



The HUB

Minimum Standards in Asylum Reception: Good Practice

Report for the ENARO Closing Conference

Červená Nad Vltavou, Czech Republic
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1. Introduction

The primary motive behind the Hub project was to build on the existing exchange programme organised by ENARO, the European Network of Asylum Reception Organizations, and to create venues for the collection and sharing of information and experiences between ground-level practitioners, academics, and policy-makers regarding asylum reception procedures in the participating countries. Alongside issues around general service provision, recognition of special needs and entitlement to specialised service provision among certain groups of asylum seekers within the framework of the 2003 EC 'Reception Directive' was chosen as the main theme of the briefing and debriefing workshops in Brussels and data collection in the host countries. This focus is in line with the spirit of the Directive itself, which is rooted in global and European traditions of human rights that seek to protect the most vulnerable of migrants.

Going further than the Geneva Convention, which in many respects continues to be a cornerstone of European refugee policies, the Reception Directive on 'minimum standards for the reception of asylum seekers' reflects recent changes in migrant populations, and pays attention to the special needs of for example pregnant women and unaccompanied minors. It also considers the elderly, the disabled, and victims of rape, trauma and torture as potentially in need of specialist provisions. Specific articles relate to the rights of minors and those who have experienced mental trauma. The Reception Directive also specifies that the needs of each migrant should be evaluated on an individual basis. As previously noted by for instance ECRE and Red Cross, the exact wording of the Reception Directive often leaves significant room for interpretation, and does not go into great detail as to the contents of services required.

The data collection in June and October 2007 by altogether 49 ENARO participants visiting 11 different European countries, revealed that despite the common legislative framework, service provision varied widely between the countries, both in nature and degree. The debriefing workshops in Brussels were devoted to sharing experiences gained through the two-week exchange visits, and trying to identify 'good practices' relating both to general reception conditions and service provision for asylum seekers with special needs. The latter turned out to be a complex and stimulating exercise highlighting the complexities involved in setting objective criteria for what should be considered 'good practice'.

The first part of this report aims at providing a brief, academically informed, account of how to define and evaluate good practice. The second part relates to examples of what the participants identified as good practice during their visits to reception centres in their host countries. The report is designed to inform workshops during the closing conference in the Czech Republic in November 2007, and will be followed by a more comprehensive analysis of the Country Reports authored by the participants, in time for a dissemination conference at Malta in March 2008. We hope that 'the Hub' may continue in some form as a point of dialogue between academics and practitioners from the participating ENARO countries, with the further opportunity to raise awareness among policy-makers about issues and observations formulated by the participants and the project team.

2. Six dimensions of good practice

This section is based on chapter 7 in C. Watters (2007), *Refugee Children: Towards the Next Horizon*, published by Routledge.

The following dimensions provide a framework for defining and evaluating good practice in service provision. They seek to integrate analyses at the macro (institutional), meso (service) and micro (treatment) level.

2.1 Access and entitlement

The issue of access and entitlement draws attention to potential discrepancies between laws and policies regarding service provision (entitlement), and actual practice on the ground (access). In this context, defining good practice should focus on what happens at the 'street level', rather than entitlements spelled out in policy documents. Street level access to a service can be seen to depend, for example, on the amount of information made available about the service, its appropriateness with regard to the actual needs of the target group, and attempts to reach out to the target population.

2.2 Participation

Participation of the target group is an important aspect of service provision. For example, children's rights to participate in matters affecting them is inscribed in the Convention on the Rights of the Child (CRC) ratified by all European countries. Participation in services can take many forms, from mere 'tokenism' to playing an active part in the designing of a service. Participation of the latter kind can help service providers in creating more appropriate services by improving understanding of the real needs and experiences of the people they are meant to assist. Participatory methods may also be useful for evaluating service provision.

