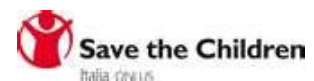


Praesidium Project
Recommendations and good practices
in the management of mixed
migratory flows by sea



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FOREWORD

PRAESIDIUM PROJECT, THE FIRST FIVE YEARS

A SHORT PRESENTATION

The island of Lampedusa (AGRIGENTO) constitutes Italy's farthest southern border, being geographically more distant from Sicily (about 205 km from Porto Empedocle) than from Tunisia (about 167 km from Ras Kaboudia).

Its geographic location makes it the first port of entry for irregular migration flows reaching Europe from the North African coasts.

In 2006, the Ministry of Interior-Department for Civil Liberties and Immigration launched the *Praesidium* project by signing individual partnership agreements with the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), the Italian Red Cross (CRI) and – as of the third year – with Save the Children Italy. *Praesidium* stems from the department's need to give full effect to its institutional tasks, including the enhancement of humanitarian reception and assistance to irregular migrants who have no means of subsistence and arrive by sea via the southern border (so-called "mixed migration flows"), as well as the promotion of reception standards for migrants landing on the island of Lampedusa, Sicily, and other coastal areas in southern Italy.

The abovementioned humanitarian agencies were chosen as project partners by the Ministry of Interior because they are internationally recognized for their historic commitment in the field of managing migration-related humanitarian and social emergencies, as well as for their role in promoting and defending the human and civil rights of migrants, asylum seekers or beneficiaries of international protection, victims of trafficking and minors. The first three years of *Praesidium* were co-funded by the European Commission and by the Department for Civil Liberties and Immigration as part of the "Argo 2005 and 2006" and "Solidarity in action" programmes, respectively. The fourth year was funded exclusively by the Italian Ministry of Interior. Given the excellent results achieved in the first year (March 2006-February 2007) by Lampedusa's Rescue and Reception Centre (CSPA being the acronym in Italian), the project was extended to all governmental centres for immigrants in Sicily and the coastal areas affected by landings. In the third year (March 2008-February 2009), it was also rolled out in facilities and associations dealing with residential care facilities for unaccompanied and separated children. As of 2010, the

organizations also set up on a permanent basis in the Calabria, Campania, Marche and Apulia¹ regions.

More specifically, the following services were provided at the Lampedusa CSPA: legal information and counselling; monitoring and identification of individual vulnerable cases (in particular, victims of trafficking for labor or sexual exploitation, unaccompanied minors, single-parent families); monitoring of migrants' health conditions, paying particular attention to women and children or disabled people; monitoring reception procedures, etc.

During the second year (March 1, 2007-February 29, 2008) and third year (March 1, 2008-February 28, 2009) of *Praesidium*, particular attention was devoted to safeguarding minors' rights, especially the "unaccompanied" minors who landed, in increasing numbers, on the coasts of Sicily and southern Italy². The IOM, UNHCR and Save the Children Italy assessed the guardianship process, monitored conditions in reception facilities and host associations and provided information and legal support and cultural mediation to minors living in said facilities. The UNHCR also provided guidance and specific information to those who applied for international protection in Italy, assisting them throughout the bureaucratic process, as provided for in Art. 1 and Art. 3 of the Ministry of Interior-Ministry of Justice Joint Directive, dated December 7, 2006.

The Italian Red Cross mainly carried out socio-medical activities, monitored treatment and reception procedures, provided information and guidance for people involved in migration issues and special support to unaccompanied minors (e.g. age verification medical tests) and to single women or single mothers.

The strengths of *Praesidium* include the successful joint activities carried out by the four organizations' teams and the activities conducted by the Coast Guard, the State Police, the Carabinieri, the Customs and Revenue Police (Guardia di Finanza), the Italian Navy, local institutions (e.g. local health authorities) and managing bodies during all stages of the migration process, from rescue at sea to reception at the various centres.

Multi-agency cooperation among all the institutional and organizational stakeholders and NGOs involved in the management of migration flows led to the term "Lampedusa model" being coined; this model can be adapted to similar situations at the national and international level. The main aim of this multi-agency approach is to ensure the protection

¹ The *Praesidium* project entered its fifth year in March 2010.

² Based on the principles established by Italian legislation, which envisage particular protection for migrant minors' individual and civil rights, granting them specific training, government centres for irregular migrants cannot host minors unless they are accompanied by a family member. Furthermore, since they can only be expelled from the country as a result of specific criminal offences, they are entitled to a residence permit until the age of eighteen; until then they are under the wardship of a guardianship judge, who is tasked with assigning them to dedicated facilities.

of migrants' human and civil rights, with a view to enhancing institutions' capacities and future sustainability.

PART ONE

1. DESCRIPTION AND DEVELOPMENT OF THE PRAESIDIUM PROJECT

The *Praesidium* Project titled “Strengthening of reception capacity in respect of migration flows reaching the island of Lampedusa”³ was launched in 2006 by the Ministry of Interior, in partnership with the Italian Red Cross (CRI), the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR). Between March 2007 and February 2008, the project⁴ was expanded to Sicily, with a view to strengthening the multi-agency approach developed in the first year and allowing the project partners to identify and provide assistance to the different categories of migrants, including vulnerable persons, in order to transfer them from Lampedusa to dedicated centres in Sicily.

As of February 2008, the project⁵ was extended to Save the Children Italy, due to the increase in flows of unaccompanied migrant children. At the same time, IOM and UNHCR extended their activities respectively to Sardinia, Calabria and Apulia.

The fourth phase of the project⁶ aimed to strengthen management capacity for mixed migration flows reaching, in particular, the Southern Italian border, and to consolidate the results achieved in the previous phases. As of the first half of 2009, said organizations decided, in agreement with the Ministry of Interior, to recast their intervention and extend their assistance activities to other regions, as a result of the policies adopted by the Italian

³ *Praesidium* I, funded by the Italian Ministry of Interior and the European Commission within ARGO 2005.

⁴ *Praesidium* II “Consolidating of reception capacity in respect of migration flows reaching the island of Lampedusa and other strategic border points of the Sicilian coasts”, funded by the Italian Ministry of Interior and by the European Commission within the ARGO 2006 Programme.

⁵ *Praesidium* III “Consolidating of reception capacity in respect of migration flows reaching the island of Lampedusa and other strategic border points of Southern Italian coasts”, funded by the Ministry of Interior and the European Commission within the European Solidarity in Action Programme.

⁶ *Praesidium* IV “Consolidating of reception capacity in respect of migration flows reaching the island of Lampedusa and other strategic border points of the Sicilian coast”.

government in relation to the management of mixed migration flows, which led to a drastic reduction in the number of migrants reaching Lampedusa by sea.

In 2010, the aforementioned organizations further broadened their scope of action and deployed their officers in other arrival sites and other areas of high migration pressure, such as the Marche region (Save the Children) and Campania (IOM), particularly in the Castelvoturno (Caserta) area.

2. THE MULTI-AGENCY MODEL

The Ministry of Interior, which coordinates *Praesidium*, has entrusted each of the four organizations involved in the project (CRI, IOM, Save the Children Italy, and UNHCR) with a specific role, in line with their respective mandates.

The Italian Red Cross (CRI)

Providing social and medical assistance to refugees, displaced and migrant populations is one of the institutional tasks defined by the Statute of the Italian Red Cross. In accordance with the latter, the Italian Red Cross carries out a number of activities, including reception, advocacy, socio-medical assistance and support to family reunification efforts, with a view to monitoring compliance with humanitarian standards, fundamental human rights and human dignity. Within *Praesidium*, CRI aims to monitor reception and assistance conditions, with particular reference to health-related and psychological aspects.

To that end, in addition to medical and psycho-social interventions, the Italian Red Cross has been involved in activities linked to information, education, health risk prevention and psychological support for migrant populations, with particular attention to vulnerable groups. Psychological support and health education are also provided for operators and those who work within reception contexts, in order to contribute to improving the overall reception and assistance conditions for migrant populations.

The International Organization for Migration

The International Organization for Migration (IOM) is committed to the principle that human and orderly migration benefits migrants and society as a whole. As the primary international organization for migration, IOM acts with its partners in the international

community to meet the growing operational challenges of migration management, advance understanding of migration issues, uphold human dignity and promote the well-being of migrants.

Within *Praesidium*, IOM provides information and legal counseling to migrants and displaced people on Italian immigration regulations, on human trafficking and on the consequences of anyone staying in the country irregularly. A particular focus is placed on identifying and providing assistance to vulnerable persons such as victims of trafficking for sexual and labor exploitation and other vulnerable groups. Further, along with other project partners, IOM monitors landing and reception procedures at immigration centres and, more broadly, provides technical assistance to institutions and local authorities on immigration issues.

Save the Children

Save the Children is the leading independent international organization working to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. Founded in 1919, it is now present in more than 120 countries worldwide. Save the Children Italy, funded in 1998 as a non-profit organization, carries out activities and projects in Italy and abroad. Within the *Praesidium* project, Save the Children Italy provides information and legal advice to migrant children arriving by sea, monitors reception conditions of migrant children and supports the development of an operating system for the identification and assistance of migrant children which respects their rights.

United Nations High Commissioner for Refugees

The UNHCR is the UN agency for refugees (*United Nations High Commissioner for Refugees*) created by the UN General Assembly in 1950. According to the mandate entrusted to it, the UNHCR is responsible for providing and coordinating international protection and material assistance to refugees and other categories of people within its competence, striving to seek lasting solutions for their living conditions.

The UNHCR's role within the *Praesidium* project reflects the Agency's objective of providing protection to refugees in the broader context of migration flows. Its activities are aligned

with the *10-Point Plan of Action*⁷ developed by the UNHCR in 2000, which recommends joint action by all stakeholders involved in the management of mixed migration flows.

Within the context of the *Praesidium* Project, the UNHCR's activities have been geared toward the improvement of the immigrant reception system, and toward guaranteeing access to the asylum procedure for those who travel to Italy by sea in search of protection from persecution, other serious violations of human rights or armed conflict. The UNHCR has provided at landing sites, reception centres and host associations for unaccompanied minors, information and legal advice, especially targeting the identification of asylum seekers. Moreover, it has monitored the adequate functioning of the reception system and contributed to the identification of vulnerable people.

3. METHOD AND SCOPE OF INTERVENTIONS

Given the various mandates of the four organizations, *Praesidium* has been able to reach a diverse group of beneficiaries, which reflects the nature of mixed migration flows: voluntary migrants, asylum seekers, migrant children and victims of trafficking, with particular attention to those who were considered to be particularly vulnerable owing to their health, or to violence and trauma suffered in their countries of origin or transit during their journey to Italy. Given the complexity of arrivals by sea and the overlap in beneficiaries' needs, IOM, the UNHCR, the Red Cross and Save the Children Italy have worked in close cooperation to ensure maximum effectiveness in their endeavours. At the same time, they have sought to enhance the multi-agency approach adopted after consulting with the Interior Ministry.

