



# FARO MODEL HANDBOOK

MENTAL HEALTH  
AND PSYCHOSOCIAL  
SUPPORT TO  
UNACCOMPANIED  
MINOR MIGRANTS  
AND FAMILIES WITH  
CHILDREN UPON FIRST  
RECEPTION

# FARO MODEL HANDBOOK

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TO UNACCOMPANIED MINOR MIGRANTS AND FAMILIES WITH CHILDREN UPON FIRST RECEPTION



### PROJECT DESIGN AND COORDINATION

Terre des Hommes Italy Foundation ONG  
Federica Giannotta

### SCIENTIFIC COORDINATION OF PROJECT

Giancarlo Rigon

### TECHNICAL CONTRIBUTIONS

Zouhaira Ben Abdelkader  
Francesca Carbone  
Gandolfina Cascio  
Marianna Cento  
Lorena Di Lorenzo  
Sochaina El Badrawi  
Khadija El Yamani  
Roberta Giunta  
Stefania Pellegrino

### EDITING

Rossella Panuzzo

### PROJECT TECHNICAL SUPPORT

Terre des Hommes Italy Foundation ONG  
Sara Lopresto

### GRAPHICS AND DTP

Marco Binelli

### COVER PHOTO

Andrea Frazzetta

Printed in May 2017

© Terre des Hommes Italia 2017

The texts included in this publication can be replicated on condition that the source is indicated.



# TABLE OF CONTENTS

<b>Prefaces</b>	<b>2</b>
<b>Introduction</b>	<b>4</b>
<b>Letter from an unaccompanied foreign minor</b>	<b>5</b>
<b>CHAPTER 1 - IMMIGRATION AND UNACCOMPANIED MINORS: A GROWING PHENOMENON</b>	<b>6</b>
<b>Migrants, landings, identity</b>	<b>7</b>
<b>The reception system in Italy for unaccompanied foreign minors</b>	<b>9</b>
<b>CHAPTER 2 - EMERGENCY AND MENTAL HEALTH</b>	<b>10</b>
<b>IASC guidelines</b>	<b>10</b>
<b>Mental health and psychosocial support</b>	<b>11</b>
<b>The 6 founding principles</b>	<b>11</b>
<b>Services from the base to the top of the pyramid</b>	<b>14</b>
<b>CHAPTER 3 - TERRE DES HOMMES INTERVENTIONS IN SICILY</b>	<b>16</b>
<b>Docks in ports of landing</b>	<b>18</b>
<b>Landing procedures and reception system</b>	<b>18</b>
<b>Pozzallo Hotspot</b>	<b>26</b>
<b>CHAPTER 4 - FIRST RECEPTION CENTRES</b>	<b>32</b>
<b>Operating model</b>	<b>33</b>
<b>Terre des Hommes interventions and IASC guidelines</b>	<b>38</b>
<b>CHAPTER 5 - SOME CASES</b>	<b>40</b>
<b>BIBLIOGRAPHY</b>	<b>45</b>

# PREFACES

In the past years Italy has become a migration territory for many minors, arriving with their families or alone after endless journeys.

Foreign minors demand complex reception and treatment procedures, since they have unique care and protection needs.

They are often victims of violence, wars, bereavements, deprivations, loss of their cultural references. The migration journey of unaccompanied foreign minors in particular, implies the loss of all that is familiar: home, language, social networks, without being able to benefit of the support of attachment ties which could mitigate these losses. Moreover, these children and teenagers, boys and girls, incur in high risks during their migration journey and face an uncertain future.

Minor migrants, if not properly supported, may develop risky habits, often accompanied by a series of already developed psychosocial issues, such as anxiety, depression, behavioural troubles and syndromes related to trauma. These behaviours could be exacerbated by the arrival in the host country, if the reception system and the integration support do not immediately take into account these issues in a systematic and proper manner.

In this complex and difficult setting, the Faro project of Terre des Hommes Italy represents an attempt to efficiently meet the needs of unaccompanied foreign minors or children coming with their families; it is an incentive for policy-makers and professionals dealing with migration.

The model focuses its psychosocial intervention on one fundamental aspect: treatment continuity which is still lacking in our country's reception policies. Minors participating in the Faro project, whenever possible, are monitored and followed over time; their psychological needs are met and their stories are listened to.

This aspect is absolutely key to ensure an adequate treatment for these children and teenagers, especially taking into account their previous traumatic experiences. Dealing with psychological trauma requires a careful analysis of its effects over time, of its impact on the individual's functioning, of its deceitful pervasiveness which often hinders professionals from considering minors' unease as a post-traumatic consequence.

The Faro project provides an important interpretation of the problem: it takes into account the temporary aspect of the trauma, which goes beyond the post-traumatic consequences and the clinical intervention. It represents for minors a first window on the future through prevention and a long psychosocial work. It often also helps other agencies dealing with these individuals, such as the judiciary system, schools and the social services themselves.

The Faro project was in a way the forerunner of the government bill C 1658-B (now law no. 47), better known as the recently approved "Zampa law". This law represents an important step forward for migrant children on our territory. It introduces a series of important changes to the current legislation on unaccompanied foreign minors with the purpose of defining a coherent protection and reception system at national level, which can reinforce protection tools already provided for by the law and at the same time, ensure an homogeneous application of norms over the whole national territory.

Terre des Hommes has always been working to offer a system guaranteeing homogeneity, protection and reception with the purpose of integration and prevention.

Hopefully, this synergy will lead to a consistent system response, where professionals working with Terre des Hommes will intervene in a more favourable context to accompany these children towards their future, putting in the past, thanks to an adequate treat-

ment, their traumatic experiences and migration journey which a child should have never lived.

## **Vittoria Ardino**

*President of the Italian Society of Traumatic Stress Studies*

They come from Eritrea, Somalia and Sudan, they cross the desert herded in pickups and then they get on board from Libya. Or they try to reach Egypt. They leave their families in Nigeria, Gambia, Ivory Coast and they arrive in Agadez, the rendezvous point for the second part of their journey. Kids and children coming from Afghanistan or Pakistan or Iraq, they mostly pass through Turkey or Greece. They embark in Patras to the Apulian coasts.

I met them for the first time in 2011, when, following the Arab Spring, they landed in large number in Lampedusa. Since then, also thanks to humanitarian associations and NGOs such as Terre des Hommes, I get to know them and to understand the reasons of their escape and the tragedy of their journeys.

To them, brave and generous boys and girls able to challenge their lives to help their mothers and brothers, Pope Francis wanted to dedicate the message for the world day of migrants and refugees: “among migrants, children constitute the most vulnerable group, because as they face the life ahead of them, they are invisible and voiceless: their precarious situation deprives them of documentation, hiding them from the world’s eyes; the absence of adults to accompany them prevents their voices from being raised and heard. In this way, migrant children easily end up at the lowest levels of human degradation”.

Their testimonies leave us speechless, struck and lost, as well as aware that young people and children can suffer so much pain as reported by a Nigerian girl: “I do not know who looked at me from the sky and decided that I would have survived. It just happened. Suddenly, a night they brought me and another girl out from the prison and, dragging us by the hair, they put us on a boat. We were like slaves but there was the hope of arriving at destination. They forced us to drink salt water and they left us on the boat without anyone to navigate it. At the mercy of the sea, drifting. Now that I am in Italy, and I am healthy and

fixed, I just want to go to school and read as much book as possible. Simply live a lot of stories, all different from mine”.

“Now that I am in Italy ...”, the girl says she is “fixed” finally. Now that she is in Italy, our responsibility towards her and all the other kids is clear and unquestionable. It derives from the respect of the International Convention on the Rights of the Child, that compels us to look after all of them, to protect them and to encourage their growth. Because these girls and boys – to whom our responsibility and caring should go beyond national borders, by preventing that their lives are put at risk during tragic travels by land or sea – are above all minors. They are not “migrants”, they are not “foreigners”, they are minors. And if none minor should be forced to leave home, mom, dad, brothers and sisters, and if we cannot or we are not able to avoid it, we should at least prevent him/her from another journey, new perils and pains that could jeopardize his/her own life.

We must ensure that the right to be “fixed” and to have a new chance of life is granted and exercised. This is what Terre des Hommes does also through this publication with the evocative title Faro (lighthouse), a strong light that is the guide for all these brave kids towards their journeys of hope.

**MP Sandra Zampa**

*Vice president Committee for children and adolescence*

# INTRODUCTION

Terre des Hommes Italy, an international wide-ranging ONG, focuses its institutional mission on the protection of vulnerable children. By virtue of this mandate Terre des Hommes is required to work in several parts of the world, especially in the Middle Eastern main conflict areas.

One of the phenomenon on which Terre des Hommes has been focusing for years is that of unaccompanied minor migrants, a topic which has been tackled by the Foundation at different angles in the past years. As a matter of fact, the publication of the nation-wide research “*Errant minors- Reception and protection pathways*”<sup>1</sup> dates back to 2009 and already underlines the disorganisation of a reception system which is too unpredictable for a minor migrant seeking protection, due to its lack of homogeneity across the territory and poor regulation. In 2014 we published the first “*Psychosocial handbook for social workers in charge of receiving unaccompanied foreign minors*”.

