

## **ENARO EVALUATION MEETING 2004**

29 November - 1 December, 2004  
Cervená nad Vltavou, Czech Republic

The participants were allocated to a number of workshops and discussed all of the topics below in relation to their experiences during their stay abroad.

The topics were intended to provoke discussion and included a wide range of subjects on daily activities in the asylum reception centres.

### **1. Recent amendments in national legislations and consequent changes regarding services provided**

Topics:

- Changes in asylum procedures and their impact on the services provided
- Voluntary repatriation – motivation, various forms of voluntary return, scope and timing information distribution, establishment of specialised centres, clients' vocational training
- Decreasing influx of asylum seekers – closing of centres, staff reduction, flexibility of reception systems
- Public opinion

### **2. Medical care**

Topics:

- Different types of health insurance and the access to national medical care systems
- Compulsory/voluntary medical examinations in relation to the protection of the public from contagious diseases
- Medical care provided to vulnerable groups (special programmes and/or approach)
- Specialised medical care of seriously physically handicapped persons
- Specific training of staff
- Role of NGOs in the medical care provided

### **3. Co-operation with local community**

Topics:

- Main local partners to co-operate with asylum centres, part of local authorities
- Financial incentives to municipal bodies, contracts with NGOs
- Involvement and participation of the public in asylum centres' activities
- Employment of local inhabitants at asylum reception centres, local volunteers and part-time workers
- Dealing with public opinion

### **4. Integration of asylum seekers and recognised refugees**

Topics:

- Governmental assistance programmes concerning integration of asylum seekers and recognised refugees
- Vocational training and its scope
- Provision of compulsory/voluntary language courses
- Opportunities of clients to enter the labour market
- Access to education (all kinds of educational levels)
- Co-operation with NGOs
- Possible ways of following of clients' integration in a host country (well-being, employment, dependence on national welfare systems, participation in social and/or community life, etc.)

## **GROUP 1**

### **1. Recent amendment in national legislation and consequent changes etc.**

#### Norway

The city council of Oslo recently opened a centre for people who could no longer stay in the reception centres and who were put out on the streets. The city of Oslo asks the central government to pay the bill; about 25% of the asylum seekers return to their country through IOM or the police. Temporary protection is given, for example to Somali people.

#### Czech Republic

Problems with Slovak Romas and asylum seekers from Chechnya. Only 2% of all asylum seekers receive a status. After the procedure is finished, people go into detention.

### Spain

All asylum seekers leave the reception after 1 year. After the first 9 months in a reception centre, asylum seekers are being prepared for their lives 'outside'. Most of them manage to find work and accommodation. There is no return programme and last year only 5 persons from the centre near Valencia returned to their country of origin. People from Sudan receive temporary protection through the quota treatment.

### Belgium

Belgium is confronted with less asylum seekers asking for asylum, but the impression is that the same amount of people do come to Belgium, but instead of seeking asylum find their own way in Belgian society.

### Ireland

Illegal people are informed that they will be deported. Most have been in procedure earlier in the UK. Forced return happens in collaboration with other countries and is done with chartered airplanes. Illegal people will be placed in a departure centre for 3 or 4 days.

### The Netherlands

After the final negative decision, reception ends after 28 days. For people who have been rejected before the year 2000, there is a special return programme and people can be sent to a so-called deportation centre. By the 1st of January 2005 the reception centres will change policy and will only accommodate people with a negative decision. These people will prepare for return.

### **Recommendations:**

- There has to be more contact, on a regular base, between the social worker/case manager and the asylum seeker.
- Asylum seekers have to be informed from the beginning about all aspects and consequences of return.
- An asylum seeker who returns to his native country is often looked upon as a loser. It is therefore recommended to give him/her as many tools as possible on return.

## **2. medical care/local health board**

### Netherlands

There is medical insurance for all asylum seekers from day 1. They are treated the same way as Dutch people.

### Norway

Medical insurance for all asylum seekers with a small own contribution. However: some exclusions. Government pays municipality for the extra burden. In the centres are nurses who function as a filter to the GPs.

In Norway they are setting up 5 or 6 special centres for handicapped/disabled as well as for asylum seekers with mental problems. There is special training for the staff.

### Czech Republic

There is no insurance and the bill is sent to the department. There is medical staff on centres. There is a contract with hospitals; doctors and they are paid directly. Twice a week the psychologists come to the centre.