During the implementation of the project, the four organizations developed methods through which to coordinate their activities. In the centres where the organizations all converged, for instance in Lampedusa and in the rest of Sicily, as well as in the Apulia Region, regular meetings were planned and operating frameworks were defined. This led to the adoption of joint procedures, some of which were interchangeable, to guarantee the constant presence of field officers in landing areas and in migrant reception centres (especially in preparation for potential night landings or critical landings characterized by a

⁷ UNHCR's 2007 *10-Point Action Plan on Mixed Migration and Refugee Protection*, available in English on <http://www.unhcr.org/4742a30b4.pdf> (and in Italian at the following address: www.unhcr.it/news/download/107/613/112/pianoazione-flussi-misti.html).

considerably high volume of migrants and/or vulnerable cases). Information exchange efforts continued even when the organizations were working in different areas. More specifically, thanks to coordinated action in Sicily and Apulia and information sharing in the other regions involved, the project has provided assistance to migrants during the initial reception phase.

In accordance with their respective mandates, the organizations have been working closely with the main institutions responsible for various aspects of the reception system, and with a number of other stakeholders involved in the management of migration flows:

- ① the Coast Guard, the Customs and Revenue Police, the Carabinieri, the Civil Protection Department and the Border Police, as well as the local Police Headquarters' Immigration Office when it came to rescue at sea operations and landings;
- ① Provincial Police Headquarters, for all matters relating to the legal situation of migrants, including, but not limited to, access to international protection procedures, protection for victims of trafficking, entitlement to residence permits, etc.;
- ① Prefects' offices-central government branch offices and management bodies in relation to migrants' and asylum seekers' reception centres, as well as centres for identification and expulsion;
- ① local authorities and the Protection System for Asylum Seekers and Refugees (SPRAR), through the secondary reception phase and the integration of refugees and the beneficiaries of subsidiary protection;
- ① the relevant ministries, Prefects' offices-central government branch offices, local authority social service departments, the National Association of Italian Municipalities (ANCI), regional authorities, local managers of host associations, ordinary courts, guardianship judges and juvenile courts, which focused particularly on unaccompanied minors;
- ① local health authorities and the mental health unit when dealing with healthcare and vulnerable cases;
- ① local associations and civil society, for other services provided to migrants and asylum seekers.

This five-year experience has enabled the organizations to gain knowledge and know-how on the management of mixed flows; this has come as a result of constant cooperation with institutions and the other bodies mentioned above, as well as the ability to integrate their

respective mandates through the parallel development of a multi-agency approach. This document's objective consists in illustrating and harmonizing the practices developed during project implementation, thus seeking to offer a range of useful information relating to the management of mixed migration flows.

The document is, nonetheless, open to revisions and changes based on comments and suggestions from institutional representatives and operators dealing with the management of mixed migration flows by sea.

PART TWO

1. RESCUE AT SEA

The Coast Guard intercepted a boat off the coast of Lampedusa with more than 300 people on board, including 55 women and 30 children. The arrival of the boat was reported by a relative of a migrant who was on board. The vessel was in distress and water had begun to seep in. Efforts to load all the passengers onto the Coast Guard's patrol boat had already lasted several hours and the migrants were in poor health conditions. The Coast Guard provided a first response, distributing water and biscuits, while a doctor was providing essential medical support and notified the Prefect's office, via radio, of two particularly vulnerable cases, namely an eight-month pregnant woman and a minor suffering from hypothermia.

1.1 OVERVIEW

From 2006 to 2009, over 60,000 migrants passed through the Strait of Sicily; some were fleeing from wars and conflicts, but there were also victims of human trafficking or simply people seeking a better life, making up so-called "mixed migration flows". More than 90% of these flows hailed from Libya's coasts. In 2008 alone, approximately 32,000 immigrants landed in Lampedusa. It should be noted that in 2008, 75% of those who arrived in Sicily by sea applied for asylum and that, after the applications were carefully examined by Territorial Commissions, 50% of them were granted some form of international or humanitarian protection.

Rescue at sea in Italy is coordinated by the Coast Guard. Other Armed Forces, such as the Customs and Revenue Police, the Navy Military and the Carabinieri, contribute to rescue operations. Generally speaking, in accordance with maritime practice, all vessels, including privately-owned boats, which are close to a vessel in distress, should rescue, insofar as possible, people in danger or report the position of the vessel to the competent authorities.

Once the boat has been intercepted or once they have received information regarding a vessel in distress, the competent authorities shall take steps to begin rescue operations. Migration flows by sea are often reported by relatives living in Italy. In many cases, situations in which migrants were in danger at sea were reported to the Coast Guard by the *Praesidium* project partners, alerted by the relatives or friends of migrants. It should be noted that the most appropriate interpretation of “vessel in distress” should include any situation where danger may be defined not only as present and immediate, but also imminent or easily predictable (e.g., a 6-metre rubber dinghy with 40 people on board does not guarantee the security conditions necessary for navigation).

Several international conventions on the law of the sea provide that every state shall require the master of a ship flying its flag, insofar as he can do so without serious danger to the ship, crew or passengers, to give assistance to any person found at sea or to proceed with all possible speed to the rescue of persons in distress, if informed of their need of assistance⁸.

Such obligation exists irrespective of the legislation governing the waters where the rescue occurs (international waters, contiguous area, territorial waters). Furthermore, every coastal State shall promote the establishment, operation and maintenance of an adequate and effective *Search and Rescue Service* (SAR)⁹. The Mediterranean Sea, like other seas in the world, is divided into SAR regions: these are zones for which the state is responsible and where it must provide and coordinate assistance and rescue operations. Said SAR regions stretch far beyond the boundaries of territorial waters. All ships and boats which are asked to intervene by the relevant authorities in their respective SAR region are required to do so “*regardless of the nationality or status*” of the person(s) in distress¹⁰.

⁸ See Art. 18 and Art. 98, Montego Bay Convention, ratified and implemented by Italy with Law 689/1994, and the Hamburg Convention, ratified and implemented by Italy with Law 147/1989.

⁹ Art. 98 of the Montego Bay Convention requires that states establish a Search and Rescue Service, regulated by the SAR Convention or the Hamburg Convention. Every state, by way of regional agreements, is responsible for rescue in a given SAR-area; in the Mediterranean Sea, competence is regulated by the *General Agreement on a Provisional SAR Plan*, 1997.

¹⁰ Chapter 2.1.10 of the SAR Convention.

International conventions also provide that States coordinating rescue operations should bring refugees to a “safe” port as soon as possible¹¹. “Safe port” does not necessarily mean the “closest” port, as in many cases this is a place where refugees could face persecution or inhuman or degrading treatment because of their nationality or their status.

In 2004, the *International Maritime Organization* (IMO) adopted a series of amendments to the SAR/SOLAS Conventions, subsequently summarized in a guide to the principles and best practices during the rescue operations of migrants and refugees, jointly published by IMO and UNHCR. The paper recalls the principles and international regulations on the law of the sea and the right to asylum, specifying the guarantees to be given to people in need of international protection during rescue operations at sea. These kinds of guidelines should be distributed to the relevant bodies and other stakeholders who, by virtue of their role, might need to intervene in situations of distress at sea.

In particular, the principle of *non-refoulement*, which prohibits returning a foreign national to countries where he or she would risk persecution or torture or inhuman or degrading treatment, is a key aspect of refugee protection. This principle, based on Art. 33 of the Geneva Convention of 1951 on the Status of Refugees¹², was subsequently reaffirmed by other international conventions and further broadened by the European Court of Human Rights. In the context of interventions aimed at controlling migration flows by sea, the extraterritorial value of such a principle is of key importance. Indeed, pursuant to the abovementioned principle, entry into the country’s territory must be guaranteed at least temporarily to all those who are rescued at sea and ask for international protection, even if the rescue takes place outside of the state’s territorial waters¹³.

¹¹ Chapter 1.3.2 of the Hamburg Convention states that rescue operations are completed with the transfer to a *place of safety* and Resolution MSC 167(78) adopted in May 2004 makes clear that a place of safety is a location where rescue operations are considered to terminate, and where the survivors’ safety or life is no longer threatened.

¹² UN General Assembly, *Convention Relating to the Status of Refugees*, 28 July 1951, United Nations, Treaty Series, vol. 189, page 137. Available at the following address:

<http://www.unhcr.org/refworld/docid/3be01b964.html>, ratified by Italy with Law 1739/1951.

¹³ As Stated by the UN Committee on the Rights of the Child in *CRC General Comment No. 6 (2005)* (CRC/GC/2005/6 of 3 June 2005), each **state** must fully respect *non-refoulement* obligations, even outside its own territory, even with regard to unaccompanied minors (not just asylum seekers), in consideration of their basic needs of survival and development: “*in fulfilling obligations under the Convention, States shall not return a child to a country where there are substantial grounds for believing that there is a real risk of irreparable harm to the child, such as, but by no means limited to, those contemplated under articles 6 and 37 of the Convention, either in the country to which removal is to be effected or in any country to which the child may subsequently be removed. Such non-refoulement obligations apply irrespective of whether serious violations of those rights guaranteed under the Convention originate from non-State actors or whether such violations are directly intended or are the indirect consequence of action or inaction*”.

1.2 DESIRABLE INTERVENTION/BEST PRACTICES

⦿ Rescue operations can be very difficult and risky, and are often carried out in adverse weather and sea conditions. Patrol boats involved in rescue operations should carry one or more **doctors** who can administer first aid; it is equally important that patrol boats be equipped with **food and water supplies** to be distributed as needed.

⦿ Should an immigrant boat arrival be reported to a private citizen and/or association, it would be advisable to take note of the following information: a contact number (which is often the same number from which notification was received); the location of the vessel; the number of people on board and their health conditions. This will facilitate both the identification of the vessel and rescue operations. To that end, ideally a single reference number that can also be reached via satellite phones should be set up¹⁴.

⦿ Basic notions on international, European and national principles and legislation on refugee protection, the treatment of minors, and the procedures to be applied in relation to the management of mixed migration flows by sea, should be disseminated among those navy units most involved in rescue operations at sea.

⦿ Given that the criteria and procedures for managing SAR interventions, in addition to the **definition of “safe port”**, vary considerably among states (which is why some countries’ authorities involved in SAR operations have often been reluctant to authorize the disembarkation of people rescued at sea), it would be best if international or at least EU-wide agreement could be reached on the following points:

- The adoption of common criteria defining a difficult situation as an “emergency” that might require SAR interventions on the part of the relevant authorities;
- The definition of common criteria to identify a port of landing considered “safe” for people who may be in need of international protection;
- The creation of a responsibility-sharing mechanism to facilitate the disembarkation of people rescued at sea.