This historical commitment is also nurtured by the wider work of the Terre des Hommes International Federation<sup>2</sup>, which is also at the forefront of the protection of minor migrants with the international campaign “**Destination Unknown**”<sup>3</sup> This campaign aims at promoting awareness, protection, care and assistance for those minors forced to flee from different parts of the globe, during every step of their journey. The Faro project “*Psychological and psychosocial support in favour of unaccompanied foreign minors and families with children coming to Sicily by sea*”, conceived and coordinated by Terre des Hommes Italy, mainly in Sicily, is a flagship project of this campaign, given its key role in a country of landing such as Italy. This

“*Faro Model Handbook*” represents a synthesis work perfectly fitting in this framework of activities, given that psychosocial support is a common denominator of the majority of Terre des Hommes projects in several parts of the world. Just to name a few: the emergency and post-emergency projects in Syria, Lebanon and Jordan which, in 2015 alone, reached more than 1 million beneficiaries, children and families refugees fleeing from war and violence.

In these circumstances Terre des Hommes provides operational tools for its psychosocial activities, taking inspiration from internationally accepted principles, such as the “*IASC Guidelines on Mental Health and Psychosocial Support in emergency contexts*” (2007) and the “*Keeping Children Safe - Toolkit of Child Safeguarding*” (2011). One of them is the handbook created by the staff of Terre des Hommes Lebanon “*Working with children in emergency. Child protection, psychosocial support, and structured recreational activities*” (October 2015). It is a document which bases and structures psychosocial work in this specific context and from which this Handbook in its own way takes inspiration.

The “Faro Model” pertains to this overall picture; it aspires to standardise the experience of a multi-year project, unique in its kind in Italy. Its aim is to capture the specific characteristics given by the context, the problems and needs of alone minor migrants facing the Italian first reception system, as well as the priority actions which are absolutely necessary in every intervention to give migrants a proper psychosocial support.

**Donatella Vergari**  
Secretary General  
Terre des Hommes Italy Foundation

<sup>1</sup> By Giuliana Candia, Francesco Carchedi, Federica Giannotta, Giovanni Tarzia, Publisher Ediesse, 2009.

<sup>2</sup> The Terre des Hommes International Federation is made up of: Terre des Hommes Canada, Terre des Hommes Denmark, Terre des Hommes Foundation (Lausanne), Terre des Hommes France, Terre des Hommes Germany, Terre des Hommes Italy, Terre des Hommes Luxembourg, Terre des Hommes Netherlands, Terre des Hommes Spain, Terre des Hommes Switzerland (Basel and Geneva).

<sup>3</sup> [www.destination-unknown.org](http://www.destination-unknown.org)  
This Campaign includes more than 100 projects in 48 countries.

# LETTER FROM A 17-YEAR-OLD UNACCOMPANIED FOREIGN MINOR FROM WESTERN AFRICA

22<sup>nd</sup> March 2017-

## TO THE GROUP OF TERRE DES HOMMES

An appreciation note to TERRE DES HOMMES

In today's world it is very difficult to get true friends who stay with us when we are in need of them and who we can completely count on. Even when we find such friends, it is very hard to keep them close to us. But you are ~~the~~ the special angels sent by God as my friends and I will keep you safe with me forever.

However, today I would like to express thanks for being my true friends and creating that unique distinction in my life.

Friends are great as they encourage you to achieve your ~~got~~ goals as well as challenge you to become better in the future. You feel at home with intimate friends without fear or hesitation.

These are the friends you trust most and share everything with. Among the best ways of winning a friend is to provide love and support especially during a time another person needs it or learn to give and be a good friend. If you have lots of things share it, give good advice and be a good friend. If you try to take on changes on your own, it is easy not to keep yourself accountable. Try telling a close friend or family member what you're doing and have them check in on you periodically and I really thank God for giving me a special <sup>people</sup> like you. As the saying goes: As Iron sharpens iron, a friend will sharpen a friend.

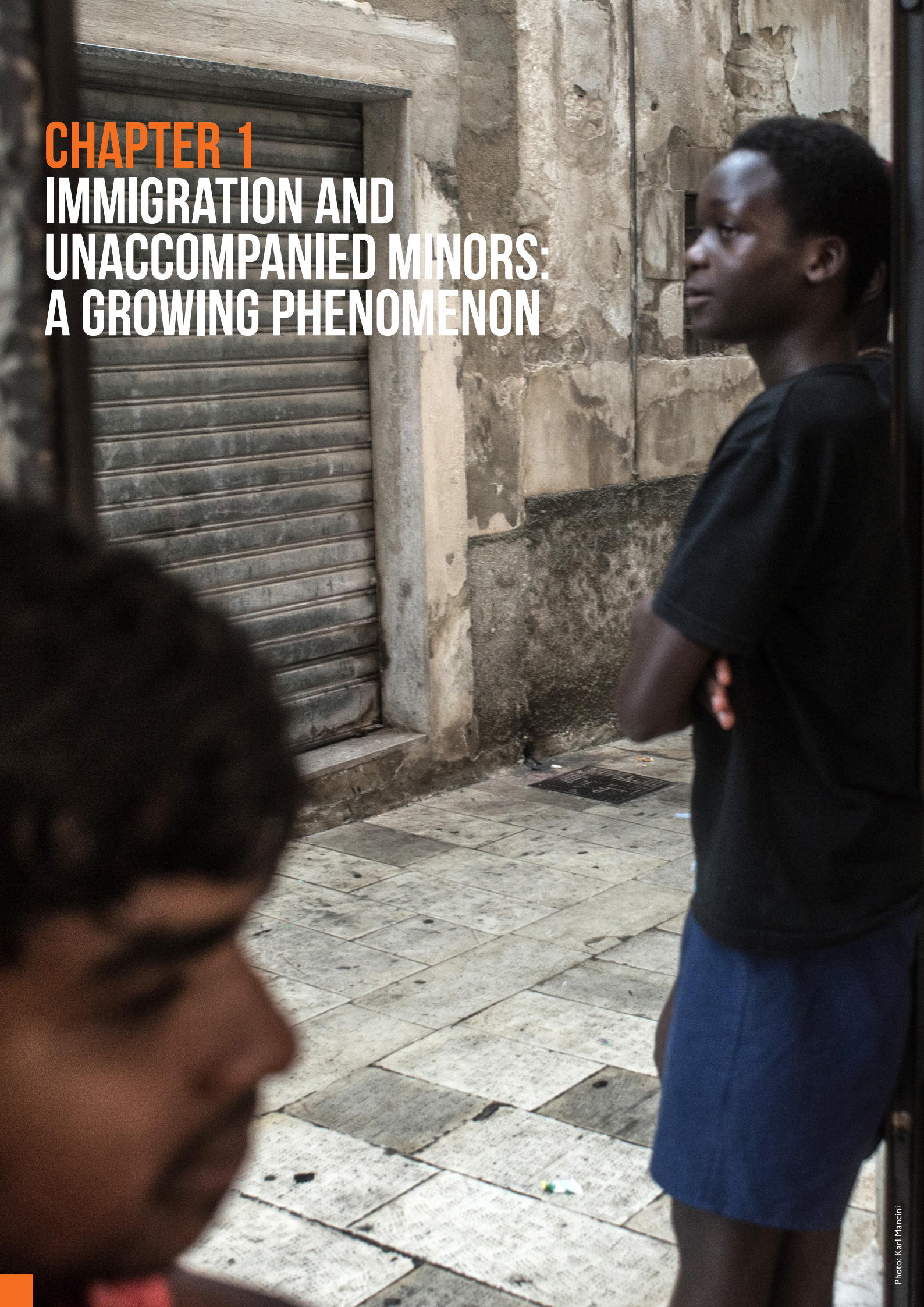
If there were not an inner desire to find a relationship, whether friends or mates, there would be no online dating services, no confidential ads in the newspapers, no friends trying to set you up, and no meaning to "the third wheel." We want someone in our lives, someone to talk to, to discuss problems with, to share joys and triumphs, fears and accomplishments.

Nutritious foods and beverages encourage the body to release serotonin, which boosts your mood. When you feel positive, you become more motivated and inspired to go for your dreams and ~~because~~ becomes successful and also the goal then is to pay that forward and encourage others to do the same while leading a righteous life by example, always striving to forgive the trespasses of others and forgive yourself as well.

My friends' love is better than anger. Hope is better than fear. Optimism is better than despair. So let us be loving, hopeful and optimistic. I really hope that you can make it possible. Being near or far away heart shall always remain with you - in the future. The roots of ~~appreciation~~ goodness are in the soil of appreciation. You've been so good to me and it is deeply appreciated at the bottom of my heart. Thank you all for your support.

# CHAPTER 1

## IMMIGRATION AND UNACCOMPANIED MINORS: A GROWING PHENOMENON





**In 2015 65.3 million people all over the world had to flee from poverty, natural catastrophes, wars, violence in order to seek safety or a hope of life. It was the highest number of displaced people ever recorded on this planet<sup>4</sup>.** Of those people, 21.3 million are refugees<sup>5</sup> and 3.2 million are asylum seekers<sup>6</sup>. An asylum seeker has to wait for competent authorities (in Italy the Territorial Commissions for the Recognition of International Protection) to take a decision regarding his/her application for protection in order to be able to change his/her status. More than half of refugees are less than 18 years old.

Currently, Syria is one of the main countries of origin of refugees; from 2011 to 2015, due to the conflict, an increase of 55% of refugees was recorded, adding up at the end of 2015 to 4.9 million refugees. The majority of these refugees are taken in by nearby countries: Turkey (2.5 million), Lebanon (1.1 million), Jordan (628,000) and Iraq (244,600). The consequences of this phenomenon are recorded in Europe, where data confirm the unstoppable flow of migrants coming to the Old Continent.

Analysing the last three years, it is clear how Europe should play a key decisive role in the reception of these people. It is also evident how what is often called “Fortress Europe” is not up to this challenge, apparently only being able to close itself up and avail itself of policies inspired by control and safety principles.