2.3 Holistic practice

Holistic practice can be defined as an approach that combines aspects of social, emotional and psychological care. Provision of holistic care in refugee services varies on the ground from broadly based assessment of refugee clients' needs to coordinating services and training staff across a range of service providers, including for example counsellors, GPs, and providers of material care. Again, participation and individual assessment are central aspects of providing holistic care and should form the basis for what services are offered to each individual. In some circumstances, it may be useful to establish a 'hierarchy of needs', with the most fundamental needs (e.g. food, housing) being attended to before responding to 'secondary' needs (e.g. self-esteem). Evaluation of good practice in the area of holistic practice should focus on the quality and manner of each service provided, and the way they are coordinated.

2.4 Interagency collaboration

Interagency collaboration is commonly promoted as good practice in refugee service provision. In *formative* interagency collaboration, a programme is initiated through interagency collaboration, for example in the form of a steering group. *Reactive* interagency collaboration is developed when the demands on a service exceed its capacities. *Informal* collaboration occurs between agencies at the

‘street level’, for instance through referrals between services. The presence or absence of such links may have a significant impact on asylum-seekers’ pathways.

2.5 Cultural sensitivity and reflexivity

Practices on the ground differ widely as to how they interpret ‘cultural sensitivity’. For example, practitioners may see culture as a veil behind which lies a more universal reality. The danger here lies in forcing Western categories regarding e.g. mental health or childhood on people who do not fit into the familiar categories. It can be both more efficient as well as ethically proper to empathise with migrants’ cultural worlds and allow these to inform, to whatever degree is considered appropriate, the services provided. On the other hand, cultural sensitivity requires practitioners to break free from common tendencies such as cultural stereotyping and ‘blaming the culture’. The effects of class, gender, and current circumstances are some factors that are often overshadowed by an emphasis on ethnic culture. Again, migrants should be considered the experts on what their cultural needs and expectations are.

2.6 Evaluation

Central questions to be asked about evaluation include: to what extent is evaluation an integral feature of service provision? How is it undertaken? What role does it have in the ongoing development of services? How independent is the evaluation? Evaluation can be concerned with the aims of a service, and the ways that these are realised in the course of service provision. Outcome evaluation looks at whether the service is producing the desired effects, in light of predetermined goals. The value of a service could also be assessed externally by standards of care judged acceptable by national and international standards.

2.7 Example: Good practice in the care of refugee children

Watters (2007, p187) outlines seven accomplishments which he sees as representing realistic objectives for the development of services for refugee children, and which can be used as a template for undertaking service evaluation within the specified area. These reflect the six categories outlined above, as applied to services for refugee children. The following provides a brief summary of the seven accomplishments.

1. Take refugee children seriously as competent interpreters of their own lives

- Orienting services towards listening and receptivity
- Recognising that refugee children are often resourceful and capable of exercising agency, despite distressing circumstances

2. A holistic approach which offers integrated programs of social, emotional and psychological support

- Implies receptivity to refugee children’s needs and flexible ways of working that combine counselling, advocacy and interagency work

3. A receptivity towards culture

- Suggest moving from approaches that either ignore refugee children’s cultures or treat children as necessarily immersed in one specific culture. Calls for receptivity of

children's own sense of their culture and at the same time recognition that conceptions may change according to time and situation, and reflect multiple influences

4. *A recognition of the impact of ongoing events on refugee children's lives*

- Orientates services towards the here and now of children's lives, with a focus on current factors affecting children's lives, as a starting point for interactions

5. *An orientation towards empowerment through ownership and participation*

- Aims at providing refugee children with a sense of ownership through their active participation in for instance setting agendas or planning exercises

6. *An engagement with family and meaningful others*

- Suggests that children's families and friends should have meaningful opportunities to be involved in programmes and parents should be consulted with respect to children's participation, offering a sense of continuity and support

7. *An emphasis on enhancing refugee children's own capabilities*

- Concerns the provision of an appropriate infrastructure that will promote children's capabilities, including educational resources, reasonable accommodation, health care and opportunities for social engagement and play

2.8 Transfer of good practice

The goal with the identification of good practices is, of course, that these may be reproduced at a different locality or in a different country. Certain differences between countries, such as demographic data, political context, health and social care provision, and services developed for asylum seekers, may inhibit or facilitate the transfer of good practice. After the identification of a good practice and evaluation of country differences along the above dimensions, careful planning of the transfer is necessary, including consultation with and feedback from clients, professionals and stakeholders at various stages of the process (Watters, 2007).