¹⁴ In Italy, said number is 1530 (Italian Coast Guard).

① When it is necessary to seize **migrants' personal belongings** due to security reasons, they should be kept in a safe place so as to avoid these items (which in many cases are migrants' only belongings) being lost during the subsequent disembarkation operations and to ensure that they are returned to their rightful owners¹⁵.

① Before arriving at a port, the Coast Guard should notify the Prefect's office of the arrival time in advance, so that the necessary steps can be taken to arrange assistance during the landing and to alert the Civil Protection Department and local health authorities, associations and organizations that provide assistance and advice to migrants.

1. ASSISTANCE DURING LANDINGS AND TRANSFER

After rescuing a vessel with 200 people on board, the Coast Guard escorted it to the port of Pozzallo (RAGUSA), in Sicily. The migrants, including 20 women and 15 minors, were in poor health conditions, since, as a result of engine failure, they had been at sea for more than 4 days. The Prefect's office, which had been alerted by the Harbour Master's Office, notified provincial police headquarters, local health authorities, the Civil Protection Department and the Praesidium Project partners of their impending arrival. Facilities which could serve as a migrant reception station were immediately set up in Pozzallo harbor. The Immigration Office at Ragusa Provincial Police Headquarters was at the landing site, along with the Forensic Police, which was equipped to carry out pre-identification procedures and fingerprint the migrants. Several local television stations and journalists were also present.

2.1 OVERVIEW

As noted in the previous chapter, the transfer of migrants to the first safe port, following rescue operations at sea, is managed by the authorities who are responsible for the rescue. Migrants can thus be disembarked in facilities equipped for first assistance. Sometimes migrants reach the coast of their destination country directly. In these cases, tracing operations and, if necessary, first assistance interventions are conducted near the landing

¹⁵ In some cases, migrants' belongings are seized and stored in numbered plastic bags. It is important that migrants, too, be given a reference number to facilitate the distribution of said bags at the appropriate time.

area. Following interception or rescue operations, the authorities involved in landings on either coasts or ports should ensure that first assistance is administered in a timely manner.

Landings on Italy's southern coasts, particularly Apulia and Calabria, reached considerable proportions in the late '90s. As of 2002, Sicily and, in particular, the island of Lampedusa, became the main destination for migration flows by sea. It is estimated that between 2002 and 2009 some 150,000 migrants arrived there; over the years, this has prompted authorities, both at the local and central level, to establish, expand and improve a reception system which also factors in the delicate landing phase.

When rescue operations or interceptions are executed, the Coast Guard alerts the Prefect's office and the Provincial Police Headquarters into whose jurisdiction the case falls, and notifies them of the number of people on board the vessel in question, the migrants' gender, age and health conditions, especially if there are people who are in need of urgent medical attention. Generally speaking, the relevant Prefect's office coordinates first aid interventions. Given the specificities of Lampedusa island as a landing area (about 110 sea miles from Sicily), such interventions are directly coordinated by the police and, more specifically, by the Immigration Office. There are several institutional actors involved in delivering first aid to migrants, each in accordance with its own remit: the Prefect's office, the Police, the Civil Protection Department, local health authorities and associations providing first-aid material.

The need to provide newly-arrived migrants, and especially potential asylum seekers, with specific assistance, is emphasized by the Consolidated Immigration Act¹⁶ which sets forth the implementation, at border crossings, of reception services that can provide information and assistance to asylum seekers or migrants wishing to enter and stay in Italy for over three months. These services are provided only at border points, and are not available in landing areas; this is why the *Praesidium* project partners have offered to help the relevant authorities in Sicily (in Lampedusa and other entry points) and in Apulia's main landing sites in the provision of the aforementioned services. Recent legislative changes in the realm of security (Art. 10 *bis* of Law 94/2009) made irregular migration a criminal offence punishable by a fine of 5,000 to 10,000 Euros¹⁷. More stringent provisions had already been established

¹⁶ Art. 11, paragraph 6 of Legislative Decree No. 286/1998, *Consolidated Immigration Act*. Reception services aimed at providing information and assistance to migrants who wish to apply for asylum or enter and stay in Italy for over three months are envisaged at border points. Such services are available, where possible, within the transit area.

¹⁷ Art. 10 *bis* - "*Crime of illegal entry and residence in the State: Unless the act constitutes a more serious offence, the alien entering and staying in the State territory, in violation of the provisions of this Consolidated Act, as well as of those of Art. 1, Law No. 68, 28 May, 2007, shall be punished by a fine of 5,000 to 10,000 Euros. The offence under this paragraph shall not be subject to Art. 162 of the Criminal Code (payment of a fine). The provisions as set forth in paragraph 1 shall not apply to the alien who has been issued a rejection order under Art. 10, paragraph 1*". In light of these new provisions, it is likely that migrants will try to land in even more isolated places in an attempt to escape the police and the filing of criminal proceedings against them. This will increase the risks related to the journey and will translate into increasingly long and dangerous migrant routes.

by Art. 12 of the Consolidated Act for anyone who promotes, directs, organizes, finances or carries out the illegal transfer of aliens within Italian territory (a 1-5 year prison sentence and a 15,000 Euro fine). These new measures further increase the urgency of providing legal information to those who enter the country irregularly, so as to ensure that potential asylum seekers, unaccompanied minors and vulnerable cases such as victims of trafficking, can always access the forms of protection and guardianship provided for by national and international legislation.

The new measures are, however, applied without prejudice to their having access to the asylum procedure. Indeed, when applying for international protection, legal action against irregular migration is suspended. When international or humanitarian protection is granted, the judge issues a non-suit ruling. Rescue activities and humanitarian assistance for migrants who are on national territory are not considered a criminal offence¹⁸. Therefore, in that specific case, the provisions are without prejudice to the conduct of all operators who carry out assistance and relief activities benefitting newly-arrived migrants.

2.2 DESIRABLE INTERVENTION/BEST PRACTICES

⦿ All assistance activities must be carried out in full respect of **migrants' fundamental rights**. Even in emergency conditions and when landing volumes are considerably high, a climate of cooperation should prevail among those involved in the landing and in the provision of assistance to migrants, bearing in mind that operators, on the one hand, may be coping with a hefty workload while migrants (potential asylum seekers and other vulnerable groups in particular), on the other, have often been subjected to traumatic experiences.

⦿ Rescue operations and assistance during landing involve several different institutional actors and associations. It is therefore a good idea to identify a **single contact person** to whom to report any critical situations which may emerge during assistance operations.

⦿ It is also essential that, from the very instant the landing begins, all those involved make a concerted effort to **identify vulnerable people**. Within the context of *Praesidium*, this task is carried out with the support of humanitarian organizations, which promptly report any identified cases to the relevant authorities. On a more general note, it is always best for qualified civil society representatives to be in attendance during landing operations.

¹⁸ Art. 12, paragraph 2, T.U. *Consolidated Immigration Act*.

This is particularly important when it comes to information activities and the monitoring of standards in the implementation of the initial reception phase.

- ① **Healthcare** should be given absolute priority over all other interventions benefitting newly-arrived migrants, and should be provided within a reasonable period of time according to the identified needs.

- ① It is essential that healthcare personnel be present at landing points to carry out an initial **medical triage** and identify patients who need to be transferred to hospitals for specific treatment and more thorough tests. To this end, a single medical contact person, someone with experience in “emergency situations”, should be appointed. He/she will set priorities, coordinate healthcare interventions and refer critical patients to local healthcare facilities. It is also necessary to decide which kind of triage system to use¹⁹ and train the relevant operators accordingly, so as to obtain dynamic and effective collaboration. It is also advisable to fill in provisional medical records so as to ensure all the necessary documents are available upon reception of migrants for whom specific interventions were necessary during landing.

- ① It is best to ensure that **cultural mediators** are present, and in particular trained cultural mediators who can help the relevant authorities and the other actors involved in healthcare interventions, rescue and first aid and where possible, can provide migrants with general information on the place they have reached and on what happens after landing, including contacting their families as soon as possible, applying for asylum and the importance of providing correct personal details.

¹⁹ There are various types of triage, all of which are internationally recognized:

S.I.E.V.E. is an effective, fast and easy system that can be carried out by specifically trained civilian staff; START (*Simple Triage and Rapid Treatment*) is widespread in many nations, but can only be performed by healthcare operators, in large-scale emergencies and/or catastrophes; SORT can be performed only by doctors and nurses (detection of breathing frequency, heart rate, arterial blood pressure and Glasgow coma scale); CESIRA (Conscious/Bleeding/Shock/Respiratory Insufficiency /Breaks/Other) is used only in Italy; it does not include declaring patients dead, because Italian law only allows for doctors to certify death. MIMMS (*Major Incident Medical Management and Support*) is a logical, simple, structured system fine-tuned by specialists who have been working in the emergency sector for decades; it fully meets all international first aid standards, it is the system in use at NATO and it is applicable in all types of emergencies thanks to the linearity of the intervention system. With this method, all actors on the “aid-scene” have their role and operating space and do not run the risk of invading the workspace of another operator/rescuer and hindering operations.

⦿ It is important that all migrants be afforded **privacy** during landing operations (especially for potential asylum seekers and minors), in particular when the press or TV stations are present. Broadcasting images of potential asylum seekers may expose relatives who were left behind in the country of origin to serious threat and to the risk of becoming victims of persecution themselves.

⦿ It is advisable to ask newly-arrived migrants whether they are aware of **other boats** that might be still in distress at sea (often landings are not isolated events, as several boats set sail and/or make part of the journey together). In this case, any information should be immediately relayed to the Coast Guard so as to set in motion further searches. It is equally important to ask newly-arrived migrants whether there were any particular problems on board (e.g. missing or deceased people).

⦿ Whenever possible, even during initial assistance operations, it is advisable to identify **family groups** (and thus prevent them from being separated during subsequent transfers) and **potential unaccompanied children**, to ensure that they be given priority during subsequent transfers. In particular, in order to protect unaccompanied children who might be in distress upon arrival, the latter category should be informed of their legal position at a later stage.

⦿ Given that assistance during landing is the first opportunity for contact to be established between migrants and the authorities, as well as the various organizations supporting initial reception operations, all the different stakeholders involved should be clearly identifiable.

⦿ Given that the transfer from the landing area to the reception centre could last several hours, it is important to ensure that the basic needs of migrants are taken care of. Bearing in mind the journey difficulties and weather conditions, it is necessary to provide, where possible, a sheltered area, an advanced medical station, toilet facilities and the immediate distribution of water, hot drinks and blankets.