In 2015 more than 1 million people came to Europe, the high majority of which (around 900,000) through Greece and a little more than 100,000 through Italy.

During 2016, first of all because of the agreement signed by Europe and Turkey and then because of the following clo-

sure of borders in the so-called Balkan Route, a plunge of arrivals was recorded (-79% in Greece), while on the contrary, arrivals started to increase again in Italy (+16%). In 2016 503,700 migrants entered Europe, of which 364,000 arrived by sea, of which an astonishing 181,436 landed in Italy. In the first three months of 2017, according to the UNHCR, 29,758 people arrived in Europe by sea, the majority of which through Italy (24,241).

Unaccompanied foreign minors (acronym UFM<sup>7</sup>) - the most vulnerable group of migrants, keep on increasing, reaching today a percentage close to 15% of total arrivals in our country. In the last three years the percentage of minors arriving alone has risen exponentially, from 7.7% in 2014 to 14.2% in 2016 out of the total number of migrants. **Out of 10 landed minors, 9 are unaccompanied foreign minors.<sup>8</sup>**

According to the Ministry of Labour and Social Policy, by 31st December 2016 there were 17,373 unaccompanied foreign minors on the Italian territory, that is an incredible increase of 45.7% in comparison to last year. However, **more than 6,000 (a third!)** of them were untraceable, since they ran away the day after the landing or shortly thereafter, fleeing from first reception centres with obvious risks to their physical and psychological safety.

The most common nationalities of these minors, usually between 15 and 17 years old (except for Egyptians, where the average age is lower, with minors between 10 and 11 years old) are: Egyptian, Gambian, Albanese, Eritrean, and Nigerian. Those who decide to flee from reception centres are mainly from Egypt, Eritrea, and Somalia.

Therefore, a special attention and dedicated care should be paid to the flow of these children and teenagers, since the

very first hours following landings, in those places and facilities dedicated to their “first reception”.

The Faro Project originated from all these considerations; its experience based on the principles of psychosocial support and mental health in emergency situations is gathered in this document.

## MIGRANTS, LANDINGS, IDENTITY

Landings are not only the happy ending of a sequence of events - leaving one's own country, the journey, the ship-wreck, being rescued at sea, which could have deeply marked the people involved insofar as to need some form of material, medical and psychological support.<sup>9</sup>

Ports where migrants land are not only the backdrops of humanitarian intervention.

Landings, the first step of the reception procedure, are already fully-fledged apparatuses of the migration control system and as such, they are also permeated by a securitarian reasoning.

These processes are fostered in some way by humanitarian rescue, whenever landings are treated as natural calamities, whenever rescuing is about bodies to observe, treat, feed and clothe, whenever the migrant is only seen as a naked body separated from his/her story, from his/her social and political causes.

This is why it is necessary that each humanitarian worker carry out a careful and thorough consideration of his/her own role, purpose and proper approach

4 UNHCR Global Trends 2015.

5 People who were granted the refugee status, since they fulfil the requirements provided for by the 1951 Geneva Convention. This Convention states that a refugee is whoever “as a result of events occurring before 1 January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it”.

6 An asylum seeker is whoever, outside of his/her country of origin, applies for international protection in another state.

7 The exact definition according to the text of the Zampa law no. 47 is: “For the purposes referred to in this law, an unaccompanied foreign minor present on the territory of the State shall be defined as a minor without Italian or European Union citizenship, who is, for any reason, on the territory of the State or who is otherwise subject to Italian jurisdiction without any assistance or representation by parents or adults legally responsible for him/her, according to provisions in force in the Italian law. This applies even if the minor lives with relatives within the fourth degree of kinship, who do not fulfil the requirements of art. 28, comma 1, letter a-bis) of the regulation contained in the decree of the President of the Republic 31st August 1999, no. 39”.

8 UNHCR data, updated last on 30th November 2016.

9 For a first-hand account of some stories of unaccompanied foreign minors - some with a happy ending, some without, see “Cercare un futuro lontano da casa”, Looking for a future far away from home, by Rigon G., and Mengoli G., (2013).

to migrants.

Whether we talk about Hotspots, First Reception Centres (CPAs) or Extraordinary Reception Centres (CASs), places dedicated to UFM's are somehow not included in the notion of hospitality which would normally imply sharing an urban place as it is a public place; instead, they are rather treated as marginal products of order and safety policies<sup>10</sup>. First of all, we are talking about other places, heterotopic places which Foucault describes as follows: "*Places of this kind are outside of all places, even though it may be possible to indicate their location in reality*" (1984). Borrowing Michel Agier's definition, these places are characterised by three main features: extraterritoriality, exception, and exclusion.

In this reception circumstances, **minor migrants witness a double exclusion from these places: they are not in their own country** of origin anymore, which they left fleeing, **but they are not in the host societies either**, since the places where they live are located "outside", at the limit of normality, often outside residential areas.

Extraterritoriality goes hand in hand with the condition of exception, since minors live in a "grey" area, at the border of social order, constantly threatened to be removed from the "inside", i.e. from the world of citizens.

Waiting for the assignment of a guardian, facing bureaucratic obstacles during the procedure to obtain documents, receiving negative answers by the committee assessing their asylum application; this all contributes to a lack of recognition of political and juridical equity between migrants and ordinary citizens.

Being banned from places and the condition of exception are the causes leading to social exclusion with medium- and long-term effects. In fact, gathering several individuals in other spaces leads to the creation of new communities without identity, new categories of marginalised people. In this case, the individual - often called illegal immigrant, "clandestine" (term which is not only ir-

ritating, but also founded on a disregard of the meaning of the term itself, since migrants are not "those who hide", like clandestine people), "refugee", "UFM", is defined by an identity which is given by others and can hardly manage to obtain legitimacy to emerge as a political entity with his/her own voice.

Indeed, the aid relationship between the UFM and the actors of the reception system is characterised by an **inherent asymmetry**, well described by an African proverb: "the hand that donates is always higher than that which receives". The minor migrant often does not get to choose; he/she is simply asked to conform to the role of "user", as passive beneficiary of a package of aid measures, sometimes even highly inappropriate. This imbalance of power is even more evident considering the fact that for a chance to obtain a citizenship, migrants need to accept their passive situation and manage their inactive wait<sup>11</sup>. This way of thinking is embodied in all kinds of prizes, given by different actors at different levels, to the "calmest" or "less problematic" UFM's.

On the contrary, various kinds of refusal shown by public authority or the control perpetrated by institutions open the eyes of minor migrants who see the inequality of the aid relationship. They realise that in the country of arrival forms of violence, a structural violence<sup>12</sup>, are carried out; this kind of violence, if integrated in dispositions and embodied by all involved actors, becomes symbolic violence<sup>13</sup>. Besides being carried out in absolutely unacceptable ways in a civilised country claiming to be welcoming, this violence reinforces these relationships within the context of intervention.

Therefore, whoever works in these settings needs to think about the dynamics of power<sup>14</sup>, and about his/her own role; that implies questioning, on a personal and professional point of view, one's own position within the system.

The need to face a situation defined as "ongoing emergency" often justifies a series of malfunctions which perhaps make staying in reception centres

almost an iatrogenic experience. This is also due to the above-mentioned dynamics which completely affect institutional and personal relationships in various steps of the reception system. On the one hand, workers must question whether and how they are carrying out these dynamics and why the reception system risks becoming a system of control. On the other hand, they have to ponder about which interventions could make the experience of reception in Italy less traumatic.

Therefore psychosocial workers work in a difficult and contradictory field, where their great intentions could have to face the reality of a system silencing the people to whom it is addressed. Far from being an invitation to give up, these considerations are food for thought, pushing to think about the role of such system in the different contexts where it operates.

Borrowing Sayad's words<sup>15</sup> we could say that psychosocial intervention goes hand in hand with that reflective thinking questioning the social conditions and power relationships at the basis of the intervention itself.

Trying to deeply understand the context and questioning one's position within it - in settings where "doing" leaves no time and place for "thinking", does not mean that one is necessarily free from the rescue rhetoric. But it certainly helps to move carefully and with humbleness in order to try to identify arising needs, taking into account their complexity and extent, and organising adequate responses for what concerns materials and respect of the humanity and culture of others.

Such a vision is effectively linked to the theory and methodology created within the context of clinical analysis of migrants<sup>16</sup> taking account of the theme of trauma and its hidden systems<sup>17</sup> and humanistic psychology, supporting the central role of the individual enjoying full dignity and fundamental rights.

<sup>15</sup> Sayad, 2002, pag. 17.

<sup>16</sup> Moro et al. 2000; Coppo 2013; Losi 2015; Nathan 2003; Zorzetto, Inglese & Cardamone 2014.

<sup>17</sup> Ardino 2009; Beneduce 2010. To know more about this diagnosis in people belonging to other cultures, see also Kienzler, 2008 and Pupovac, 2004.

<sup>11</sup> Vacchiano, 2005.

<sup>12</sup> Galtung, 1969.

<sup>13</sup> Bourdieu, 1980.

<sup>14</sup> Parin, 1999, 2012.

# THE RECEPTION SYSTEM FOR UFMS IN ITALY

Unaccompanied foreign minors are those foreign minors living in Italy without any **assistance and representation** by parents or other adults, legally responsible for them according to current laws in the Italian judicial system.

Therefore, besides being relevant to completely alone minors, this definition also applies to minors living with **adults** other than parents, who are not the guardians or foster parents according to an official measure, since these minors do not benefit of a legal representation according to Italian jurisdiction.