Grassroots initiatives are another way of introducing new practices. The dimensions and accomplishments described above are useful to consider whether a 'bottom-up' or 'top-down' approach is dominant. As suggested in the previous section, interaction and knowledge exchange between researchers and other experts, policy-makers, practitioners and other 'street-level' staff, as well as – perhaps most importantly – the clients themselves, are likely to produce the most sustainable and effective outcomes for all the parties involved.

3. Good practices in asylum reception, ENARO exchange 2007

This section presents good practices identified by the 2007 ENARO participants during their exchange programme. The following are excerpts (with minor linguistic corrections) taken from the participants' reports.

3.1 Children and unaccompanied minors

Belgium

'In a small community centre, they have given the money from Fedasil to an organisation and they had a house for minors and one staff was living with his family in the same building. Minors could have help whenever they wanted, apart from some hours in the evening. This staff, he and his wife liked it very much, it was a good group living there and they respected roles that he have made when he didn't want to be disturbed. His wife was expected to tell the group to do or not to do [something] if he wasn't at home.

Something I thought about that you can come to close to minors and cant not keep the professional way if they cannot stay in Belgium. Something else is that you always need to behave yourself, because you will be the good example, you are always watched at.

One reception centre have started a project that UMA's will have a volunteer family in host community where they can stay at weekend or some other times, and they will be integrated in community.'

Denmark

'In our opinion this centre has a good practice arriving minors because in the entrance we can see NO HANDCUFFS. Minors receive the information that is not a police centre; it is an open centre and specific for minors. When minors come into the centre they see a big drawing of an aquarium (see the picture).'

'Every child has a bicycle by reception centre. Red Cross organizes different trips on the school holiday for children with family. They can choose between 3 or all 3 places. Trip is free for all families' members.'

Ireland

'They deal with a special affection and dedication. They as far as possible replace the deficiencies of the Danish system of asylum and refuge.'

'Child protection policy for Accommodation Centres made by RIA, October 2005. Several Child feeding guidelines'

Malta

'Another example of good practice is the cooperation between the HSE, ORAC and RIA to provide appropriate services to unaccompanied minors. In this way the legal and accommodation services may continue but with special consideration for the specific needs of unaccompanied minors.'

Moldova

'Save the Children and the staff at the Reception Centre is aware of discrimination towards the children of asylum seekers and refugees and takes necessary precautions.'

The Netherlands

‘Assistance of the UMA's with employment related issues’

‘CCTV (closed circuit television) in UMA's minors centre. Electrical key entry activates CCTV to allow staff visual conformation of who is entering the room.’

Switzerland

‘The children are not mixed with adults but have their own place to stay. They have a 24 hr coverage and are integrated with other children in the communities through education and activities.’

3.2 Women and families

Denmark

‘If the women in the post-childbirth or by disease are not able to [look after their baby] by themselves, the nurses and nursemaids of the kindergarten [...] take care of the baby.’

‘In reception centre they move together 2 women with child together in a flat. They do not need to share bath and kitchen with single people.’

Ireland

‘Guidelines form HSE, Health Promotion Unit, The National Maternity Hospital, Department of Health and Children’

Malta

‘Pregnancy and birth giving counselling by the social assistant. Kindergarten project for the asylum seekers’

Moldova

Children are able to attend a kindergarten and a school outside the Reception Centre.

The Netherlands

‘The Centre has a playground for children until four years of age. The asylum-seekers have the opportunity to lodge temporary there children if for some reasons (participation in a programme, consultation etc) they can not look out of them.’

Norway

‘The single mothers live together, in separate apartments, so they can support each other. The staff handles the singles mothers/ fathers individually with a lot of attention. In both centres suitable apartments has been found. In both centres baby caddy has been provided.’

‘The kindergarten’

Spain

‘They have particular units for families and children and they have related facilities and services such as homework/play room, access to books, games and outdoor play area. They are encouraged to take care of each other’s children and participate in activities of daily life. Women exchange services amongst themselves, even though it is usually against payment between themselves.’