### Ireland

In Ireland the situation is practically the same as in the Netherlands.

### Spain

Every centre has its own psychologists. There is no insurance; the Spanish government pays the bill.

### Belgium

In Belgium beds in a psychiatric hospital are bought.

Fedasil pays the bills of the medical services.

### **Recommendations:**

- There must be better medical screening.
- Staff should be trained in order to discover at an early stage possible mental problems and in doing so prevent "explosions".

## **3. local community**

### Ireland

Complains from lobby- and support groups frustrate the work.

### Norway

For Norwegian people an information desk is provided in all centres, so they can meet asylum seekers. Volunteers and lobby groups give false hope and information.

### Belgium

Open days are organised at all reception centres. Volunteers need to be qualified to work in the centres.

### Czech Republic

Municipalities receive 7 Kronen per person per day from the government in order to house asylum

seekers. People, who refuse to join the military service, could be employed as a social assistant in the reception centres.

#### The Netherlands

Volunteer work is common in Dutch society. Many people do additional volunteer work at the reception centres by, for example, teaching the Dutch language.

#### Spain

Open days are organised. Working with NGOs orientation programme.

#### **Conclusion:**

Volunteers can be good and useful in establishing social acceptance, improving the atmosphere in and around the centres and last but not least they are good for the overall budget. The volunteer will often be seen as an ambassador of the reception centre.

### **4. Integration of asylum seekers and recognised refugees**

#### Norway

Municipalities are aware of the quota they have to house. Integration programmes will start on arrival. Possibilities for employment are also looked at when asylum seekers first arrive.

#### Czech Republic

There are special integration centres. The law dictates that municipalities have to provide housing.

#### The Netherlands

Municipalities are aware of the quota they have to house. There is a long waiting list for housing recognised asylum seekers.

#### Belgium

Recognised asylum seekers are obliged to follow an integration program. Language and social training are provided.

#### Spain

On arrival in Spain an integration program starts immediately. There is no forced return.

#### Ireland

Ireland organises award ceremonies when asylum seekers receive a status. There is no special integration program.

#### **Recommendation:**

- Share information about the programmes and their effects on integration.

#### **Benefits of ENARO**

1. Exchange with international colleagues/trainees is helpful and contributes to better understanding your own organisation.
2. The Czech Republic wants to learn how to handle (and operate in case of) a spontaneous decrease or increase of asylum seekers.
3. Find expertise concerning return, organise expert meetings on an operational level.
4. A more structured but informal use of the network: sharing practical details and information.
5. ENARO can be used as springboard for a more 'political lobby'
6. ENARO can be the spokesman on different platforms
7. Exchange of education for staff: promoting European/universal studies on the subjects of how to treat asylum seekers during their stay at an asylum reception centre.
8. Use the ENARO-website to spread around success stories

### **GROUP 2**

#### **The first issues discussed were not included in the topics of the workshop:**

- Are Social workers / social assistants specifically needed for our clients or can we use existing infrastructure in our respective countries.

The participants had different views and most of them agreed on a mixture of both systems; it might be the best solution.

- Dilemmas faced in our daily jobs.

Problem of 'split personality' – humane versus professional. How to support our social workers in dealing with this issue.

- Integration or not?

On this issue, the group was equally divided and both sides put strong points into the discussion.

#### **1. Recent amendments in national legislation and consequent changes regarding services provided**

Issues discussed:

##### Return and repatriation (voluntary or forced)

If you do not have a credible policy on return, is it more difficult to develop an effective way to successfully motivate people to opt for voluntary return?

What is the problem? The product or the selling of this product? How to optimise the selling of the system?

We concluded that despite discussions, only the asylum seeker himself is able to indicate what exactly is needed to make voluntary return possible.

Lack of identity-papers, lack of cooperation with some embassies etc., are all obstacles on the road to voluntary return.

It was suggested to look at the problem from an academic point of view.

For example:

companies in the native countries could be requested to employ trained returnees (educated in Europe).

What are the elements in a positive motivation system on return?

Participants concluded that the package for each country has to be different. Money handed out at the time of voluntary return can be decisive.

An example: people from Angola sent back by IOM, from Holland, are paid about 2.500 Euros.

Furthermore CORDAID has contact persons based in Angola. These contact persons help the returnee to settle down in the home country.

Another example (from Sweden): the Swedish government in special cases offers civil servants to work for their embassies in the country of origin.