The recently approved Zampa law (no. 47) also includes in the definition of unaccompanied foreign minors those minors seeking international protection, compliant with the relevant resolution no. 97/C211/03 of the Council of the 26th June 1997. As a matter of fact, they were not included in this category up until now, as if a minor in such a specific situation (seeking international protection) were not also foreign and unaccompanied.

According to Italian jurisdiction<sup>18</sup>, after being rescued, an unaccompanied foreign minor must be immediately transferred to a safe place and all measures aiming at his/her protection must be put in place, such as: provide legal protection and report to the Public Prosecutor at the Juvenile Court.

A minor who has just landed is taken into charge by the social services belonging to the place of landing and he/she is transferred, following different delays and manners according to each zone, to first reception facilities such as First Reception Centres (CPAs), Extraordinary Reception Centres (CASs), first reception facilities opened on an Asylum, Migration and Integration Fund (AMIF)'s call for proposals of the Ministry of the Interior, whose differences are not going to be discussed in this report.

18 Consolidated Act on Immigration Legislative Decree 286/98.



## THE NEW ZAMPA LAW

After a three-year process, the government bill “Disposizioni in materia di misure di protezione dei minori stranieri non accompagnati” (Regulations on protection measures for unaccompanied foreign minors), registered by MP Sandra Zampa, was approved on 29th March 2017. This law, which was given the no. 47, was published on the 07th April 2017. It is the **first comprehensive measure dedicated to protecting unaccompanied minors in Europe**. Given its direct experience with unaccompanied minors, Terre des Hommes, along with 13 other associations and organisations, also contributed to the drafting of this law, coordinated by Save the Children. Here are the main points of the text:

- » Homogenous procedures to verify age and identification at national level and presence of mediators during the whole step
- » Reception of minors exclusively in dedicated facilities and thus separation from adults
- » Duration of stay in first reception centres reduced down to 30 days
- » Application of SPRAR system (Protection System for Refugees and Asylum Seekers) to all unaccompanied minors and coordination with first reception centres
- » Elimination of rarely used residence permit forms and reduction to two types: permit for minors and permit for family reasons
- » Creation of a register of properly trained volunteer guardians in each Juvenile Court
- » Promotion and development of family fostering

Hitherto, if a minor applied for asylum, he/she was transferred to a SPRAR<sup>19</sup>. However, it is important to stress that minors currently stay in the “first reception” phase a lot longer than what it is provided for by law. Indeed, the average duration of stay in Sicily significantly exceeds the 90 days provided for by the Decree of the President of the Sicilian Region (DPRS) no. 600 of 13th August 2014. Terre des Hommes has witnessed this situation during its long activity on the island and has recorded peaks as high as 12/14 months of stay.

This problem does not rely solely on the fact that minor migrants stay longer than expected in facilities which were conceived for a temporary reception and are thus not properly equipped to take in charge the individual, due to the lack of qualified services (such as social, educational, healthcare, and psychological support). A worker providing psychosocial support also has to deal with various dysfunctions.

19 In 2001 the Ministry of Interior Department for Civil Liberties and Immigration, the National Association of Italian Municipalities (ANCI) and the United Nations High Commissioner for Refugees (UNHCR) signed a memorandum of understanding for the creation of a “National Asylum Programme”. Hence, the first public system for the reception of asylum seekers and refugees was born and spread all over the Italian territory involving central and local institutions, according to shared responsibilities between the Ministry of Interior and local institutions. With the law 189/2002 these reception measures were institutionalised leading to the creation of the Protection System for Refugees and Asylum Seekers (SPRAR).

Some examples worth mentioning are: overcrowding, promiscuity, lack of qualified staff expert on the migratory phenomenon and on the specific needs of an unaccompanied foreign minor, lack of adequate places etc. These are all underlying factors leading to high levels of confrontation between guests.

Furthermore, apart from what is observed within the walls of these first reception centres, the services of the territory struggle to play a really active role in the monitoring, control and care of the people hosted there, due to the lack of human resources at their disposal, but also due to the lack of an appropriate technical training to manage, understand and recognise problems related to migrant minors. Terre des Hommes has often detected this factor in the field, in collaboration with the Territory.

Terre des Hommes has bridged this gap, providing a constant counselling activity for both social and territorial services of public health, as well as managing body operators, whenever needed<sup>20</sup>.

20 Terre des Hommes Course- Provincial Health Authority Syracuse “Vulnerabilities and healthcare and legal priorities in the reception of migrants. From an ethnic and psychiatric point of view”, 9th October 2015, Syracuse; Course for cultural mediators supported by the Centre for Studies Giovanni La Pira, 16th March 2017, Pozzallo. “Post-traumatic stress disorders. Intercultural mediation to handle victims of torture and abuses”.

# CHAPTER 2

## EMERGENCY AND MENTAL HEALTH: IASC GUIDELINES



The “IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings”<sup>21</sup>, published in 2007, still represent an essential reference for all those organisations and communities facing emergency situations. Terre des Hommes also draws on these guidelines for its work both in Italy and outside; as we will see, this is reflected in first reception activities described in this report, which Terre des Hommes carries out in Sicily with unaccompanied foreign minors and families with children.

The IASC Guidelines were issued on an initiative of the United Nations<sup>22</sup> with the purpose of:

- » Coordinating interventions of several humanitarian organisations
- » Providing a series of shared and articulated recommendations to protect the mental health and psychosocial well-being of those populations in **emergency settings**, i.e. “*situations arising from armed conflicts and natural disasters (including food crises) in which large segments of populations are at acute risk of dying, immense suffering and/or losing their dignity*”.

It is important to underline that this definition<sup>23</sup> includes the phenomenon of migration which has been massively affecting our country, especially Sicily, in the past years.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

The two terms *Mental Health* and *Psychosocial Support* are clarified, since the comparison between mental health and psychosocial support is still object of debate.

The Guidelines state that:

“The composite term *mental health* and *psychosocial support* is used in this document to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Although the terms *mental health* and *psychosocial support* are closely related and overlap, for many aid workers they reflect different, yet complementary, approaches. Aid agencies outside the health sector tend to speak of *supporting psychosocial well-being*. Health sector agencies tend to speak of *mental health*, yet historically have also used the terms *psychosocial rehabilitation* and *psychosocial treatment* to describe non-biological interventions for people with mental disorders.

Exact definitions of these terms vary between and within aid organisations, disciplines and countries.

As the current document covers intersectoral, inter-agency guidelines, the composite term *mental health* and *psychosocial support* serves to unite as broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing appropriate supports”<sup>24</sup>.

Terre des Hommes completely agrees with this last statement and has organised its on-field interventions accordingly. As we will see later on, every team working in all Faro project editions is multidisciplinary and develops its activities on all four levels of needs in

emergency settings, as divided in the pyramid of mental health and psychosocial support interventions (also see page 13).

The Terre des Hommes staff working in Sicily always includes a psychologist, a cultural mediator and a sociologist or anthropologist, according to each case. The child neuro-psychiatrist or the referring psychiatrist, necessary to refer or jointly manage cases both in the diagnostic and therapeutic stage, are chosen within the local Health Service team. This experience is generally positive, as shown by treated cases, some of which are going to be described afterwards, during the introduction of the activities of the team.

## THE 6 MAIN PRINCIPLES

The IASC Committee’s vision on how to operate in emergency settings is based on six fundamental principles that are then applied in each action suggested according to different phases of emergency. These are particularly important principles, both for what concerns the ethical and the operational point of view.

Terre des Hommes, as far as its competences go, has applied these principles in its work and, as we will see, its workers follow them with resoluteness and perseverance.

21 The Inter-Agency Standing Committee - IASC was set up by the General Assembly of the United Nations; it is an inter-agency forum whose purpose is the coordination, policy development and decision-making of executive officers of the main humanitarian agencies (UN agencies, Red Cross and Red Crescent together with the union of humanitarian non-governmental organisations).

22 They are based on the consideration that: “*Armed conflicts and natural disasters cause significant psychological and social suffering to affected populations. The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. These impacts may threaten peace, human rights and development*”.

23 Within its documents ([www.reliefweb.int](http://www.reliefweb.int)), IASC provides some examples of situations considered as “emergencies”.

24 Scientific evidence regarding mental health and psychosocial support capable of demonstrating what is more efficient in emergency settings, is still scarce. The majority of researches in this field were carried out months or years after the end of the acute phase of the emergency. As this field of study progresses, basic research will develop, as much as the on-field experience of professionals. This report will be regularly updated with the purpose of gathering future evidence emerging from new research.

## 1 - HUMAN RIGHTS AND EQUITY

*“Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations. Humanitarian actors should also promote equity and non-discrimination. That is, they should aim to maximise fairness in the availability and accessibility of mental health and psychosocial supports among affected populations, across gender, age groups, language groups, ethnic groups and localities, according to identified needs.”*

Although they are focused on minors and families, Terre des Hommes interventions do not exclude altogether all migrants, whose needs should be attended to, especially in difficult settings such as port docks and/or Hotspots, where it would not be possible to immediately distinguish minors from other migrants.

## 2 - PARTICIPATION

*“Humanitarian action should maximise the participation of local affected populations in the humanitarian response (...) Participation should enable different sub-groups of local people to retain or resume control over decisions that affect their lives.”*

This is an essential element common to all activities of the Faro project. The project always starts from an active involvement of the users to find support pathways appropriate for them and it always has the objective of building an independent thinking and develop an understanding of the purpose of one's presence in the reception place.