Switzerland

‘The idea they [minors] were integrated in a family environment was good as they were we given the sense of a family unit.’

3.3 People with mental health problems and victims of psychological trauma and torture

Belgium

‘CARDA. A project started February 2007 for asylum seekers who need psychological help. There were people who had really problem and reception centre didn’t know what to do with them, they were moving them around different reception centre and hospital didn’t take full responsibility for them. In CARDA they not more than 3 months. They still have there place at reception-centre and

are going there during weekend to keep contact and they will be going back to reception-centre. Not more than 3 months to not be institutionalised. Social worker, doctor can report one person that he need to come to CARDA. Staff, psychologists from CARDA meet the person at his own reception centre, they can also visit CARDA and the person may decide himself if he wants to join CARDA or not. The person who is coming to CARDA needs to have a psychiatrist who they are in contact with. Every person coming to CARDA has a reference person who works with them on family, relatives at home, returning, reception centre, staying or not staying in Belgium. CARDA is located in a centre, since they think it is important that persons who are with them can join activities at reception centre. When they are at CARDA they can sleep as long as they want, they check if they take their medicine. They have individual talks with reference person and they must be with the whole group in the afternoon to discuss who will clean, who will cook, what will be served for dinner; it often leads to conflict about these things but that is fine: the staff considers this constructive conflict to be solved right there. Staff will go through the conflict with the person. Before they are sent back to a centre there is a lot of discussion about network, family and they have contact with a social worker. They never get a paper about being at CARDA, a lot of people would like the staff to confirm this, since they have the idea that you can stay in Belgium for medical reasons.

They have several therapists: depending on the person involved they will select the most appropriate therapist. The staff consists of psychologists among others and they talk several languages. Staff from CARDA have meetings with people from the reception centre to help select those most in need. There are 12 staff-members at CARDA, they have 18 places. They work during the day. In December 2008 they will evaluate CARDA and decide whether to continue or not. They are discussing the possibility of setting up a likewise organisation in the Flemish part of Belgium.'

'In Belgium one process concerns victims of trafficking: this policy is about fighting trafficking and taking care of the victims.

There are all kinds of trafficking: sexual, economic both for men, women, and children. They have 3 shelters where the victims can stay and these are safe places, not known to anybody. Victims have one person from the legal department helping them with their procedure and having contact with alien's office. In the first 45 days victims need to get a report to the police, staff is with them if they want.'

Denmark

'Activities for people with mental problems'

'In Jelling a nurse always accompanies a mental patient.

There is support 24 hours. There is an accessible service of emergency for 24 hours in the localities.'

Ireland

'A good practice is the detection and response to survivors of torture. Spirasi is an example of how a NGO and the government can collaborate to provide a coherent service to address this asylum seeker-specific need.'

The Netherlands

'At all the centres they have the facility to access mental health services. At the return centres I feel this is an imperative service. The refugees here seemed to be very subdued and resigned to the fact that they could be returning at any stage. This was a fact pointed out by the COA staff at the centre. At the Orientation centre they have two Psychologists who come twice a week for two hours. They

run self-help classes for the refugees. The classes consist of 10- 15 people and they try to give the refugees the mental skills to deal with their daily stress. (One of the Psychologists is an ex-asylum seeker). At the Minors centre they have a system that allows the Guardian, Coach (key worker), and the mental health officer to have a meeting. This happens every two weeks to look at the mental health needs of the children in the care. (Good practice).'