## **2. medical care**

Under this heading the participants discussed the problems they faced due to their clients visiting doctors as a pass time. This brought the suggestion that the GP should charge a token fee (as happens in Sweden) to stop some of the unnecessary visits.

In some countries where the reception agencies do not have their in-house doctors the participants complained about the lack of information sharing by the doctors, with the exception of TB.

In Spain however the Red Cross screens the clients and informs the reception centre of the results of the check-up (which includes HIV test). The Red Cross also issues a 'health certificate'.

## **3. cooperation with local community**

It was discussed that opening a new centre generally faces local opposition.

The Spanish participant was pleasantly surprised, since Spain does not experience local opposition when a new centre is opened.

All the participants acknowledged that in their countries there was a small shift in public opinion regarding opening new centres. But still a lot needs to be done.

Closing down centres creates a similar response, because the community loses out on the benefits of having a centre in their area.

Partners and contractors, like the Red Cross, face less opposition when a new centre opens in comparison to opposition generated when governmental organisations are directly involved.

The suggestion to improve the situation: involve local initiatives and the community in the process of opening and closing centres. PR campaigns and Open Days have proven to be very successful.

Another idea was to share sport- and childcare facilities of the reception centre with the local community.

Everybody was of the opinion that schools and town halls should be used to change public opinion and raise awareness: keep the community informed as much as possible!

## **4. ENARO – role and benefits**

Two weeks or a shorter time for the exchange program?

ENARO exchanges make participants analyse, what and why they are doing what they are doing. It forces people to question their own practices and explain these to others. It helps people to make more balanced decisions concerning new situations in their own country, because they have already experienced these situations during their exchange in a different country.

It is good to share experiences and practices and to find answers to new problems; to think about bigger asylum-issues rather than the local issues of asylum reception.

In order to make the exchange more successful and acceptable: the time span of the exchange should be flexible and in line with the time which suits the participants.

Exchange should be focused on the interests and needs of the participating delegate/organisation.

Delegates participating in the exchange program should be well informed and prepared before starting the journey. For that reason it was suggested to make a database of information about countries participating in ENARO.

One of the other activities for ENARO in the future, according to the participants, was to spot success stories and apply them to test their validity. This could be done prior to a political decision for widespread use.

ENARO can be used as a vehicle to influence policy makers.

## **Conclusions/suggestions:**

- The number of new arrivals is decreasing.

- There are serious difficulties with voluntary return. The problem should be looked at from an academic point of view; it was agreed that a good voluntary return policy cannot exist if there are no negative measures like deportation and forced repatriation.

- To avoid unnecessary visits to doctors, charging a token fee could be the answer.
- ENARO should continue. It is a good platform to share and exchange experiences and good practices.
- The period of exchange should be flexible and should match the time that the participant is able to spend away from home / family.
- Participant should be provided with all necessary information of the visiting country before departure.

## GROUP 3

### 1. Recent amendments in national legislation and consequent changes regarding services provided

All participants mentioned at least one example of changes or amendments in national legislation. They focused mainly on decreasing number of asylum seekers coming into the country.

The United Kingdom changed provision of services in different ways for families and single adults who fail in the asylum application procedure, but do not cooperate with removal. Support stops even for families although social services can provide support directly for the child only.

The Netherlands is reorganising the structure of its centres. For example: in order to increase persuasion of asylum seekers to return to their country of origin, they prepare return centres where all services are based on return policy.

The Irish colleagues spoke about the situation of all newborn children who automatically get citizenship. Asylum seekers misuse this. There is a legislation to change this. The asylum seekers are also supposed to stay in the centres.

The question of who should be responsible for motivating asylum seekers to voluntary return was discussed.

Is it the staff of government organisation or the NGO or external staff?

The members verified the important role of the staff of our organisations in this field.

The Czech RFA is fully responsible for the organisation of voluntary return, so the employees are actively involved in this process.

The colleague from The United Kingdom confirmed the importance of informing especially the unaccompanied minors that they may not be granted asylum and therefore may need to return to their country of origin. Brochures and discussions are used during the asylum procedure, more intensive discussion takes place when a negative decision is received.

The influence of public opinion was also discussed. Public opinion creates pressure on politicians and local governments. The legislation changes are very often at least partly based on these pressures (e.g. The referendum in Ireland).