## 3 - DO NO HARM

*“Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm. Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues.”*

This factor is carefully taken into account by Faro workers who, before taking any action, verify whether other actors and/or services are already implied, which could already provide an identical response to the user's needs as that of the project, thus avoiding dangerous overlaps which would damage the user.

## 4 - BUILDING ON AVAILABLE RESOURCES AND CAPACITIES

*“All affected groups have assets or resources that support mental health and psychosocial well-being. A key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate MHPSS (Mental Health and Psychosocial Support) and frequently have limited sustainability. Where possible, it is important to build both government and civil society capacities.”*

This principle is applied on two levels. Each action of Terre des Hommes aims at making the migrant an active part of the activities where he/she is involved, as well as making him/her an individual aware of his/her rights and how to claim them. At a second level, the collaboration between Terre des Hommes with Prefectures, Provincial Health Units (ASPs), Territorial Social Services as well as local associations working to support the reception process and the social integration of migrants, further demonstrates that the organisation's approach follows this principle.

## 5 - INTEGRATED SUPPORT SYSTEMS

*“Activities and programming should be integrated as far as possible. The proliferation of stand-alone services, such as those dealing only with” specific target groups “can create a highly fragmented care system. Activities that are integrated into wider systems (e.g. existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.) tend to reach more people, often are more sustainable, and tend to carry less stigma.”*

Faro applies this principle, constantly connecting territorial services and the centres where it works, in order to avoid negative consequences on the well-being of hosted minors<sup>25</sup>.

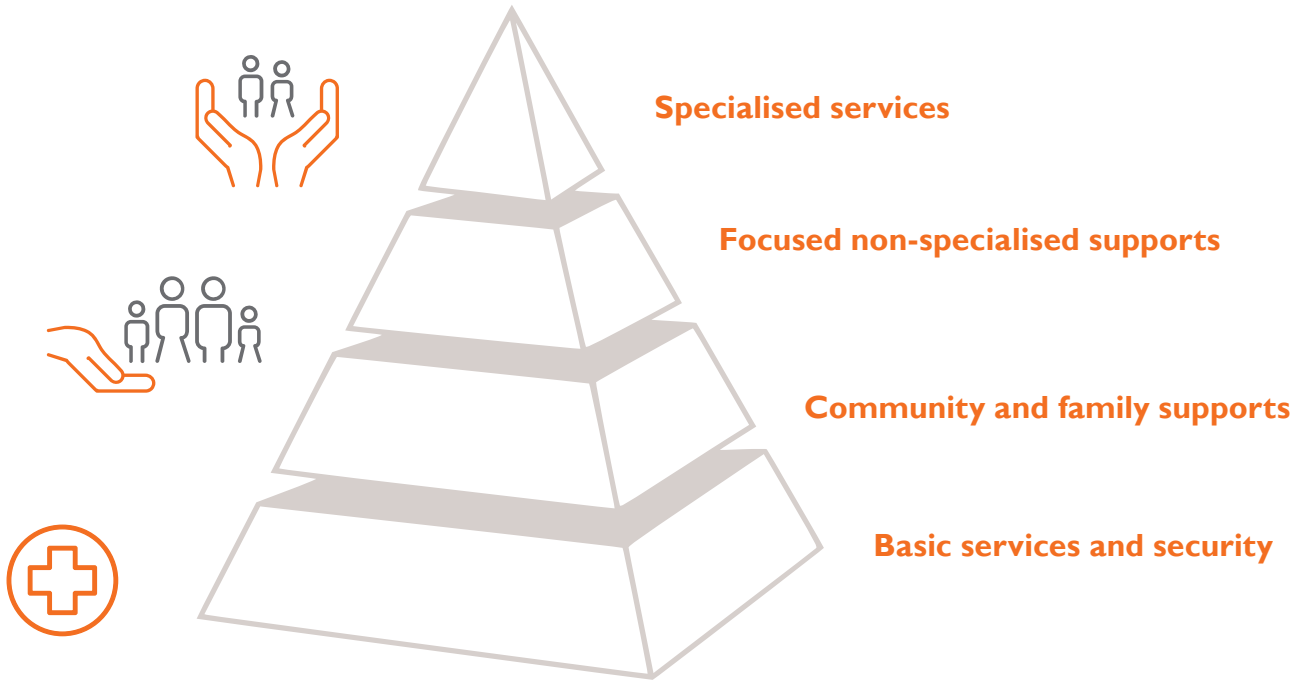
## 6 - MULTI-LAYERED SUPPORT

*“In emergencies, people are affected in different ways and require different kinds of supports. A key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups. This may be illustrated by a pyramid (see Figure 1). All layers of the pyramid are important and should ideally be implemented concurrently.”*

It is worth reminding that the quantity of groups requiring those types of support listed in the pyramid substantially decreases, going from the base towards the top.

<sup>25</sup> Some examples: 1) Planning and joint implementation of awareness-raising of Terre des Hommes/ Syracuse ASP for guests of a reception centre, about to take the Mantoux test. These activities enabled to reassure guests, making them aware of the function and utility of the test. 2) Organisation of technical roundtables for coordination with territorial services to extend the accessibility of literacy courses supported by the local CPIA (Provincial Adult Education Centre) to minors in First Reception Centres. 3) Participation of Faro staff to trainings about psychological support in emergency settings, organised by other territorial actors.

 **PYRAMID OF AID SERVICES IN EMERGENCY SETTINGS  
ACCORDING TO IASC GUIDELINES**



## SERVICES FROM THE BASE TO THE TOP OF THE PYRAMID

### BASIC SERVICES AND SECURITY

According to the IASC Guidelines “The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). A Mental Health and Psychosocial support response to the need for basic services and security may include:

- » advocating that these services are put in place with responsible actors;
- » documenting their impact on mental health and psychosocial well-being;
- » influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial well-being.

These basic services should be established in participatory, safe and socially appropriate ways that protect local people’s dignity, strengthen local social supports and mobilise community networks”.

The Faro Project includes all orientation activities explaining the services put at the migrant’s disposal in different settings and makes sure that these services and the users are well connected. As an example, it is worth mentioning the work carried out in the Augusta port dock. The staff has helped first of all minor migrants and the families gain access to several services at the port, which are not immediately recognisable to users, so that they could actually enjoy their right to be treated, to be listened to, to be protected, to be reunited with a family member etc.

### COMMUNITY AND FAMILY SUPPORTS

“The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods<sup>26</sup>, supportive parenting programmes, formal and non-formal educational activities, and the activation of social networks, such as through women’s groups and youth clubs.”

Faro activities encompass orientation activities and information about services and reception procedures which allow the individual to position himself/herself in the new space - time and gain a better awareness of the purpose of his/her presence in a certain place (port dock, Hotspot). This action aims at putting at the disposal of users useful tools to trigger their coping mechanisms which still exist and are strong.

### FOCUSED, NON-SPECIALISED SUPPORTS

“II“The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid and basic mental health care.”

The whole wide spectrum of psychosocial interventions of Faro workers is included in this layer. Faro workers, as we will see more in detail, intend to help the individual regain a sense of safety, reactivate his/her internal resources to reassess his/her life project according to the new settings, as well as provide useful tools to build such project during the stay in the Centre.

### SPECIALISED SERVICES

“The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (a) referral to specialised services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers. Although specialised services are needed only for a small percentage of the population, in most large emergencies this group amounts to thousands of individuals.”

This layer includes all psychological supports focusing on the individual, conceived by expert Faro psychologists, as well as middle/long-term assistance of users and the referral to territorial services for vulnerable cases.

<sup>26</sup> All psychological adaptive mechanisms used by an individual to cope with potentially stressful or dangerous situations to the normal psychic functioning and the normal psycho-physical well-being.



Terre des Hommes  
International Federation



Nome: WALLY

Cogname: JANKO



# CHAPTER 3

## TERRE DES HOMMES

### INTERVENTIONS IN SICILY



**The Faro project is involved in every first reception setting:**

- » **Landing ports** of Pozzallo (Ragusa) and of Augusta<sup>27</sup> (Syracuse), which are the two main ports, where the majority of migrants land (see graph below)
- » **Hotspot** of Pozzallo
- » **First Reception Centres** located in three different cities in the Ragusa, Syracuse and Catania provinces.

In the timeframe referred to in the graph, the two ports where Terre des Hommes worked received in total **44,409 migrants**. During 2016, Faro

27 The project on the dock of the Augusta port lasted six months (June - December 2016); while redacting this document, Terre des Hommes is raising the needed funds to re-launch the project.

has assisted **40 landings** in Pozzallo and, only in the semester from June to December, **39 landings** in Augusta, since it worked in this port with a dedicated team for six months.

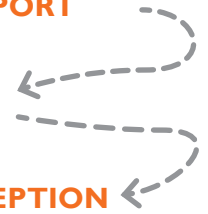
Notwithstanding the variety of places where Faro works, its cultural approach to the theme of migration and migrant, the relationship with territorial authorities and the specific work techniques with migrants implemented by various team members have such an uniform nature that interventions are always homogeneous, with at the same time a diversified approach according to each specific situation. This also goes to show how flexible the Faro project is. Thanks to these characteristics (homogeneity and flexibility), it is possible to present the three main experiences of Terre des Hommes in Sicily for minors and families together.

