32/EU foresees that if SPRAR capacity is saturated, receptions can be arranged by the Prefect in CAS for the time strictly needed to transfer applicants to first or second level reception facilities. Presently private companies, NGOs, cooperatives and associations
provide bed for refugees in different locations (e.g. hotels, B&B, farm houses, hospices, etc.) for an average cost of 30-35 Euros per day.

CAS in Sicily and Ragusa

Until 30 January 2016, Sicily hosted in its centres 12% of total national migrants. Sicily, together with Lombardy (13%) is the region with the highest attendance, followed by Lazio and Piedmont (8%). At the moment Sicily hosts a total number of 12,000 people (March 2016) following only Lombardy (14,000). On November 2, 2015, 105 CAS were active in Sicily, with 5,128 hosted asylum seekers. 16 CAS were located in the Ragusa province, with 441 migrants hosted (source: Parliamentary Commission of Inquiry, 2016).

Facilities entitled to operate as CAS were selected by a bid launched by the Prefecture in August 2014. In December 2015 a new improved bid was launched for the delivery of services for April - December 2016. CAS selection is now primarily based on the quality of services provided, such as care to vulnerable subjects, no. of hours of psychological treatment, linguistic and cultural mediation activities, and only as a secondary parameter on price offered. At both National and Ragusa Province levels, the majority of asylum seekers is now hosted in CAS, where a migrant is hosted for 4-5 months before a hearing at the Territorial Commission, entitled to grant the status of international protection, waiting for about two months the outcome of his/her application.

Critical issues of CAS

Presently MEDU provides services to 16 CAS in Ragusa province. MEDU analysed all services provided in these centres, identifying critical issues and making specific proposals and recommendations.

1. Facilities and their location

MEDU has observed that in some CAS the provision of basic services (as heating or availability of common areas) is poor. Some isolated CAS lack of transport services to towns.

It is necessary to ensure for each CAS adequate common areas and spaces specifically dedicated to cultural and religious activities. It is also necessary to provide transport services to asylum seekers, including possible new and flexible arrangements.

2. Number of operators and their training

Significant deficiencies were identified in both the number of active operators in CAS and their specialized skills required to properly assist asylum seekers.

It is necessary to define for each CAS a minimum number of operators specialized in psychological, social welfare, legal services and cultural mediation, all of them facilitating the communication between CAS operators and guests, including their integration process. The aim is to create an organizational framework able to improve the social and psychological wellbeing of guests. It is also needed to ensure adequate training and discussion spaces for professional workers.

3. Rules of Procedure and pocket money

Guests of the CAS are often not adequately informed on services provided; in some cases asylum seekers do not receive the daily pocket money (2,50 euro) they are entitled.

It is extremely important to ensure that asylum seekers receive proper information of their rights and duties inside the centres. CAS should monitor that the pocket money is assigned to them on a regular basis.

4. Healthcare

Healthcare is often not adequately guaranteed to asylum seekers, for several reasons. 1)
The excessive length required for the application for their enrolment in the National Health System (SSN), without clear indication on how to manage healthcare during the waiting period. 2) Sometimes it is impossible to reach the general practitioner because of the isolation of the CAS centre. 3) Difficulties in acquiring medical documentation of the migrant generated at earlier stages of their entrance into the CAS.

It is necessary to simplify and speed up the registration process to the SSN, as well as to guarantee healthcare services to asylum seekers during the waiting time. Medical records of applicants drawn up by the initial reception facility should be transmitted to the CAS on a regular basis to ensure the continuity of care. It is also necessary to grant access to the general practitioner ensuring transport options especially for isolated CAS.

5. Psychological support
MEDU team providing medical services detect that the majority of asylum-seekers accommodated in the CAS was victims of multiple traumatic experiences such as torture and intentional violence in their own country or along the migration route. A significant number of these migrants then develop a post-traumatic psychopathology connected to these events. In 14 months period covered by this report, the MEDU team provided medical and psychological support to 74 guests of the CAS of Ragusa showing extreme traumatic experiences. None of the facilities surveyed has specialized operators in psychological care services.