#### Conclusions:

- There are also tendencies to change or arrange the national legislation in regard to the recent problems concerning the asylum procedure. The huge influx of asylum seekers usually starts the more restrictive measures.
- From the other side the number of asylum seekers decreases in the whole of Europe, so the countries find new/alternative ways – for example: invited refugees (quota refugees).
- Public opinion plays an important role in the progress of law. These days we observe a contradictory situation in society: the people who first were strongly opposed to the opening of asylum reception centres now fight against these centres closing down.

### 2. Medical care

There are discussions about medical examinations in some countries. Is it good to make it compulsory or is it better to keep it voluntary? Here we observe the influence of prevailing belief.

For example in Norway or Belgium concerning HIV tests, in Ireland concerning compulsory or voluntary testing. There are compulsory medical examinations in the Czech Republic and asylum seekers stay in a closed centre until it is completed.

The United Kingdom has to solve the problem of providing medical care to unaccompanied minors. There is no clear answer on who is responsible to decide and sign the permission to perform a medical intervention. The role of legal guardians here is not as clear as it is in other countries.

We have also discussed the role of NGO's. The NGO's are important in providing medical care but more in the way of assistance, in providing support to the asylum seeker. State medical care has to be provided by our organisations or other government authorities.

All of us have experience with asylum seekers trying to exaggerate their need for special or extra medical treatment for their health problems. Each organisation tries to create mechanisms to avoid this misuse.

We believe that the provision of psychiatric care needs further development in most countries.

#### Conclusions:

- The extent of medical care provided for asylum seekers is similar in each country. The system of provision differs.
- There is a need to educate the public with regard to misconceptions relating to health issues.
- Clear and effective communication between all parties is needed in order to pinpoint any special needs.
- ENARO-exchange programme for medical personnel would be very beneficial.

### **3. Co-operation with local community**

The local community is one of our biggest partners in many ways. A new centre cannot open without permission of the local community in The Netherlands. Both sides depend on each other in this case. The local providers of services request information about the future of asylum seekers in their region to plan their business. We also need to inform the local doctors. Communication with municipalities takes place on a different level – with the head officers of the centre together with representatives of the head quarters of the organisation. Regular meetings with local politicians take place. Attention has to be paid also to local and national media. Mostly they play an important role in influencing and building up public opinion. Their attitude tends to be primarily negative and is focused on negative cases.

The staff of centres tries to improve the emotions and relationships within the region in many ways. Concerts, public performances, volunteering of asylum seekers in the villages take part. We have discussed the question about contribution of volunteers working in the centres. Volunteers can be a great asset and they can contribute in an important way to the change in thinking of people in the community. But volunteers can cause problems as well. Sometimes they don't observe a professional attitude by becoming too involved with their clients. We also discussed conflict situations caused by support- or religious groups, which sometimes give asylum seekers incorrect information or false hope. Unfortunately some state organisations (local government and municipalities) can take part in this too, it is happening in the Netherlands: there is the issue that a very restrictive system may result in an informal alternative system being formed by local support groups or even local government.

The topic of employment of local inhabitants was mentioned. We have discussed the negative experiences with asylum seekers and the labour market. This could be a stigma for the next employer to hire. The Czech colleague spoke about problems to hire well-educated employees, especially medical staff. The work of nurses and doctors in the Czech health centres differs from normal medical offices so the professional growth is in some way limited and this situation causes a lesser attraction to medical staff.

#### **Conclusions:**

- Good communication between the local authorities, local communities and the centres is essential.
- Communication with local media is essential in developing good public cooperation.
- Volunteers who work for our organisations should be screened and supervised.

### **4. Integration of asylum seekers and recognised refugees**

The recognised refugees can stay some period in the asylum centres. This period can be limited. The official state integration programme exists in Czech Republic. No extra financial support is provided, except in Belgium. The recognised refugees are allowed to get the same support as citizens of the country.

Our Dutch colleagues wonder whether invited refugees are a way of influx of legal foreigners.

Maybe it could be a way to increase the number of illegals coming in and an indirect way of fighting traffickers.

#### **Conclusion:**

- The recognised refugee must want to be integrated.
- Support of the local communities is essential.

### **5. Benefits of E.N.A.R.O.**

- To continue the successful ENARO programme, as a way for operational staff to meet, share good practices and offer mutual support.
- Develop projects together and/or benefit from each other's experiences.
- We hope that other European countries may join ENARO.
- ENARO should develop to a higher level in order to influence policy at a European level.
- Develop exchange programmes between managers and policy makers.