For this reason, we will describe the situation following this sequence:

**DOCK IN THE LANDING PORT**

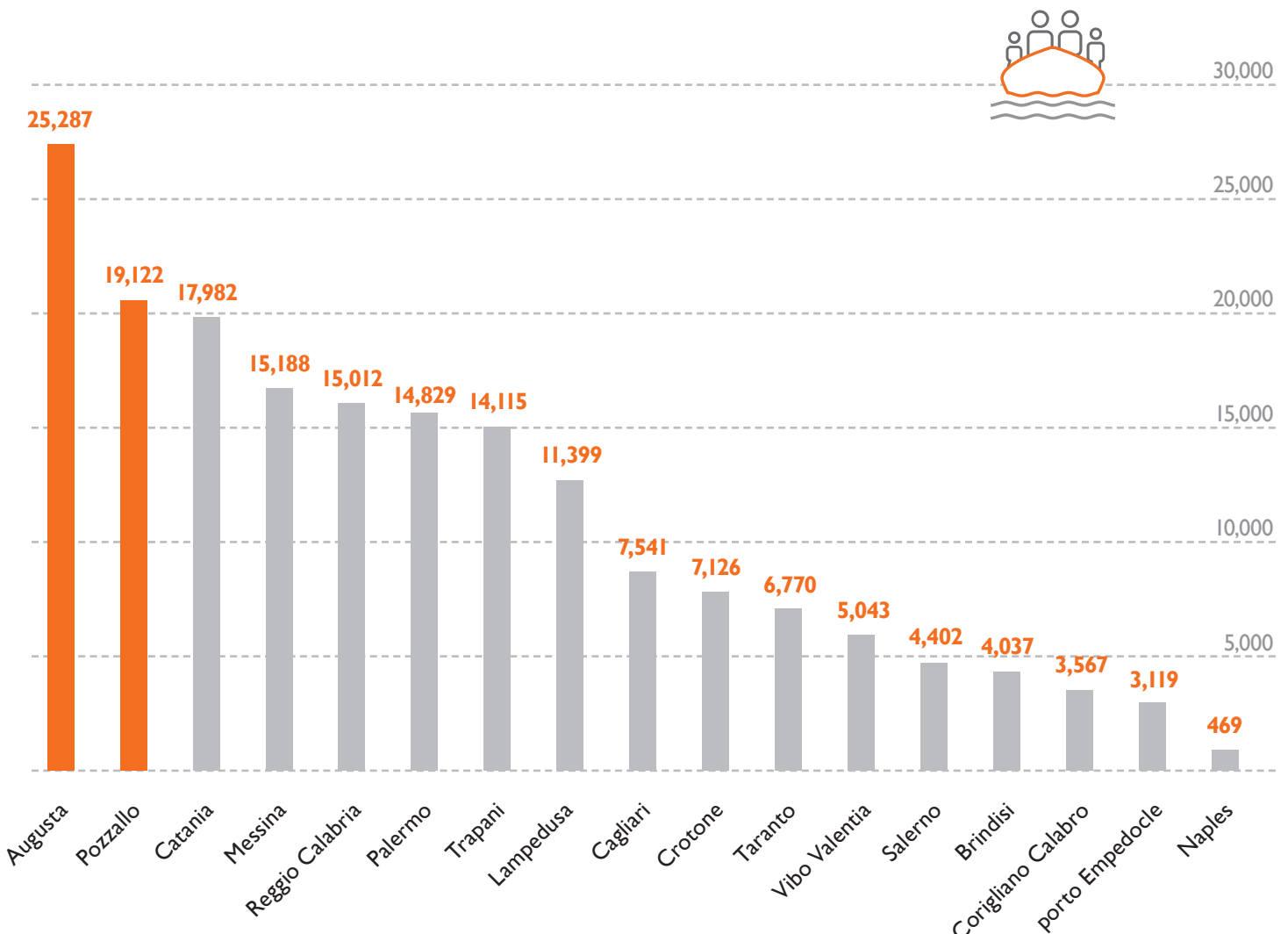
**HOTSPOT**

**FIRST RECEPTION CENTRES**



This reflects the sequence of services offered by our reception system to migrants. This process is also reflected in the operations of Terre des Hommes which implements different interventions according to emerging needs.

**PORTS MOST AFFECTED BY LANDINGS**  
from 01/01/2016 to 15/12/2016 (excluded migrants tracked down on land)



## DOCKS IN PORTS OF LANDING

### LANDING PROCEDURES AND RECEPTION SYSTEM

Landings are more or less carried out similarly in all ports. Reception systems arranged in each landing port, however, differ according to geographical context, to the type and expected delay for identification procedures and for the transfer to different types of centres, to non-institutional involved actors.

In Palermo, Catania, Trapani and Crotona migrants are transferred to first reception facilities right after the medical triage and pre-identification. However, new directives on identification procedures made the delays longer and more extenuating even in those centres. As we will see in detail, in Pozzallo migrants are transferred to the nearby Hotspot right after the medical triage.

### DOCK OF THE AUGUSTA PORT

Augusta is the only landing port in which a detention centre has been set up. This centre works similarly to a Hotspot, where migrants and in particular UFM, wait for a long time, sometimes even weeks, to be transferred to a First Reception Centre.

Migrants are accommodated in two big tensile structures (for a maximum of 400 bunks) and some tents (for a maximum of 15 bunks each).

In the same area other services are found: Syracuse Provincial Health Authority (ASP), Emergency, Regional Civil Protection (responsible for the logistics), Municipal Civil Protection (for meals and essential goods), Immigration Bureau of the Syracuse Police Headquarters and Forensic Police, as well as two shipping containers of Frontex and the Red Cross.

**Landings are carried out in the presence of several actors repre-**

**senting safety authorities as well as humanitarian rescue authorities<sup>28</sup>.**

The first health screening is already carried out on the boat by the US-MAF<sup>29</sup> (Office of Sea, Air and Border Health Control) doctors who send emergency cases to local hospitals or to Emergency. Then, informal inquiries are performed by Public Prosecution Office workers to detect potential “traffickers”. Before the medical triage, migrants are given water and slippers; after the triage, they walk to the camp and are pre-identified there, a procedure in which families with children and women are prioritised.

**Minors, since they have not been identified as such yet, wait together with adults.**

The identification procedure itself represents, at least until today, the first element of risk for their protection, because the age determination assessment is based on a non-scientific method carried out by the Police Immigration Bureau or Frontex or, when possible, with the aid of designated ONG workers.

Identified UFM are then transferred to designated tents and are separated from adults, as long as the centre is not overcrowded.

» In this difficult situation, the Terre des Hommes team, made up of a psychologist and a cultural mediator, operated since the very first stages of landing to observe and detect needs and difficulties of minors and families, also through the useful information exchange with other organisations present there. Unlike the case of Pozzallo, the team here did not intervene in the medical triage, managed by the Provincial Health Authority and the Red Cross.

» A second operation of monitoring was carried out by Terre des Hommes immediately after landing, in the tents of UFM and families with children. The team remained to

work there even in the days following the landings, until UFM were transferred into First Reception Centres.

The activities performed by our team are:

- 1) observation and monitoring of UFM and families with children to detect psychological and psychosocial needs
- 2) individual psychological support for UFM and members of families with children
- 3) report of potential detected vulnerable cases to competent authorities
- 4) report of healthcare cases to ASP staff working on the dock
- 5) report of relevant cases to other authorities and organisations working on the dock
- 6) reception and orientation of families with children
- 7) group reception and orientation of UFM
- 8) group activities for UFM with the purpose of triggering individual and social resilience
- 9) mediation and integration interventions between different actors working on the dock and the project target group.

**The majority of incoming migrants are healthy individuals, experiencing normal reactions to an abnormal situation and/or to critical events preceding the landing.**

Therefore, Terre des Hommes’ action aims at preserving and enhancing their normality, even in extreme situations, rather than healing a pathological state. The objective is to help people reduce the impact of critical events, retain or recover their usual social-psychological functioning, and avoid long-term consequences coming from a continuous exposure to stressful situations upon arrival.

The latter often overshadow the expression of other needs, thus hindering past traumatic or potentially traumatic

<sup>28</sup> Police Immigration Bureau, National Police Force, Law Enforcement Authorities, workers of the Public Prosecution Office, Frontex, EASO, Provincial Health Authority, Red Cross, Regional and Municipal Civil Protection, UNHCR, IOM, Emergency, Save the Children and Terre des Hommes. Unlike other ports, the Municipal Social Service, responsible for UFM, is not permanently active here.

<sup>29</sup> Doctors of the Ministry of Health.

experiences. This is why people only rarely manifest unease or the need of help due to past experiences during their stay at the port, given the fact that their psychic resources are trying to face new and current problems.

Staying for a long period of time in a setting which is not suitable to cater for the need of protection and care of migrants, and especially UFM, causes a series of situations representing a potential further trauma. They are a consequence of the fact that the reception system in Augusta was not conceived for long stays and hence is in itself a source of stress and unease, which could evolve in a pathological way.

The lack of a national policy distributing minors evenly on the territory forces young migrants to stay longer at the port, exposing them to dangers to their physical and psychological integrity. Furthermore, already strained local services are forced to seek solutions to a phenomenon which has become unmanageable, leading to the setting up of places which are often not suitable to the reception of this target. In the near future, it will become clear if the Zampa law will finally be able to unblock this situation.

Minors might stay at the port as long as several weeks; in July 2016 a peak of 21 days was recorded.

More in details, in Augusta Terre des Hommes detected some potentially stressful situation:

- » Impossibility to contact by phone families in the country of origin<sup>30</sup>
- » Inadequate response to basic needs (nutrition, personal hygiene, protection from weather)<sup>31</sup>
- » Impossibility to receive secondary medical care<sup>32</sup>

30 Lack of a public phone at the port or any other communication device allowing at least UFM to let their families know about their arrival in Italy.