⦿ The mode of transport for transferring migrants should be immediately available and chosen according to the number of people who were on the vessel(s) (even when arrivals are particularly large in numbers). It is best to keep the duration of the stay in the landing area to a minimum. Transfers should take place according to the following priorities: those

in need of medical care, other vulnerable persons including unaccompanied children and family groups (to keep the family united even during the initial reception stages).

- ① It would be useful for the relevant authorities and international organizations and/or associations working in the landing area to draw up protocols with a view to regulating the abovementioned aspects of initial assistance.

3. IDENTIFICATION AND FIRST RECEPTION

The Coast Guard intercepted a boat carrying more than 400 people and escorted it to the island of Lampedusa. Given the significant number of migrants on board, it had not been possible to transfer them onto the patrol boat. Once on the island, migrants received first aid on the pier and then were promptly transferred to the reception centre by the buses provided by the facility's managing body. The group included over 80 women, some of whom were clearly pregnant, and several minors including newborn babies. The operators who had given first aid immediately noticed that some migrants were in rather precarious health conditions. Due to adverse sea conditions, many people were soaking wet. Several women were carrying bags and backpacks mostly containing food and clothing for their children.

3.1 OVERVIEW

As noted in the previous chapter, upon arrival at the harbor and after receiving first aid and medical attention, migrants have to be transferred to dedicated reception centres. Generally speaking, the transfer is promptly organized so as to minimize the time spent on the harbor or in any temporary facilities. The transfer of migrants is organized in cooperation with the competent Prefect's office, by the police authorities or by the managing body. The reception facility where newly-arrived migrants are taken mainly falls into one of the following categories: *Rescue and Initial Reception Centres* (in Italy these are called CSPAs; they are usually located near landing sites and provide reception services for migrants until they are transferred to other centres approximately 24/48 hours after arrival) or *Reception Centres* (CDAs in Italy) which provide reception services for migrants for the

period of time necessary to establish administrative measures relating to their legal standing in the country²⁰.

These centres fall under the responsibility of the relevant Prefects' offices-central government branch offices, and, thanks to specific agreements, are run by institutions, associations or cooperatives which were awarded the contract. With the Ministerial Decree of November 21, 2008, Italy's Ministry of Interior set up a new system of contract specifications to regulate and manage all Reception Centres²¹, with specific *ad hoc* techniques depending on the type of reception facility, encompassing the following: **CSPAs** (Rescue and Initial Assistance Centres); **CDAs** (Reception Centres); **CARAs** (Reception Centres for Asylum Seekers); **CIEs** (Centres for Identification and Expulsion), thus distinguishing the centres' services according to their different reception purposes and the foreseen duration of migrants' stay in each type of facility.

Each contract generally provides for generic assistance (in the form of accommodation, food, provision of personal supplies, etc.), healthcare and psychosocial care, linguistic and cultural mediation, catering, cleaning services and environmental hygiene.

After being transferred to initial reception centres (CSPAs and CDAs), migrants are seen by medical and nursing staff. The centre's managing body is responsible for the distribution of mattresses, disposable sheets and blankets, for indicating the accommodation assigned to each migrant and distributing clothing, linen and hygiene kits²². The relevant Prefect's office has powers of supervision, monitoring and control of the services provided by the various managing bodies²³.

The Immigration Offices of the relevant Provincial Police Headquarters have their own representatives within these facilities to carry out preliminary identification procedures for

²⁰ Law 563/1995, the so-called Apulia Law. Both categories are facilities which aim to provide first aid to irregular migrants located on national territory. Migrants' stay in the centres is limited to the time strictly necessary to establish their identity and the legality of their stay in the country or to issue a deportation order. Often facilities which should function as temporary reception centres are in fact used by the authorities in a much more permanent fashion, especially in case of frequent and high-volume landings. In 2008/2009, in some cases, migrants remained in these types of centres for very long periods of time. The procedures and best practices suggested in this handbook should also apply to these centres, restoring their original identification and clearance mandate.

²¹ Available at: http://www.interno.it/mininterno/export/sites/default/it/assets/files/15/0145_capit_interno.pdf

²² The outline of the specifications for the management of CSPAs provide for the following: services of general assistance to the person (social and psychological assistance; linguistic/cultural mediation; information on legislation concerning migration); linking hosts/institutions; entertainment; distribution, storage and control of meals; barber's service; assistance to children and infants; administration management service (host registration, visitor registration, internal supplies office, buying goods, maintenance of the warehouse, lodging the hosts' personal belongings, monitoring and verification of consumption); healthcare service (entry visit and first aid assistance, hospital transfers, medical supplies and hospital facilities; medical records); supply of goods (food, hygiene products, clothing, comfort items); cleaning service (room cleaning, disinfection, garbage collection, care of green areas; grave-digging service) and the number of operators in relation to the centre's hosts.

²³ Arts. 22 and ff. as set forth in the Ministerial Decree of 21 November 2008.

migrants. The State Police supervises the surveillance activities carried out by units of the various law enforcement bodies. Recently, the so-called “Security package” has established that said surveillance activities will be supported by soldiers borrowed from the Ministry of Defense.

In particular, after the transfer to the centre takes place, the Public Safety Authority in charge of the landing (which takes over some of the tasks of the Judicial Police in the latter stage) invites migrants to undergo luggage and clothing inspection.

Subsequently, the police authorities record personal details (this is commonly referred to as the identification phase). In accordance with the law, in case of doubt as to the accuracy of a migrant’s purported identity, public security authorities should fingerprint and photograph the migrant²⁴ or liaise with consular diplomatic offices, except when dealing with asylum seekers²⁵. Police authorities also enter migrants’ personal data into the European EURODAC database, the SDI Investigation System and AFIS (the **AUTOMATED FINGERPRINT IDENTIFICATION SYSTEM**) so as to check whether the migrant has already applied for asylum in another European country and whether he or she has a criminal record²⁶.

Migrants’ personal details, as well as any statements about family relationships, are included in the Police’s *databases* (family groups are linked by specifically noting the name in the margin). If there are any doubts about migrants’ statements (for example, their last name, or the calendar to which they are referring), the public security agent asks further questions with the help of a cultural mediator, so as to avoid misunderstandings. At the same time, the migrant is photographed and the arrival date and landing number are recorded. If migrants declare themselves to be minors, the police authorities register them as such or, in case of any doubt, request an age verification medical test, generally done through the anthropometric measurement of wrist bones.

FOCUS ON HEALTH

Data collected by the Italian Red Cross show that most migrants arriving in Lampedusa are in good health. Any pathologies present on arrival are mainly diseases related to journey conditions. More specifically, from January to June 2009, 70% of the migrants who landed in

²⁴ Art. 6, paragraph 4 of Legislative Decree 286/1998; Art. 349, Code of Criminal Procedure.

²⁵ Art. 5, paragraph 3, Prime Ministerial Decree (D.P.C.M.) 535/1999.

²⁶ These verifications are carried out by Forensic Police staff working at the centres.

Lampedusa were healthy; 2% had a chronic disease (heart disease, psychiatric disorders, asthma, metabolic disorders, malformations, epilepsy); 18% had a travel-related disorder (mainly burns caused by fuel or their position on the vessel) and 10% had infectious diseases. It should be noted that infectious diseases include various kinds of diseases: scabies, influenza, cystitis, fungi, conjunctivitis, gastroenteritis, otitis, lice as well as chicken pox, tuberculosis, hepatitis, condylomata, herpes, etc. Scabies, which accounted for 4% of the total, is spread because of promiscuity and poor hygiene conditions during the journey, while suspected cases of TB or cases which were in the non-infectious stage had an extremely low prevalence, amounting to 0.2%.

3.2 DESIRABLE INTERVENTION/BEST PRACTICES

① It is important for inspection operations relating to newly-arrived migrants to be carried out **in full respect of the dignity of the people** involved and to be sure to guarantee the *privacy* of inspected migrants.

① **Migrant women** should always be inspected by female police staff. It is equally important to ensure that **personal belongings** temporarily seized during rescue operations be returned to migrants. Similar care should be taken in returning objects seized by the police during inspection.

① It is important that newly-arrived migrants always be transferred to **dedicated centres** where initial reception and identification services are provided²⁷. These facilities should accommodate migrants for the period of time strictly necessary to establish their identity and make their entrance and stay on national territory legal.

① As a general principle, travel conditions and migrants' likely state of fatigue and disorientation should always be taken into account. Where **migrants** have **arrived in critical conditions** or are otherwise suffering from the arduousness of the journey, it should be ensured that identification operations are only carried out once they have received initial assistance.

²⁷ Such as CDAs and CSPAs in Italy.

⦿ Once migrants have arrived at a reception centre and before identification procedures are begun, it should be ensured that they have undergone a **general medical checkup** to identify any specific diseases. This checkup is essential in order to rule out infectious diseases (e.g. scabies). Should any be detected, all appropriate measures should be taken, including interrupting the identification procedure immediately, moving migrants to isolated areas and applying specific health protocols.

⦿ Since **the identification phase can last up to several hours**, migrants, and particularly minors, pregnant women and those with special health needs, should be granted the possibility of waiting to undergo identification and fingerprinting in a sheltered place. During this phase, the managing body should, at the very least, provide them with basic refreshments (hot milk, tea, cookies, etc.).

⦿ It is important that the Police's Immigration Office, with the help of a cultural mediator, provide migrants with general information on Italian legislation pertaining to migration and asylum, with particular regard to the right to apply for international protection, **before the identification procedure**.

⦿ Before starting identification procedures, the Immigration Office, with the help of a cultural mediator, should also explain to migrants how important it is to provide correct personal data, especially the exact date of birth, including, where possible, day, month and year, since their statements will have a crucial impact on their entire stay in Italy²⁸. If the provision of personal data proves problematic, officers should determine whether this is related to culturally specific differences (e.g. Ethiopian-Coptic calendar, Shiite calendar, etc.). More specifically, they should make sure that migrants from sub-Saharan Africa know their date of birth and that they correctly calculate their age, and help them in case of need.

²⁸ It is particularly important to ensure that migrants actually know their date of birth, namely that they have correctly calculated their age. It is worth noting that in many countries there is no equivalent for the registry office and migrants do not know their exact date of birth. Law 125/2008 (which validated the Decree-Law 92/2008 on *Urgent Measures Concerning Public Security*) introduced some changes to the Criminal Code in relation to false statements or declarations made to a public official on one's own identity or on personal qualities of oneself or others, making these cases punishable by a 1-6 year prison sentence (Article 495).

In addition, Art. 495-ter introduces a new crime category which provides for a 1-6 year prison sentence for anyone who modifies parts of one's own or another person's body useful toward verifying their identity or other personal qualities, in order to prevent one's own or someone else's identification. It is extremely important, therefore, that the migrant fully understand the serious consequences that can result from false or misleading statements or fraudulent conduct. On the other hand, it should be noted that during the hectic identification phase, a migrant's personal details might be written down wrong by police staff, in which case it is important that these mistakes not be attributed in any way to the migrant.