‘AMOG (Asylum seekers with unacceptable incomprehensible behaviour)

Very good practice as it seems, is the existence of a special branch (on 10-15 places) in one of the centres (Geeuwenbrug) for people with unacceptable behaviour. We went there after the visit to Ter Apel; we went on to AZC Geeuwenbrug called Amog. They focus on asylum seekers with unacceptable, incomprehensible behaviour. The indication criteria in AMOG are aggressive behaviour towards persons, behaviour which disturbs the living climate such as: vandalism, neglect of self or surroundings, sexual intimidation, serious nuisance at the reception centre (repeated behaviour). The observation period is maximum 8 weeks, with extension of stay via indication communities. Finishing the observation period the asylum seekers return to the former reception centre. They are offered individual programs of an output from crisis for each asylum seeker with those problems. They use the reference to a psychiatrist – Mental Health Institute- as a last option, when all other measures and resources are involved, but do not work. As it seems, here there is a correction, the so-called « post traumatic stress syndrome- disorder-» which is applicable to most people in this category. It seems very characteristic and often does apply.

The daily program to observe asylumseekers starts with a wake up call in 8.30 pm, household work on the AZ, sport and education. The staff works in shifts so they can contact the police in case their services are needed. They also have good contact with the different AZC's . Also the staff of the Centre tries to communicate and train these AZC's regarding these matters.

The centre is located in a beautiful park, like a forest, and the surroundings were rural – a quite relaxing place. It's the only centre focusing on AS with behavior problems in the Netherlands. It is run by COA staff and it is not a place where persons get professional treatment, but rather where they work on, through sections, activities, listening, love, self developing and taking responsibilities etc. so hopefully they will learn how to cope with themselves.'

Spain

‘We feel that it is very positive that they have a residential psychologist, because psychological and mental health problems can be detected earlier and worked upon as soon as possible. Residents can let out steam more and so minimise outbursts.

The centre has an excellent job and language training structure. We have seen that there were various audio-visual material the residents could access. This was made possible through the collaboration of the resident Employment Co-ordinator and the Equal Project Team (which is a temporary project funded by an EU Program).

It helps a lot to have a psychologist available at the centre or near the centre.'

3.4 Elderly and disabled people

Denmark

‘A man from Somalia had kidneys problems and went to dialyse 4 times a week. A taxi driver did not like to drive him and he did not like asylums seekers at all. But after some time they were very good friends and taxi driver helped him with finding a flat when he needed to move from the reception centre to a municipality. They are still good friends and their families too.'

‘Disabled asylum seekers have a flat alone. There are good places and he needs it because he is without legs.’

‘To take care of them by the staff and volunteers.’

Ireland

‘Accommodation suitable for their needs.’

The Netherlands

‘special facilities for the disabled in the rooms. But this varies from centre to centre. Some are proactive and others have reactive approach.’

Norway

‘We have the idea that older and disabled people are treated as regular asylum seekers, the staff looks good at their chances, instead of disabilities.’

‘They have good communication with the medical care, and what they need is provided for. We see this as a good practice.’

3.5 General conditions

Belgium

‘There area lot of volunteers in Belgium. Every reception-centre has a lot of volunteers doing separate things with asylum seekers.’

In one reception centre they have a garden, people can go there sitting or working if they like. Anyone who wants can have their own little piece of garden and arrange it as they want. There are flowers, trees, vegetables, rabbits (they can have it to eat also), chickens, they can take eggs. There is also a small river with fish. The garden is like the lungs for reception centre.’

Denmark

‘The staff is very active and helps them with many things. They are available every day and it is easy to come to them.’

Many activities for all asylum seekers – young, children, women, single.

Second-hand shop. The reception centre tries to make conditions better in the centre and change many furnitures, kitchen, bed, time to time’

‘Some examples of good practice are: Meetings, direct treatment, pursuit of the customized cases, etc.’

Ireland

‘8 self catering centres, 4 for single men, 4 for families. 56 accommodation centres.’

‘Accommodation and reception centres are managed and run by private companies. This is a good practice with regards to human resources management because the government is able to cancel a contract whenever they do not need the beds and then resume the contract when they do. Therefore it is cost effective and prevents crisis situations where there are no beds available. The flipside of this is that these companies are profit orientated ventures, many having experience in the hotel industry and not in the welfare field. None of the centres employ social workers so there is no staff with background information about the client which can serve also as prevention of conflict and as a

more appropriate handling of the residents needs. Therefore this gap in social service trained staff is filled by some local support groups and community development workers. This may be seen as good practice due to the fact that asylum seekers are encouraged to be independent and to find the help themselves if they need it. However we see this as applying for people that are already on the same playing field as mainstream society and that marginalized groups would need support by trained professionals to be able to participate on this level.'