31 Usually only plastic slippers, pieces of clothing or hygiene kits are distributed, following several requests to the Civil Protection, which cause overcrowding and tension. UFM are usually the last to leave the port and have to wait for adults to be transferred, before they can take a shower and change clothes.

32 At the port only medical treatment for acute and/or serious illnesses is provided for, since chronic or specialised illnesses are transferred to centres (dermatological non-infectious troubles, dentist issues and vision troubles etc.)

- » Exposure to adverse weather in precarious housing conditions<sup>33</sup>.

### Lack of coordination among operators working on dock

Notwithstanding the diligence generally shown by all operators present on dock, Terre des Hommes detected a certain lack of movement and sharing of information, as well as an excessive fragmentation of interventions, leading to some dysfunctions of the reception system, particularly evident in the case of big landings (up to 2,000 people per week).

Other stressful situations include:

- » **Difficulty to gain access to essential pieces of information:** Lack of institutionally assigned actors who could provide information and orientation about the functioning of the reception system, which is a big source of disorientation, especially for UFM who, once registered, are left to their own devices. This is why it is so urgent and important to work on a constant orientation of the migrant.
- » **Temporary separation from own family members in the case of hospitalisations without any information and cultural mediation:** It can happen that family members staying on docks do not receive any information about the reason and the period of hospitalisation, and they are not put in the conditions to pay a visit to family members in the hospital. This also happened to some mothers with hospitalised newborns.
- » **Separation from extended family members or from community of belonging in the case of transfers to different reception centres:**

Transfers to reception centres must necessarily be based on the centre type and the place availability. However, sometimes, even if alternative solutions are available, familiar and social ties are cut off with the transfer, while these ties could

33 In the tents there are no heating or cooling systems and rainwater seeps in.

otherwise represent a valid source of psychosocial support. This happened in the case of UFM coming from the same country, who had faced the journey and spent long months in Libya together or which belonged to the same extended family in their country of origin.

In such a chaotic context, not suitable to listen and accompany the migrant, the purpose of the intervention of Terre des Hommes was limiting the negative, even destabilising, effects which might be caused by the context itself. Terre des Hommes' purpose was limiting, insofar as possible, the fragmentation of services and ensuring that the migrant is taken in charge and accompanied during his/her stay at the port.

Hereafter an explanation of how this operation was implemented, following the IASC Guidelines.

## INTERVENTION

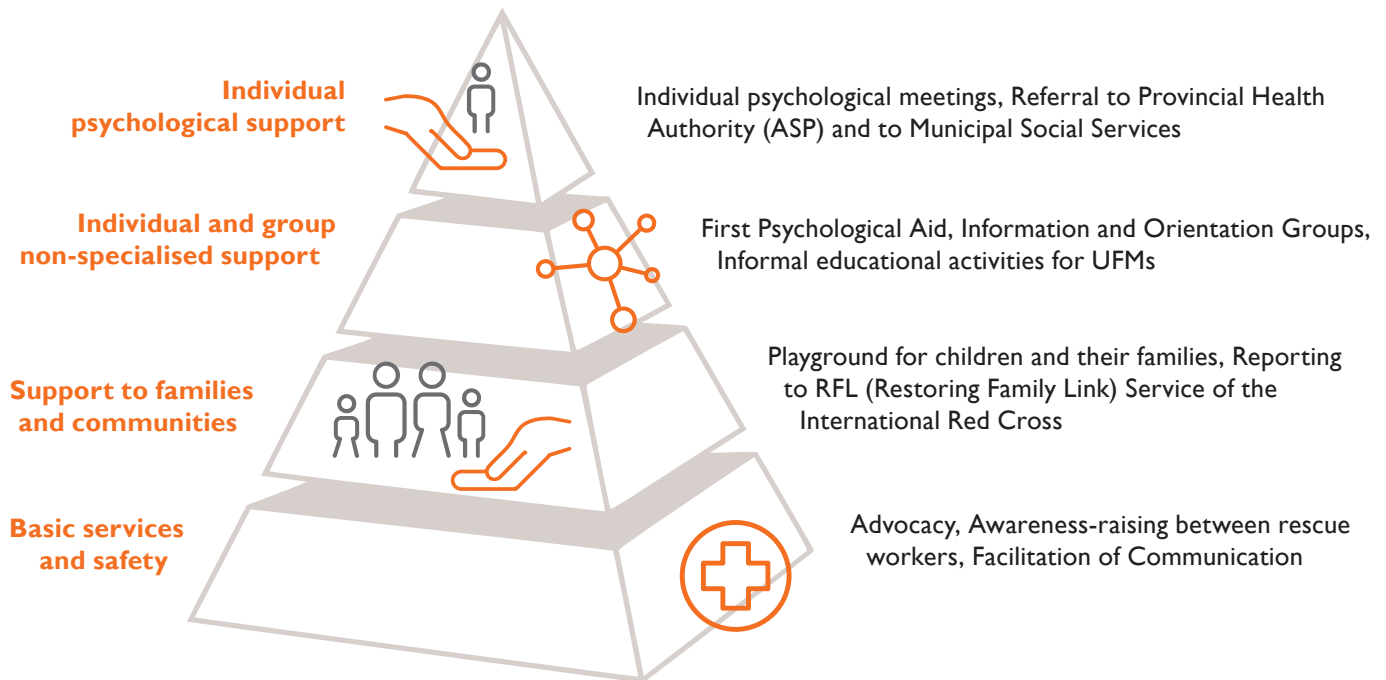
During the first stages of landing, the Faro team observes and carries out a first detection of needs and difficulties, creating a first mental map of the specific needed intervention: prevalent nationalities, spoken languages, number of UFM and families with children, general psycho-physical conditions, prevailing emotional situation.

Right after the transfer of migrants from the dock to the centre, the team performs a first recognition in the encampments in order to establish a first contact with migrants, prioritising families with children, if there are any, and especially women alone with their children; otherwise, directly to UFM.

The team always uses extreme discretion while in the tents and is not invasive. Usually, people are so exhausted by the journey that they only wish to rest, but mothers must meet the needs of their children, especially if they are newborns or toddlers, and need to understand how the camp works, whom they have to ask to get water, food and blankets.

Therefore, migrants are often the first to get in touch, in order to receive clear

## TERRE DES HOMMES PROJECT FARO: PYRAMID OF OPERATIONS



answers to such questions; in other cases, the team, after a quick assessment of opportunities, approaches the mothers, even if only to welcome them and ask them about any impending need.

UFMs are usually lodged in smaller camp tents, where the space between each bunk is very little. The team considers that going into the tents, without having established a prior contact, is an excessively intrusive behaviour; it is therefore preferable to talk to minors in the preceding area, asking them permission to come in.

Whether it is the case of families with children or UFMs, it is important to introduce oneself and define straight away one's role in the camp, in order to both inhibit those expectations exceeding one's mandate and to, at least partly, reduce the understandable diffidence of some people.

The first contact, both when it is very

short and when it allows the detection of difficulties and/or specific needs, always represents a way in which the team can show availability and establish a relationship based on trust. As a matter of fact, albeit it may seem banal, it communicates a certain recognition of the other as a person, which is absolutely not granted for migrants given their preceding experiences and current settings.

Being active in the intervention settings, become visible, actively seeking a contact: this is all very important. Migrants who have just landed are completely disoriented and, in any case, the majority of people exposed to critical events do not look for or spontaneously ask for a psychosocial support, even if they usually welcome demonstrations of active and genuine interest.

Following the first contact, according to the abovementioned IASC guidelines of 2007, and according to detected needs,

the psychosocial support provided by Terre des Hommes develops on all four existing levels.

**Here is a more detailed description of the interventions and activities of the Augusta team.**

## LEVEL OF NEEDS OF BASIC SERVICES AND SAFETY

Psychosocial well-being must be protected; it starts from the re-establishment of the sense of safety to the provision of services which can meet basic physical needs (food, shelter, water, healthcare, etc.).

In this level, Terre des Hommes' activity is intertwined with that of other involved actors, responsible for those services. It regards both strictly health-care issues and those issues related to logistics and organisation and always requires an exchange with other actors working towards different goals, such as safety.

Therefore, the team works to facilitate communication between these actors and between them and migrants, so that everyone's activity can be based on the respect of people's dignity and integrity, support their mental health and psychosocial well-being, as well as document the impact that accessing these basic services might have on psychic health and psychosocial wellbeing. **In effect, it is important to highlight the noteworthy difference between basic services for the treatment of bodies or for the care of the individual.** The first one, unlike the latter, does not include a recognition of any political determination and social and cultural belonging and thus any participation or possibility to choose.

## LEVEL OF SUPPORT TO FAMILIES AND COMMUNITIES OF BELONGING

It is important to safeguard family and community ties in order to protect psychic health.

In this level, Terre des Hommes must take into account the particular current circumstances, where these ties, especially in the case of UFM, were more or less dismantled by the physical and psychological act of emigrating and that in the future there will be a need to elaborate this issue. In an environment defined by landings, it is impossible to preserve and strengthen ties of close families and the sense of belonging to a

national and/or cultural community.

During rescue operations it often occurs that members of the same family are separated and arrive in different ports of landing. This can happen due to health emergencies (e.g. a family member is taken with an helicopter rescue service and brought into the nearest hospital) or by mistake (members of the same families are rescued by different boats, etc.). In these cases, Terre des Hommes closely collaborates with those organisations focusing their work especially on family reunification, such as the Red Cross with the RFL service (Restoring Family Link), reporting individual cases during the recognition and monitoring activities.