In any case, migrants should be given the opportunity to confirm the data provided during the identification process, and to make all necessary corrections.

① Police **identification operations** should take into account the vulnerability of individuals; furthermore, obvious minors and women with newborn babies/small children should be given priority.

① It is equally important that, during the identification phase, migrants state their **family relationships** so that they can undergo the whole reception procedure together. In this regard, the Police should also check any discrepancies in the statements made by members of an alleged family group, also with a view to detecting any vulnerable cases (e.g. victims of trafficking).

① As a rule, particular attention should be paid to the whole identification procedure, considering the significant impact that this will have on the subsequent stay of migrants in Italy. Specifically:

- it should be ensured that **age assessment procedures** (e.g. through anthropometric tests of the wrist – X-rays) are only undertaken in case of reasonable doubt regarding the age of the migrant in question and only if it is not possible to determine their age via other means (e.g. by checking with the relevant consular authorities, so long as the migrant is not an asylum seeker) and that the same care be taken in cases of alleged adults and suspected minors.

- ensure that the authorities responsible for identification involve **cultural mediators** of different nationalities, so as to employ the most suitable professional skills.

① Immediately after entering the initial reception centre, all newly-arrived boat migrants should be given an **information leaflet**, translated into several languages, containing basic guidelines on their stay in their destination country, protection and guardianship schemes provided under national law.

① Migrants should also be informed of **the rules of coexistence and of services offered by the centre**: an information leaflet indicating the frequency with which basic goods are distributed should be visibly posted.

- ① The Prefect's office, with the help of independent bodies possibly working in the centre, should constantly **monitor goods and services offered to migrants**, as provided for by the specifications for the management of reception centres approved by the Ministry of Interior and by the agreement between the manager of the centre and the Prefect's office.

- ① Upon entering an Initial Reception Centre, younger **children**/newborn babies should be taken care of: they should be washed, dressed and fed (after consulting their mothers). Depending on the situation, the managing body responsible for the centre should give priority to children's needs.

- ① **Telephone booths** should be available/present in the area devoted to the initial reception of migrants, who should be given, as soon as possible, a phone card to call their relatives in their countries of origin. This will facilitate the reception of migrants, encouraging moments of relaxation and preventing unnecessary tensions.

- ① It is also important to make sure that initial reception centres fulfill basic reception standards and comply with harmonized standards as regards the allocation of space and guaranteeing the presence of trained operators with specifically differentiated tasks according to what is provided for in the specifications of the Ministry of Interior. During their stay in the centres, migrants' right to health should be guaranteed through appropriate access to healthcare.

- ① **Simple and clear mechanisms for reporting** critical issues should be established in line with basic reception standards; such information should be conveyed to personnel from the centres' managing bodies or to the appointed institutions, through the coordination of the actors involved, at the behest of the centers' guests. To that end, a complaint box could be placed inside each center to enable migrants to report any issues or submit their remarks.

4. INFORMATION, IDENTIFICATION AND APPROACH TO DIFFERENT CATEGORIES OF MIGRANTS INCLUDING VULNERABLE PERSONS

The Coast Guard escorted a vessel carrying more than 300 migrants to Lampedusa's harbor. Migrants were worn out and debilitated due to the travel conditions. Almost all of them were dehydrated, many had suffered burns from fuel or from holding the same position for too long on the vessel. The group included several women with small children and several unaccompanied minors aged approximately 14-17. A pregnant woman had to be immediately transferred to the hospital in Palermo. Most migrants said they came from Eritrea, Ethiopia and Somalia. The group also included twenty Nigerian girls, all of whom were in their early 20s or thereabouts.

4.1 OVERVIEW

As stated in the previous chapter, after transferring migrants to the initial reception centre, the relevant authorities (Immigration Office and Criminal Police) carry out identification procedures, including fingerprinting. In this phase, the most urgent medical cases, or those in need of an immediate medical intervention, are transferred to adequate facilities of the National Health System (SSN) or are treated at the centre's medical station. During this phase migrants have the opportunity to recover their physical and mental strength, at least partially, and to recuperate from the debilitating effects of the crossing while eating, washing and sleeping. Special attention is given to the reception of minors, pregnant women and, if present, the elderly and the disabled. To better understand how critical the identification and initial reception phases are, it is worth recalling that the definition of mixed flows, briefly introduced in the first part of the document, indicates the diverse origin of migrants and, above all, emphasizes how migrants have different needs and specific rights, depending on their gender and age as well as the reasons which led them to leave their country of origin.

Indeed, in some cases, migrants are forced to migrate due to armed conflict, civil unrest, personal persecution or human rights violations, while in others, migration is linked to several motivations, including the desire to improve one's own living conditions or the desire to be reunited with one's family²⁹. When taking specific asylum and migration-related

²⁹ Hence the distinction between "forced migration" and "voluntary migration".

steps, the relevant authorities must always take these specific circumstances into account and operate in full respect of the fundamental human rights of those involved. Legal information on rights and duties is one of the main tools and a prerequisite for identifying the different positions and needs of migrants, such as asylum seekers, unaccompanied minors and any other category of migrants.³⁰ The need for international protection may emerge during the process involving the provision of information, thus allowing for the identification of potential asylum seekers. At this stage it is possible to distinguish between the two main categories which make up mixed migration flows, namely asylum seekers and voluntary migrants.

A non-exhaustive list of vulnerable groups includes³¹: single-parent families, pregnant women, medical cases, victims of trafficking or those at risk of trafficking and exploitation, victims of torture or other forms of sexual, physical and psychological violence, and in particular victims or potential victims of sex and gender-based violence. These groups' vulnerability may affect different aspects of an individual's life and of his or her relations: age, family status, physical and psychological health, personal security and exposure to violence or abuse.

Initiatives promoting information and the identification of protection needs and vulnerable cases are widely supported by international organizations³² in line with their specific mandates. Information is usually provided jointly to groups, often on the basis of their nationality and/or language. Individual interviews are often needed to delve deeper into certain situations that require specific advice.

There can be several types of interventions aimed at identifying vulnerable groups, depending on the kind of vulnerability at play. Aside from information activities, these may involve observing migrants' verbal and nonverbal behavior, conducting individual interviews and gathering personal histories. In many cases, promptly notifying the relevant people is essential in order to provide adequate treatment and reception standards³³.

³⁰ The provision of targeted information for migrants is one of the services provided for by the specifications for the management of centres for migrants and should be entrusted to competent staff of the managing body.

³¹ Minors, as defined, should not be considered a vulnerable group, though national and EU legislation can sometimes lead to such an interpretation, owing to the need to provide adequate protection for minors. Clearly, there are cases where minors may be in a vulnerable position, owing to certain physical or environmental conditions.

³² Within the *Praesidium* Project, the UNHCR and IOM respectively deal with providing information and assistance to potential asylum seekers and voluntary migrants; IOM is also involved in identifying possible victims of trafficking. Save the Children provides information and assistance to minors and, in particular, unaccompanied minors. The Italian Red Cross provides information and socio-medical assistance to all migrants, supervises their physical and mental health conditions, monitors health cases, pregnant women and families with minors.

³³ During the implementation of the project, partners developed operating rules to coordinate their interventions and the referral of cases with jurisdictional issues among the organizations themselves (for example, unaccompanied minors seeking asylum) and the relevant authorities.

The identification phase ends once the State Police's Immigration Office has implemented the relevant measures required by law: asylum seekers must have access to international protection procedures and must be transferred to dedicated reception centres; voluntary migrants, on the other hand, are generally issued a rejection order at the border and are transferred to specific centres³⁴; unaccompanied minors are dealt with by the relevant Prefect's office and placed in adequately equipped facilities³⁵. According to national and international legislation, the relevant authorities must provide a timely response to the needs of migrants, especially those who are most vulnerable, to ensure that each individual follows the most appropriate procedure as befits his/her profile. Given migrants' wide-ranging needs and rights, there is clear need to address the management of so-called 'mixed flows' with a multi-disciplinary approach, taking into account the operating context, the limited time available and the many administrative tasks which must be performed.

4.2 DESIRABLE INTERVENTION/BEST PRACTICES

⦿ It is essential that no decision which could prove detrimental to the rights of migrants, with serious and irreparable consequences, be adopted before the conclusion of the identification phase of the different types of migrants (voluntary migrants, asylum seekers, unaccompanied minors and vulnerable cases such as victims of trafficking and women in distress). Prior to the adoption of any **rejection or expulsion order**, it is also necessary to ensure that there are no impediments to the adoption of such measures in accordance with international law³⁶, EU law³⁷ and national law³⁸.

³⁴ Art. 10, paragraph 2, Legislative Decree 268/1998. These cases are generally defined as "deferred rejection". Often when there is no space in the centres, migrants are issued an order to leave the country within a short space of time: in the past, the deadline was 5 days but this has since been changed to 7 days).

³⁵ Pursuant to Art. 403 of the Italian Civil Code, if a Public Authority learns of a minor who has been morally or physically neglected, raised in unhealthy or dangerous places or by people who are unable to provide him/her with an education, it is incumbent upon said authority to place the minor in a safe place and refer the case, as soon as possible, to the juvenile court's Public Prosecutor's office (Art. 9, par. 1, Law 184/1983). Subsequently, the Social Services office of the local authority responsible for the reception of minors has a duty to also refer unaccompanied minors to the guardianship judge and to the Committee for migrant minors. When dealing with arrivals by sea, however, unaccompanied minors are referred to the Prefect's office rather than to the local council, which provides them with accommodation.

³⁶ In particular, Art. 33 of the Geneva Convention of 1951 on refugee status and Art. 3 of the European Convention on Human Rights.

³⁷ Council Directive 2005/85/EC.

³⁸ In particular Art. 19, Legislative Decree 268/1998 (prohibition of expulsion or rejection of migrants at risk of persecution, minors, aliens with a residence permit, aliens living with relatives within the second degree of consanguinity or with a spouse who is an Italian national, pregnant women and women caring for a newborn baby up to six months following the birth of the child).

① It would be helpful to develop a **standardized identification procedure**, possibly including a short form to make it easier for authorities to identify any need for international protection. Easily understandable and effective operating modes should be adopted, so as to ensure prompt access to the procedure by asylum seekers, in compliance with the principles set forth in the Schengen Handbook³⁹.