Operators often do not possess the skills to manage traumatic experiences of the guests, nor the tools for early detection of the most vulnerable people. MEDU's monitoring found that in some CAS there is no protected space for psychological and medical interviews. MEDU has also found a lack of connection with local mental health services.

It is important to ensure an early identification of most risky migrants developing post-traumatic psychological disorders. Timely prevention and care pathways should be enabled to avoid chronicity of mental distress. The presence of a psychologist within the CAS may improve both stability and confidence of patients, to support them on both the request for protection and the social integration process. It is also important to promote training courses for local staffs of mental health services on issues related to migrant’s mental disorders.

6. Consulting services and legal guidance
The number of operators employed in the CAS is insufficient and inadequately trained to provide effective assistance and listening to migrants, supporting them in the application for the international protection.

It is necessary to ensure that applicants are adequately informed by a specialized team for dealing with the Territorial Commission. A sufficient number of meetings should be organized with the counsel before the hearing with the Territorial Commission.

7. Cultural Linguistic Mediation
A serious lack of cultural mediators was found in the majority of CAS. Cultural mediators are often unable fulfil their own role since they are allocate to other tasks.

It is necessary to include at least one mediator for each CAS and to ensure its participation to activities performed by the CAS. Mediators employed in CAS should attend training courses to enhance their role in service delivery and in relations with local institutions and services.

8. Teaching Italian language and placement
None of the visited CAS presently provides weekly teaching hours, as foreseen by SPRAR guidelines. MEDU found serious shortage of social inclusion programs.

It is essential to ensure continuity and quality to Italian language teaching programs to
facilitate the integration process. Projects of social inclusion, employment, culture and sports should be provided to migrants.

Toward a worthy, orderly and efficient reception

Although CAS are defined as "temporary and extraordinary structures", they represent, for some years now, the backbone of the reception system in Italy, since about three out of four migrants are presently hosted in these centres. This is certainly the most obvious abnormality: an approach designed to be temporary becomes the core of the system.

With a medium-small size and a more homogeneous geographical distribution, CAS show better features with respect to other accommodation facilities such as the CARA. However, to manage the reception of migrants under the logic of emergency by stipulating provisional agreements with a multitude of different managing institutions is both anachronistic and inefficient. The choice of an emergency-based management implies a risk of lack of controls on contracts, public funding and, above all, lower acceptance standards.

Services provided by CAS are rarely compliant with SPRAR’s standards and guidelines, regardless to the circular of the Ministry of Interior of December 17, 2014 explicitly stating that every reception centre should always with no exception refer to them. Nevertheless CAS presently plays the role of second order institution with respect to SPRAR. This is certainly true for CAS in Ragusa province, showing lower critical operational issues than other centres in Sicily and Italy.

In practice, CAS are both not adequately regulated and very difficult to monitor. Given the proliferation of various managing institution and the lack of a clear system of sanctions in case of misconduct, it is increasingly difficult for the Ministry of Interior and its local branches Prefetture to check every single facility on a regular basis. For this reason, it is recommended to arrange as soon as possible independent monitoring agencies, selected to carry out regular inspections in supporting Prefetture and the Parliamentary Commission of Inquiry. Regular checks are required to verify both the present service provision, and the compliance with minimum-quality standards.

Finally, Medici per i Diritti Umani sustains the urgent need to promote and enforce structural system of reception, based on an improvement and enlargement of the SPRAR system, the only one guaranteeing decent living conditions and quality services, as well as facilitating the social integration of asylum seekers. Efficient and sustainable management of existing flows of migrants should be coped with integrated measures, providing information, assistance, support and guidance, as well as the design of individual paths of social and work integration. It also suggests: 1) to ensure widespread welcome services for avoiding unduly and excessive concentrations and social segregation; 2) to ensure hosting services in CAS for no longer than a month if SPRAR facilities are not available, and timely reporting to SPRAR services; 3) to increase the number of projects that meet the needs of the most vulnerable asylum seekers, such as victims of torture and people with mental health problems like post-traumatic psychopathologies, representing a significant portion of all migrants hosted in Italy’s reception centres.