Moldova

'The possibility to work helps asylum seekers and the refugees to maintain their independence, keeps them active and has positive influence on the integration process. Although the asylum seekers have got their own income they can still obtain the allowances' from the MDR.

The short time within which the asylum seeker receives the final decision.

Both, as well the Save the Children as the staff of the Reception Centre try to approach all the nationalities by organising parties and celebrations for most of the them, in accordance with their tradition and religion. By doing so the residents of different origin are getting more acquainted with each others' way of life and way of thinking and learn to understand it and deal with it.'

The Netherlands

'All the medical services in the Netherlands available to Asylum seekers seem to be uniform in design. I feel that this is good practice, as the service user moves from centre to centre, and this promotes confidence through a familiar medical system. All medical costs are covered by Health insurance. This is paid for by COA, and then recovered from Ministry of Healthcare. (Tax payers).

At the centres they also run a sanction and reward scheme. If the asylum seeker's behaviour has been of a good standard and has had no reported infractions, then he/she can reclaim €10 a month towards recreational activities. (Gym, swimming, cinema). (Good practice).

At one of the centres (Gilze) they have a very motivated volunteer. He is a retired Military fitness instructor. He seemed to command a lot of respect from the people using the centre and the staff. He also used a trainee fitness officer (Dutch Army) at the centre. One for extra services for the Asylum seeker and secondly to help the trainee when they go to Afghanistan. He/she will have a better understanding of the cultures they are going to work with. (Good practice).

Healthcare in the centres, because it alleviates the pressure on the local community services. Due to its location it has good access for the service user. It also has close communication with links with COA staff.

Recreations activities, kindergarten, voluntary system and sports. These activities allowed them to be occupied and lower stress level.

Communication and media is a good practice too because it allows them to access information, and maintain communication.'

Facilities:

At every location Centre in COA there are some standards facilities for supporting and developing the asylum seekers during there stay in Netherlands and for there future. Some of the good practice facilities are:

- Compulsory programs (orientation stage and in the repatriation stage). Between the facilities are
 1. Orientation stage. This stage is an introduction stage. We can say that is a very important stage for prevention the cultural shock. The programme offers information about matters of importance for the asylum seekers to know during them stay at the reception centre.
 2. Open Learning Centre. As in every location- Centre is a supported Open Learning Centre. There is a computers room where they can go after they take the OLC introduction course. This centre gives access to the Internet and number of private study programmers.
 3. Dutch language lessons.

4. Training programme. This programme will display them situation and them perspectives.
5. Compulsory programme consists of information and counsel. During the repatriation stage, the asylum seekers are preparing for Repatriation training.

The centre has a good practice in more then one aspect.

1. Well organized
2. Security as good as can be in an open centre.
3. Good programme for the individual.

It is necessary to note a good practice of work on formation of a positive image of the refugee through regular carrying out of "open doors" in the Centres of refugees (November 2007r.) where the local population can come and get acquainted with concrete people learn their pro having considered in more details looking refuges, it is possible to see system of local accommodation two opposite parties of this process. On the one hand, seeing refugees live in community similar and hope to receive in case of need the help from the neighbours, at which similar problems. In this case works a principle of mutual assistance, it is good because as it seemed to me, Dutch's - very closed people who have got used to solve the problems and wait for the same approach from others.

Another good practice example was the maintenance in the rules and the confines. Take responsibilities practice- approach. For the asylum seekers who do not abide by the rules- non-compliance of the rules can also be stopped out of their account (penalty rule). This amount can vary due to the severity of the infraction. (maximum amount of the fine is 15.89 Euros (Adults) and 5.45 Euros (Children) and can be enforced for up to eight weeks. They must register once a week with the biometrics system. If they fail to do so then money will be deducted from their allowance (€15).'

Norway

'The counselling system in the centre. The paid working experience. The responsibility of organising activities.