① It should be noted that personal identification, as described in the previous chapter, does not end the identification process for different groups of migrants. The process falls under the responsibility of the Public Security Authority, which is also responsible for the adoption of any ensuing measures. Specific protection needs and individual vulnerability concerns may also emerge at a later stage and require a targeted approach and that mediation be provided with the authorities present at entry points. These interventions (individual interviews to investigate personal circumstances, the need to verify the age declared upon arrival, the referral of vulnerable cases, etc.) should therefore be carried out by third parties, such as specialized staff of the managing body in partnership with any specialized agencies/organizations that may be working in the centres.

① As a result of the above, information activities, as well as activities geared toward the identification of different categories of migrants and the treatment of vulnerable cases, should be jointly conducted by the relevant authorities, staff from the centres' managing bodies and/or operators from the specialized agencies present there. It is necessary for all staff responsible for these procedures to be properly trained in the use of the protection tools provided for by national and international legislation for the various types of migrants.

① Qualified non-governmental/international organizations and other bodies with specific responsibilities in the field of migrant assistance, protection and safeguards should always be granted access to the centres.

³⁹ Commission's Recommendation setting up a common "Practical Handbook for Border Guards" (Schengen Handbook), for the competent authorities of Member States to carry out the border control of people. Available at: <http://register.consilium.europa.eu/pdf/it/06/st15/st150 10.it06.pdf>

In particular, see paragraph 10.2: "All third-country nationals who express the wish to apply for asylum/international protection at the border must be given the opportunity to do so", and 10.3: "Any application for international protection must be transmitted either to the competent national authority designated by each Member State for the purpose of its examination/processing or to the authority which is responsible for deciding whether to permit the applicant entry to the territory so that his/her application can be examined by the competent authority".

① Those responsible for implementing measures to protect the various categories of migrants, including vulnerable cases, should set up **methodological tools**, including computer *databases*, to keep track of their activities, with a view to ensuring an adequate follow-up in later phases. All activities mentioned in this chapter should be conducted in full respect of the fundamental rights of migrants, with appropriate conditions and within a reasonable period of time so as to ensure the identification of several categories (voluntary migrants, asylum seekers, unaccompanied minors and vulnerable individuals such as victims of trafficking, women in distress, victims of torture), in view of their subsequent transfer to the appropriate facilities (CARAs, CIEs, host associations, etc.).

① The stay in initial reception centres should be limited to the time needed to identify migrants in accordance with the guarantee of information and humanitarian assistance guidelines listed above. However, whenever migrants are detained for longer periods of time, for example in the event of several landings or because of hindrances to the transfer to other centres, reception conditions should reflect their specific circumstances. Firstly, men, women, unaccompanied minors and families should be kept separate. Moreover, special attention should be paid to the needs of pregnant women, the elderly and the disabled.

Information

① The provision of information to migrants may call for **group information sessions**, which should be organized according to the migrants' profiles and their needs. The presence of interpreters and/or cultural mediators during this stage is key to ensuring effective and reliable communication. The latter should be adapted to the different categories of migrants, and varying techniques should be used when necessary.

① It would be useful to distribute printed information material on legislation pertaining to migration, asylum and the protection of vulnerable groups, and to make sure that this information is consistent across all centres for migrants in the country.

① Group information sessions for **potential asylum seekers** should clarify the requirements to be met when applying for international protection and the different phases the process comprises (access conditions, the applicant's obligations throughout the

process, the hearing, possible outcomes and appeal). It is equally important to provide detailed information about the criteria that determine which state is responsible for examining the application for international protection, as defined by the Dublin II Framework⁴⁰, namely in relation to special circumstances (e.g. the presence of a spouse in another European state).

① **Voluntary migrants** should be fully apprised of the consequences of irregular entry (rejection, expulsion, detention centres) and should be given specific guidelines regarding the right of defense, the right to health and the possibility of contacting their consulates. At the same time, it is important to clarify the risks associated with an irregular stay in the country (exploitation, irregular work, etc.).

① As far as minors are concerned, when group information sessions on legal issues are held, preventive protective measures should be taken, namely it should be ensured that at least two adult operators are present. It is also important that the session take place in a quiet area and that its duration not exceed the attention span of minors; also, language suitable to their age group should be used.

① Information sessions for migrants, and minors in particular, must comply both with the law and practices currently in use, considering the importance that migrants will attach to said information, and endeavoring to avoid the risk of confusing, deceiving or disappointing them. More specifically, the information provided should include the following: the definition of ‘minor’; the legal rights of migrant minors; the different phases of their stay in Italy; a description of the host association and of the ‘guardianship’ role; waiting times for guardianship and residence permits and the importance of staying in the country (clarifying that it is important not to leave the country to ensure a continuity in their legal status in Italy); what a residence permit consists of and the different types of existing permits; the conditions for access to education, training, legal work and procedures to be reunited with any relatives living in Italy.

⁴⁰ Council Regulation (EC) No. 343/2003 of 18 February 2003 establishing the criteria and mechanisms for determining the Member State responsible for examining an asylum application lodged in one of the Member States by a third-country national. Available in English at:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32003R0343:EN:HTML>

and in Italian at:

<http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:050:0001:0010:IT:PDF>

⦿ If you suspect that someone might be a **victim of trafficking**, a confidential, face-to-face interview should be conducted. At this stage, resorting to cultural mediators of the same nationality and gender of the potential victims is highly recommended. If the volume of arrivals and the duration of migrant women's stay in the centre do not allow for individual interviews, information on trafficking should be given as part of a more general information briefing on the rights and duties of migrant women, during which it should be stressed that it is possible to leave a situation of violence and exploitation at any time by contacting the anti-trafficking toll-free number: 800 290 290.

⦿ **Information sessions on preventive healthcare** should be held with a view to improving sanitary conditions in reception centres and facilitating access to medical facilities and services. These sessions should focus especially on legislation concerning the right to health (access to care for regular and irregular migrants, guarantee of right to health, healthcare facilities, accessible healthcare and services, structure of basic, district and specialist health services, delivery of health services and emergency care, residence permit for medical care and health reasons) and on health education (prevention, vaccination cycles, the concept of hygiene – hygiene rules, risk treatment – disease transmission – oral, oral-faecal, blood, maternal-fetal; nutrition and pregnancy – baby care and breast-feeding). The sessions should be organized in groups, separating men and women, minors, mothers with children, pregnant women.

THE IMPORTANCE OF PROVIDING MIGRANTS WITH CORRECT INFORMATION

The provision of information to migrants is a key activity within the management of mixed flows. All information must be correct, relevant and presented in a comprehensible and professional manner. The importance of this task is especially evident when working with migrants, when you have a better understanding of their histories, their situation and their expectations.

Some migrants arrive at the destination country with little to no information about their situation, while the majority of migrants has incorrect and sometimes misleading information, often received by traffickers in the countries of origin and transit, for the sole purpose of making the trip more “attractive”, with the promise of a safe crossing, guaranteed entry and the possibility of reaching other European countries.

For the operator, “providing information” becomes a tool to fight, albeit indirectly, the traffickers, their biased information and their false promises. Giving accurate information means establishing a relationship of trust with immigrants, helping them to better understand their actual situation, with transparency and honesty, even if this means falling short of some of their expectations.

Comprehensive and accurate information is essential in order to be able to make informed choices in circumstances that have a significant impact on one’s own life.

Italian, international and EU legislation offers a range of specific guardianship and protection measures for specific categories of people.

Operators, however, should not be influenced by their personal evaluations; rather, they should provide neutral, complete and comprehensible information, without issuing any judgment on the accuracy of the migrant’s statements, even when there is a risk of a potential instrumental use of the protection measures provided.

Operators involved, in various capacities, in the assistance and identification of migrants can have doubts about the migrants’ personal data and the statements made. In these cases, they should use the evaluation tools provided for by the law and resort to authorities designated to carry out such verifications. Personal data which are seemingly questionable, given to take advantage of the more favorable laws for unaccompanied minors or to remain in the adult group, can be assessed through age verification procedures, which are regulated by specific official circulars. Statements in support of the application for international protection are assessed by the relevant authorities (in the first instance by Territorial Commissions) and, should the need arise, can be rejected when manifestly unfounded.

Identification and management of different categories of migrants

Asylum seekers

⦿ During the identification of protection needs and the receipt of applications for international protection, designated staff should directly refer to the definition of asylum seeker under the Schengen Handbook, Section 10.1: *“A third-country national must be considered as an applicant for asylum/international protection if he/she expresses – in any way – fear of suffering serious harm if he/she is returned to his/her country of origin or former habitual residence. The wish to apply for protection does not need to be expressed in any particular form. The word “asylum” does not need to be used expressly; the defining element is the expression of fear of what might happen upon return”.*

① Knowledge of the socio-political conditions and the level of respect for human rights in the migrants' countries of origin and transit is an important element, though not the only one, in the early identification of any protection needs. However, gathering information on individual profiles, which can be done both by the relevant authorities and by operators involved in information activities, may lead to the identification of protection needs that may not arise immediately when only the origin of the person is taken into account.

Voluntary migrants

① Once it has been ruled out that the migrants in question are asylum seekers, it is important to ensure that their nationality is correctly identified by directly contacting the consulates in their countries of origin. It should be ensured that migrants' nationality is not verified exclusively through mediators or interpreters.

① Before issuing an expulsion or deportation order against a voluntary migrant, the competent authority should check that there are no impediments to doing so (serious health problems, the existence of a son or daughter who is an Italian citizen, being a minor etc.)⁴¹ nor any particular needs for temporary protection on humanitarian grounds.

① In accordance with existing legislation, voluntary migrants who have been temporarily admitted into the country for first aid purposes⁴² should be issued a rejection order rather than an expulsion order. Migrants should always be given a copy of any order issued against them, specifying how they can appeal.

① In cases where voluntary migrants have been issued a rejection or expulsion order, they should be transferred to a dedicated centre (CIE) as soon as possible, to ensure that they have prompt access to the defense services provided for by the law and, where applicable, legal aid.

⁴¹ Art. 10, paragraph 4, Legislative Decree 268/1998.

⁴² Art. 10, paragraph 2, Legislative Decree 268/1998.

① As regards the identification of minors, the following cases should be distinguished: alleged minors whose age is not readily identifiable and minors who have been wrongly identified as adults or who have declared themselves to be adults.

① In the case of presumed minors who are not asylum seekers and for whom there are well-founded doubts as to the accuracy of their purported age, it is recommended the Police Authority contact consular authorities in their country of origin to check their details. Given the waiting times associated with such verifications, the Police Authority should also ask migrants to provide copies or originals of any identification documents they may possess. To this end, the migrant should be given a telephone and a fax number to which he/she can send the document. Only when these verifications are not possible, should a medical age verification test be carried out.

① In the second scenario, when there is a chance that a minor has wrongly been identified as an adult, the staff of the managing body or of a specialized agency/organization should check the facility where adult migrants are lodged to verify the presence of presumed minors not identified as such. The aim of such measures is to collect migrants' statements and conduct individual interviews to double-check their statements and monitor the identification process. Following these verifications, the appointed officials should submit a request to the Public Security Authority to undertake the process mentioned above (contacting the relevant consular authorities and asking the migrant to send identification documents).

Pending the completion of the verifications by the consular authorities or during the age verification process, those who have reported an alleged minor should ask him/her to send, where possible, a copy or the original of an identity document from his/her country of origin. Upon receipt of the copy of the identity document certifying the minor's age, the operator should, with the consent of the child, submit an application to the Immigration Office for the recognition of the minor's age.

⦿ Pending completion of the procedures necessary for the identification of the minor, the migrant should always be given the benefit of the doubt⁴³ and the child should be treated accordingly (for example, they should be lodged in the building for minors).

⦿ As regards the age assessment procedure, long-term changes have been advocated for some time to ensure compliance with minors' rights, including the adoption of age assessment procedures that are as little aggressive as possible. Meanwhile, it is essential that the verification comply with the following basic guidelines: the margin of error should be indicated in the medical report; the minor should be informed and his/her consent should be obtained for the medical test, outlining a procedure in case of refusal of consent; a copy of the report should be put on file; the minor should be informed, with the help of cultural mediators, of the test results and the consequences thereof.

⦿ In case of any doubt, it is important to properly implement procedures to verify family relationships, also with a view to protecting the minor from any risk of abuse or exploitation. In particular, special attention should be paid to noting down statements regarding the relatives already in the country. When seeking to separate family members, the informed consent of the minor, of his/her parents or of those who are responsible for him/her should always be obtained, and the competent juvenile court should be informed.

Vulnerable cases

⦿ It is worth noting that all the categories of migrants listed above might qualify as vulnerable groups, as would emerge from a range of aspects pertaining to the individual's life and his/her relationships: age, family status, physical and psychological health, personal safety and exposure to violence or abuse.

⦿ Those involved in initial reception activities should establish standard procedures for the identification and treatment of vulnerable cases. As far as reception itself goes, it would be advisable for those responsible for reception and related services in the country to draft operating protocols. In any case, these agreements should account for the various stakeholders involved, in accordance with individual institutional roles, and should provide

⁴³ Circular of the Ministry of Interior, July 9, 2007.

for a multi-sectoral approach to the coordination of interventions. A system for the monitoring and periodic evaluation of interventions should further be set up, in order to verify the effectiveness of the measures adopted, to identify best practices and to ensure that the needs of vulnerable persons are effectively met.

- ① The agreements and operating protocols should ultimately ensure an efficient and easily accessible system for migrants and vulnerable asylum seekers to have their state of vulnerability detected or, depending on the circumstances, to have them report episodes of violence and/or exploitation. For example, for victims of torture or sex and gender-based violence, a clear system of access to assistance should be put into effect. In addition, operating protocols should regulate the coordination of the various stakeholders involved in order to ensure the prompt reception of vulnerable subjects.

- ① Operators should be skilled in interview techniques specific to each category of vulnerable people.

- ① Cultural mediation should play a key role in establishing a relationship of trust with migrants, which is an essential prerequisite for detecting vulnerability. In particular, with some vulnerable cases, it would be advisable that cultural mediation be conducted by female staff.

- ① The identification and treatment of vulnerable cases should always be carried out in full respect of the migrant's *privacy*. Information gathered during individual interviews with migrants, or data concerning their health conditions, is strictly confidential. However, some of the information will need to be shared with the relevant actors for intervention purposes or, more generally, relayed to the bodies in charge of the centres or of the facilities where the migrants are headed. It would therefore be useful for the aforementioned protocols to include precise instructions on the appropriate use of vulnerable people's sensitive information, clearly identifying the types of information which can be made public, with the explicit consent of the person concerned, where appropriate. It should also be noted that in the case of asylum seekers, information about vulnerability, as is the case for torture victims, may be potentially significant for the Territorial Commissions examining the application for international protection.

① Specific measures should also be taken for survivors of torture or other forms of violence and for trafficking victims, without neglecting the assessment of any elements relevant to the personal security of these individuals.

① During initial reception, where contact with migrants is often fast and sometimes occurs in circumstances which are not appropriate for an interview, it is important to pay due attention to nonverbal cues. Moreover, all centre operators, regardless of their role, should be informed of the different types of vulnerabilities. Close collaboration between the centres' medical staff and other social and legal representatives is crucial for the identification and reception of torture victims, even when they do not show any obvious physical signs. It is best for unskilled operators to collect basic information about the violence suffered by migrants and promptly refer the migrant/asylum seeker for specialized support.

① Specific measures should be taken for victims of sex and gender-based violence. For this category of vulnerable individuals, violence is committed for reasons related to the gender of the victim or to his/her social and cultural status. Such violence is a violation of human rights; women and children are the most vulnerable and exposed groups, but male adults can also become victims. Victims of such forms of violence require specific and timely health care (pregnancy tests, specialized medical assistance, infectious disease screening, psychological support).

① It is therefore advisable to envisage not only reception systems for survivors, but also prevention and initial protection measures within the centres where such episodes could take place.

① It's important to ensure that vulnerable persons applying for international protection are given all the relevant information regarding the specific protection measures available to them⁴⁴, for example, with regard to unaccompanied minors seeking asylum⁴⁵.

⁴⁴ Art. 8, paragraph 1 of Legislative Decree No. 140/2005 implementing Directive 2003/9/EC laying down minimum standards for the reception of asylum seekers in Member States, defines, for the purpose of reception, the categories of vulnerable people: "Reception shall take into account the needs of asylum seekers and their family's members, particularly vulnerable persons such as minors, disabled people, elderly people, pregnant women, single parents with minor children, people for whom it has been ascertained that they have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence".

① It is also worth recalling that an asylum seeker's profile, such as his/her association with a particular social, religious or political group, may constitute a vulnerability factor, and in some cases even a source of danger, in the centre where he/she is being lodged.

① Using interviews, information gathering and/or behavioral observation, designated staff should assess the condition of those migrants, especially women and minors, where there may be cause for concern in relation to situations of particular vulnerability (minors as victims of violence and/or abuse, and minors as trafficking victims), also on the basis of a more holistic analysis of factors that lead to the assumption of the existence of such a condition⁴⁶.

① The operators of the managing body, the police and the specialized agencies or associations operating in the centres should be aware of trafficking indicators specifically developed by specialised agencies⁴⁷ to identify categories of migrants or individuals particularly at risk.

① The strengthening of investigation activities in the landing areas, the sharing of common trafficking indicators and the signing of protocols between the police force, the judicial authorities and NGOs working in the field of victim protection could help provide efficient and effective measures to tackle an increasingly widespread phenomenon.

① When dealing with trafficking victims, all the necessary measures should be taken to safeguard their security and safety and to isolate them from people who may influence them or make them feel threatened.

⁴⁵ For example, Art. 6, Art. 13 and Art. 19 of Legislative Decree No. 25/2008 implementing Directive 2005/85/EC on minimum standards on procedures in Member States for granting and withdrawing refugee status.

⁴⁶ To this end, Save the Children resorts to the methodology and the indicators developed by the organization in the publication: *Final Report – Development of a child rights methodology to identify and support child victims of trafficking*, Save the Children, December 2007.

⁴⁷ In particular, IOM.

① Trafficking victims should be given detailed information about the protection measures provided by law, including the path to social integration and the possibility of obtaining a temporary residence permit⁴⁸.

① If an operator from a centre's managing body or from a specialized agency has ascertained that a trafficking victim wishes to cooperate with the police in identifying traffickers or is willing to give a statement which may be used for investigative purposes, the relevant authorities of the Judicial Police (e.g. the flying squad) who may be present in the centre should be promptly notified, whilst ensuring that all the necessary measures are taken to protect the victim (e.g. immediate transfer to a dedicated facility⁴⁹).

① If the victim is not immediately willing to cooperate with the police authorities, but has given a statement to managing body or specialized agency staff, the Anti-Trafficking Network should be contacted immediately at the following national toll-free number: 800 290 290, with a view to implementing the assistance and integration measures provided for by law⁵⁰.

① In the event of a migrant being diagnosed with serious health problems during their stay, the medical staff working in the centre, in conjunction with cooperating organizations that have a healthcare mandate, and in close liaison with local health facilities, should conduct an in-depth assessment of the nature and seriousness of the problem.

① Having determined the seriousness of the problem, the appointed medical staff, along with the relevant organizations, should submit a request to transfer the patient to suitable facilities or to have him/her undergo a specialized medical test in a public hospital. It is important that migrants always be given a copy of their medical records compiled in the initial reception centre, and that a copy be sent to and filed at the centre where they will be transferred.

⁴⁸ Art. 18, Legislative Decree 268/1998.

⁴⁹ Agencies and other bodies listed in the register as set forth in Art. 52, paragraph 1, letter c) of the decree implementing the Consolidated Immigration Act.

⁵⁰ Pursuant to Art. 27 of the Regulations implementing Legislative Decree 268/1998.

① In dealing with the identification and reception of vulnerable cases, operators' well-being, security and safety should never be neglected. Vicarious traumatization and *burnout* syndrome are dangerous manifestations, sometimes heightened by very intense workloads; they should be taken into account, both to ensure the health of operators themselves and so as to provide adequate services to vulnerable migrants under all circumstances.

5. TRANSFER TO OTHER FACILITIES AND LINKS TO ON-SITE SERVICES

After several days spent in the centre, several hundred migrants were transferred from the CSPA in Lampedusa to suitable facilities on the mainland. Some 150 migrants were transferred to CDAs in Bari and Foggia; nearly 100 migrants were flown to the reception centre in Castelnuovo di Porto (Rome) and to the CARA in Trapani, while 82 migrants were taken to the Agrigento Provincial Police Headquarters' Immigration Office and issued with rejection orders. On the same day, 53 unaccompanied migrant minors were taken to Agrigento by boat, greeted by the Office of the Provincial Police Headquarters for Minors and subsequently placed in the care of local host associations. A migrant in serious health conditions was urgently transferred to Palermo hospital via helicopter.

5.1 OVERVIEW

Transfer from initial reception centres to other facilities in the country is the next step after the identification of the different types of migrants and vulnerable cases, and takes into account other aspects such as family ties. Asylum seekers are normally transferred to Reception Centres for Asylum Seekers (CARAs), while irregular migrants are sent to Identification and Expulsion Centres (CIEs). Unaccompanied minors follow a different path and are lodged in different communities.

Vulnerable persons are afforded special treatment. Asylum seekers in a position of vulnerability, for health reasons or because they are victims of torture or other forms of violence, should be directly transferred⁵¹ to reception centres managed by the Protection

⁵¹ Or, in some cases, after a brief stay in a CARA.