Many activities for all asylum seekers'

Spain

'Positive Issues: Psychologist and Social worker at centre. Good language and job training. Good relationship between staff and residents. Free Legal Aid all throughout the asylum procedure. NGOs are very much involved in the Asylum Seeker Issues. UNHCR has a strong say in the Asylum Seeker Acceptance Process (Guaranteeing more quality and fairness to the asylum seekers). There is a good staff-resident ratio. The residential facility we visited was very clean and calm. Very good centres structure. Very flexible on asylum seeker issues.'

'In chapter called Dispersal we described one example of modern state administration - office of OAR shared also by the Foreign Police and the Generalidad Direction, all under one roof. The client as well employees can easily arrange several meetings at once. The employees of different organisations seem to be in collaborative relationship, they have learned how to pass on a client to a more specialised workplace. The organisations seem to be adapted to solve-things-as-they-come approach, which can make up for some of the reception system's failures. The praxis of benevolent treatment of some of the most vulnerable on the part of the administration partly counterbalances the structural failure to provide for them.'

Sweden

'After they [asylum-seeking couple] leave, she [handling officer] takes a long time checking about the numbers and checking if a taxi driver has been reserved to take them to the camp in Märsta. Then she types the itinerary on one page, as well as the phone numbers and details of the taxi driver. This is done one her own initiative, she considers it's important they understand well. Example of a

good practice. She thinks the interview went well and that the couple will come to the bus as scheduled on the following day (in some cases they disappear before and in that case, the police is informed).’

Switzerland

‘Both reception centres were very clean and very well structured. The involvement of the residents involving themselves in the cleaning (both men and women) was a great leveller and also gave them a sense of responsibility.. All residents had to get out of bed at 6.30am, which was good in that it gave structure and routine to their day.

For some asylum seekers the waiting time for an answer is really short. The obvious negative cases are not kept in the system for months/years.’

‘Good information about and the cooperating with IOM is really good. Keeping the high standard of hygiene impressed us. Not common bathrooms for men and women is good practice. The open doors in the centre in Chiasso, and the assistant's availability for the asylum seekers are good examples of good practice. The cooperation with the local society is good practice.’

4. Conclusion

A question was raised in the final debriefing workshop about the meaning of the word ‘hub’. The dictionary defines a hub as ‘a centre around which other things revolve or from which they radiate’, such as the hub of a wheel. The word is commonly used to symbolise a knowledge centre or a ‘centre of excellence’. In the case of the current project, the name Hub refers to the bringing together of knowledge and experiences collected in several different locations to be shared and discussed. The metaphor of the hub and the wheel also suggests movement. We hope that the Hub project will have set in motion processes that might continue in several directions both within and outside the immediate context of the project.

Although the organisation of the exchange programme did not allow candidates to focus on good practice to the depth and extent detailed in the first part of this report, the participants’ subjective identifications of good practice provide a useful outsider’s view of what seems to be working particularly well in a country from a practitioner’s perspective. As evident from the list of good practices above, every participant contributed to the report not only through the information gathered, but also through their personal background and perspectives. The analysis of the material is likely to highlight interesting debates and reflections besides illustrating concrete examples of good practice in the countries visited. The more general information collected by participants will also facilitate comparisons of facilities and services between countries, and data will be made available through the project to as wide an audience as possible in an accessible format.

Several participants have suggested that the experience of visiting a reception facility in a different country in itself set thoughts in motion and opened up new perspectives. In the debriefing workshops, we heard presentations from Chris Endersby and Dafydd Pugh who were among the initiators of the project and were involved in the early stages of planning the project. The question they posed to the participants was: in what ways might you apply your new knowledge in your own organisation? This challenge will be discussed further in the closing conference. Our main concern is that the Hub may continue as a wheel in motion, perhaps by covering new ground but maintaining the links between academics and practitioners, and in the conference we wish to explore how this might be achieved on a practical level. In the future, we would also very much like to hear of any impact the project may have had in the context of participants’ own work.

Finally, we would like to take this opportunity to thank all participants for their engagement and hard work on the project.

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