System for Asylum Seekers and Refugees (SPRAR)⁵². Victims of trafficking or those at risk of trafficking, if identified in these early stages, may be transferred to a safehouse provided for by the law⁵³.

Transfers are centrally coordinated by the Ministry of Interior, in particular as regards vacancies in CARAs and CIEs. Several elements can contribute to determining when and how to transfer migrants, including the number of landings, which in certain circumstances can be very high. In the previous chapter, best practices were discussed whereby there should be sufficient human and logistical resources to ensure a prompt transfer⁵⁴, all the while complying with the principles of humanitarian assistance and the duty to provide information.

Where the law does not provide for a transfer to a CARA (Art. 20, Legislative Decree No. 25/2008) or to a CIE (Art. 21, Legislative Decree No. 25/2008), asylum seekers should be taken to a SPRAR reception facility⁵⁵. However, especially when migration flows are particularly numerous, they might also be transferred to CDAs for migrants, set up to cater for migrants' "initial assistance needs"⁵⁶.

Circumstances permitting, transfers take place according to the chronological arrival order of landings. Migrants are provided with food and water for the transfer, which can last several hours. Members of previously identified family groups are transferred together. Thanks to the information provided during their stay in the initial reception centre and, if necessary, complemented before departure, migrants, asylum seekers and minors can be reassured as to their destination and receive further explanations on what happens after the transfer. At this stage, the various actors involved can further delve into some individual situations or cases of vulnerability.

⁵² SPRAR was founded in 2001 as the National Asylum Program; it manages an integrated reception system, involving municipalities in planning and implementing projects with the collaboration of third sector associations.

⁵³ Agencies and other bodies listed in the register referred to in Art. 52, paragraph 1, letter c) of the Regulations implementing the Consolidated Immigration Act.

⁵⁴ See, in particular, Article 23 of Presidential Decree 394/1999.

⁵⁵ Art. 6 of Legislative Decree No. 140/2005 1. In the cases listed in Art. 5, paragraph 2, asylum seekers, in order to access reception measures for themselves and their families, must submit a specific application subject to a declaration, upon applying, of having insufficient means of sustenance. 2. The Prefect's office-government branch office, which receives documentation from provincial police headquarters as set forth in paragraph 1, assesses the lack of sufficient means of sustenance under Art. 5, paragraph 3, and then checks, in accordance with the modalities established by a provision of the Head of Department for Civil Liberties and Immigration of the Ministry of Interior, the availability of spaces within the Protection System for Asylum Seekers and Refugees under Art. 1 *sexies* of the Law Decree.

⁵⁶ As can be inferred from the description of CDAs, these facilities provide first aid to irregular migrants located on national territory. Stays in said centres are limited to the time strictly necessary to establish their identity and the legitimacy of their stay on national territory or to issue them with a rejection order. See:

The measures taken by the relevant authorities according to the different categories of migrants are generally announced at destination centre. However, such measures can also be taken and announced at initial reception centres before the transfer. Should that be the case, migrants are provided with a copy of the measures. The transfer calls for a proper handling of documents and/or of information to ensure continuity in reception and the proper handover of the appropriate stages of the entire process. Medical records are transferred from the initial reception centre to destination facilities. Migrants' right to protect their personal data, especially as regards their health condition, should be fully respected⁵⁷.

5.2 DESIRABLE INTERVENTION/BEST PRACTICES

① When migrants are transferred to other centres in the country, they should be provided with the **contact details of the major organizations/bodies working in the destination centres and location**, also by way of printed material.

① It is best for staff involved in initial reception to liaise with the facilities to which migrants will be transferred (centres for immigrants, host associations for minors, safe-houses for victims of trafficking, hospital facilities, etc.) in order to ensure continuity of care and carefully follow up on cases requiring special attention (minors, victims of trafficking, victims of violence, abuse or torture, migrants with serious health problems and other vulnerable cases). More specifically, staff from the managing body, the specialized agencies operating on the border and the Public Security Authorities should refer individual cases to the competent bodies, so as to ensure continuity in the actions initiated during the initial reception phase, as described in the previous chapter.

① To ensure a proper *follow-up* of the actions taken after arrival, and in particular of activities geared toward the identification and appropriate treatment of the different categories of migrants, specialized organizations/agencies, bodies operating in the arrival area and lawyers alike should always be granted access to the centres for migrants (CARAs/CIEs).

⁵⁷ Legislative Decree 196/2003 Code on the protection of personal data.

① Considering that there may be substantial migration flows in a very short space of time, and given the poor mental and physical conditions of migrants, there may be a possibility that not all protection needs arise immediately while at the initial reception centres. It is therefore absolutely necessary to ensure adequate access to the international protection procedure, as well as to other forms of protection provided for by current legislation, **even after migrants have been transferred to other facilities.**

① It is recommended that an **interpreter** be present even at this stage, to facilitate transfer operations and assistance to migrants.

① It is recommended that **vulnerable cases of asylum seekers** be promptly reported to SPRAR in order to arrange for their immediate transfer. Social workers at the centre can play a pivotal role in facilitating vulnerable persons' direct entry into SPRAR, by referring them to other professional figures (psychologists, doctors, etc.) who give assistance, and by conveying the necessary information.

① As far as **unaccompanied minors seeking asylum** are concerned, there is a need for an operating framework whereby they can be immediately inserted in SPRAR facilities for minors⁵⁸. There may otherwise be a delay in the international protection procedure and, consequently, a rise in the dispersal rate for unaccompanied minors seeking asylum. Reception outside the SPRAR system can also prevent individual applicants from being granted individual interviews with legal representatives who can assist them with their request for international protection.

① It is also recommended that reception centres for asylum seekers facilitate quick links between asylum seekers and on-site services that are usually available in the country. Services available to the migrant/asylum seeker being lodged in reception centres should be part of a broader system of services provided by the local municipal authorities and local health authority and fall within the context of a specific national service management framework.

⁵⁸ As laid out in the December 7, 2006 directive of the Ministry of Interior in consultation with the Ministry of Justice on alien minors applying for asylum.

① When it comes to **unaccompanied minors**, the authority in charge of the transfer must promptly alert the authorities responsible for the placement of minors (Prefect's office and/or municipalities) and for the identification of host associations, also with a view to avoiding lengthy stays in the arrival area.

① Considering that detaining unaccompanied minors in centres for migrants (CIEs /CARAs), is prohibited, it is advisable that they be transferred from the arrival site exclusively to dedicated host associations in the area.

① In this regard, when transferring minors to host associations, the availability of reception facilities across the entire country, rather than limited to the landing site's surrounding area, should be taken into account. To that end, it would be useful to set up a coordination system, at the national level, among all the stakeholders responsible, in various capacities, for the reception of minors (municipalities, Prefects' offices, Interior and Social Affairs Ministries), also with a view to setting up a national and/or regional *database* for the country's host associations. This allocation system should always be linked to systems designed to monitor the quality of reception standards and of services offered by host associations.

① If, during their stay in a CSPA/CDA, minors with special needs are identified, they should be promptly referred, so that they can be transferred to the most appropriate host associations. Social workers operating in these associations should also be alerted.

① Any cases where **migrants have been identified as adults, but continue to declare themselves to be minors**, despite the lack of valid identity documents, must be reported to the relevant operators in the centres for migrants to ensure that further investigations are pursued.

① In cases where minors who have been identified as adults following the outcome of an anthropometric test come into possession of originals or copies of identity documents certifying that they are minors shortly before being transferred to an immigration centre, it should be ensured that they be kept in CDAs for further investigation on their *status*, particularly through contact with the relevant consular authorities, except when dealing with applicants for international protection.

⦿ Whenever further investigation is needed to rule out any doubts about a migrant's age, it is necessary to ensure that legal assistance be provided and that verifications be completed before an expulsion or rejection order is issued.

⦿ As regards **family groups**, after having verified the truthfulness of the information given during the identification phase and in subsequent interviews (possibly carried out with managing body staff and/or staff from other organizations operating in the centre), it should be ensured that the family group is transferred together, or, if a family member has already been transferred, that family reunification be effected.

⦿ If a **potential victim of trafficking** is identified in the initial reception phase, it is necessary to ensure that he/she be transferred to a protected facility once a request has been issued, where possible, for a residence permit for social protection. Staff dealing with the identification of trafficking victims should monitor their treatment following the transfer and serve as a link with local institutions if required.

⦿ If the migrant in question has given or is willing to give a statement to the police authority, the relevant Public Prosecutor should be contacted to address the vulnerability of the case.

⦿ Guarantees must be obtained from the Public Prosecutor's office to the effect that those migrants being held in reception centres because they have to be available for the judicial authorities (e.g. as witnesses) will not be detained beyond the time provided under current legislation and that, where possible, they shall be issued a residence permit for justice reasons.

⦿ In cases where **migrants have been issued expulsion or rejection orders**, it is necessary to verify that they truly be granted access to legal remedies and defense and that detention time be respected as provided by law.

⦿ It is equally important that a professional cultural mediator be present during the validation phase of the detention order. It is by no means possible to resort to other guests

at the centre for the provision of interpretation services. It is also essential that the subject of the detention order correctly understand what is happening to him/her and the reasons behind the detention.

- ① For **migrants with health problems** identified during the initial reception phase, medical staff at first reception centres should liaise closely with medical staff at destination centres, ensuring the transfer of a copy of all medical records generated during the first aid phase.

- ① If the seriousness of the patient's medical problems warrants hospital or outpatient admission, health professionals, social workers at the centre and staff at the hospital providing the service should work closely together. If the patient is an unaccompanied minor, said cooperation and information network should be extended to the individuals responsible for the reception of the minor, in order to guarantee him/her full protection and security.

- ① Migrants who are admitted to hospital must always have the opportunity to contact any family member of theirs residing in an immigration centre or in the country and, after they have been treated, must be provided with adequate support in order to be reunited with them. When dealing with unaccompanied minors, family members should be given the opportunity to assist the child (even in the case of an emergency transfer and admission).

- ① Whatever happens, those responsible for reporting a medical case identified during the initial reception phase (managing body/specialized agencies) must have access to updates regarding the patient's condition, their discharge from the hospital, etc. at all times.

- ① It is also advisable for migrants who have been discharged from the hospital to have the opportunity to recover in a centre suited to their condition, and, as appropriate, in the company of their children, spouse, or other family member. It is also recommended that centres for immigrants and health facilities operating in the area cooperate closely, considering the right of all migrants to access emergency, basic and continuing care⁵⁹.

⁵⁹ See Art. 35 Legislative Decree 286/1998 establishing the irregular migrant's right to "urgent, essential, although continuous" care, including interventions of international medical prevention, diagnosis and treatment of infectious diseases, protection of pregnancy and motherhood.

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