Other separations after landing are due to emergency treatment in the hospital and/or hospitalisation of a family member; this can happen to newborns, hospitalised even during several days, and to their mothers. Sometimes mothers are hospitalised while children remain at the port, if it is expected that the mother will return during that same day (otherwise the custody of children is temporarily given to a community).

In this case, Terre des Hommes offers emotional support to family members at the dock and, together with the ASP staff, contacts the hospitals to receive information about hospitalised family members. In the case of children left alone at the port, after having verified that there is no other adult of the national group of belonging taking care of the child, and after having reported it to the Bureau of Immigration personnel and other relevant actors, Terre des Hommes provides a protected place in its gazebo, taking care of the child's emotional support and, together with the Civil Protection volunteers, taking care of his/her material needs.

Other separations concern extended families, once the moment of the transfer arrives. In this case, whenever possible, Terre des Hommes provides information about the respective destination centres and their addresses. Whenever this occurs, the team has to be very precautionous with unaccompanied minors, especially in the case of girls.

When families with children are involved, the interventions aim at mobilising the internal resources of the family as support for all its members. Reference adults act as the thermometer of children emotions, namely children assess events according to adults' reactions and their capacity to offer an adequate interpretation of the situation. That is why Terre des Hommes turns to parents to support and assess their competences, and at the same time it never replaces their role. As a consequence, each time that there is a communication and/or interaction with children, parents' permission and their collaboration in the proposed playing activities are required.

Terre des Hommes uses **playing** as the **main tool of operation** with children from two to twelve years old.

Playing fulfils different functions:

- » It puts children back in a situation of normality (playing for them is a routine activity)
- » It creates a framework separating order (of the game) from chaos (coming from outside)
- » It offers a medium of emotional expression and decompression
- » It offers the possibility to see family ties under a playful light once again.

The **Playground**, set up inside the Terre des Hommes gazebo or outside, offers simple and not very structured activities: drawing, clay manipulation, singing, etc. for one or more families and their children.

In particular cases, if parents are occupied following procedures required by the landing system, playing activities are carried out without reference adults. Lastly, in other occasions, the team arranges with parents to have the latter managing playing activities and relevant materials, if the team is already busy with individual cases.

## LEVEL OF NON-SPECIALISED INDIVIDUAL AND GROUP SUPPORT

In this level, Terre des Hommes uses an approach based on the principles and techniques of psychological first aid<sup>34</sup> It includes specific actions aiming at facilitating the process of meaning-making and regaining the sense of control on his/her own existence:

» **To inform and orient**

» **To be there**

» **To listen**

The abovementioned actions are not pre-arranged or linear; on the contrary, they are part of circular processes of interaction requiring the worker to listen and analyse the issue.

### TO INFORM AND ORIENT

The majority of people facing critical situations need first of all to give a meaning to what is happening, to maintain a proper social and psychological functioning, which is impossible without key information and orientation.

The team provides, both in an individual manner and in groups, information and orientation about the logistical organisation of the camp, the role of different actors, the purpose of some procedures, the waiting time, the operation of the reception system, the geographical relations, etc.

In these cases, it is very important to be honest about what one knows and does not know, not to give false hope, e.g. about the rapidity of transfers, and not to nourish the idea that all problems can be solved here.

Other pieces of information concern normal reactions to stressful situations and how to face them. People, and children in particular, can be afraid or worried about their own reactions and in these cases, it is important to reassure them that these are normal and temporary behaviours.

### Reception, information and orientation groups for UFMs

These groups are jointly organised by the Terre des Hommes team and are carried out following a structured sequence in all settings, which includes the introduction of the organisation and the Faro Project, the introduction of professionals working on the docks, information and orientation regarding the stay in the camp and the reception system, listening and sharing minors' expectations and worries, and a final recapitulation with possibility to ask questions. Minors from the same linguistic area (English speaking, French speaking and Arabic speaking) take part in the same group and the duration varies according to the number of participants and the extent of their involvement.

### TO BE THERE

The majority of landed migrants - minors included, do not want to talk about their suffering and the traumas they had to endure in the country of origin or during the journey. It is normal and during this stage of adaptation, it is a way to defend oneself against psychological pain. Getting in touch with one's painful emotional experiences can lead to a breakdown in a still too chaotic and unsure setting, which would require the involvement and activation of all psychic resources.

The psychosocial worker himself/herself has different priorities, given, amongst other reasons, the duration of stay at the port, which - albeit unsure, is short in any case and does not allow a complete treatment. According to the famous principle "do not cause damage", it is considered as extremely risky to open wounds that one cannot repair and, thus, no pressure whatsoever must be put on people to induce them to talk about their suffering.

On the contrary, the majority of arriving migrants, and even more so in the case of minors, appreciate and seem to benefit from a discreet, attentive, and empathic presence.

After countless days of stay at the port, UFM's find themselves alone, after that all adults have been transferred, with

only few workers left (law-enforcement authorities and, during meals, the volunteers of the Civil Protection). These are the hardest days for them, which never pass by and yield to bad thoughts. It is especially in this situation that the Terre des Hommes intervention is simply about... being there. The presence of the team, sitting in silence next to the minor, seems to represent an emotional support just for the fact that it expresses a form of closeness, empathy, an acknowledgement.

During these longer stays, many minors wish to be involved in recreational and/or educational activities, thus showing that they are luckily full of resources. In order to mobilise and enhance such resources, Terre des Hommes provides:

» Workshops to learn the Italian language;

» Informal groups of discussion;

» Play activities.

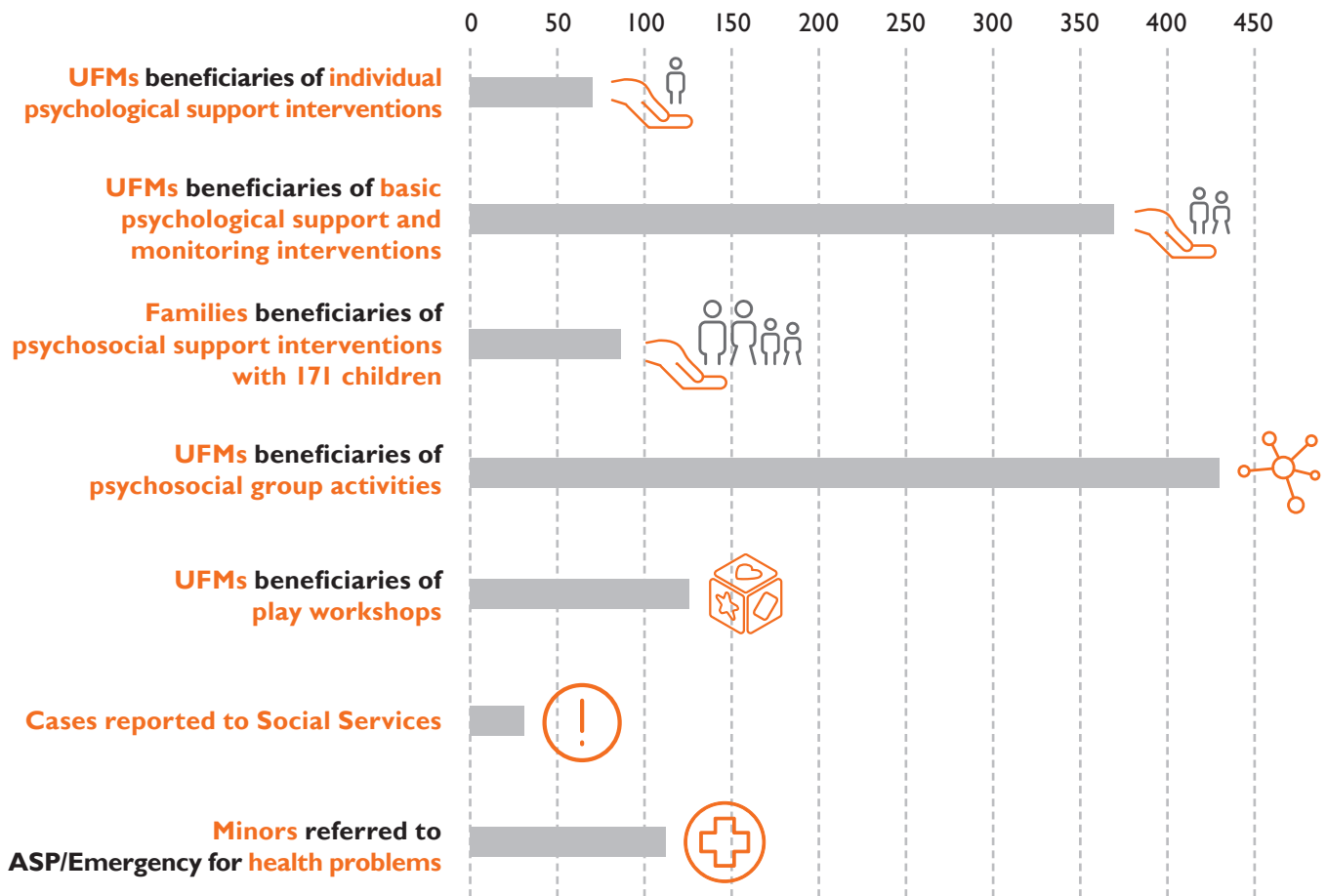
### TO LISTEN

Obviously, migrants have a story that goes beyond endured suffering and traumas; they have much more to tell and sometimes wish to do so. Keeping in mind one's biography, the sense of one's continuity is an important resilience factor in a setting insisting on cutting bridges between life before and after crossing the sea and bureaucratically redefining one's identity. Furthermore, reconnecting with one's biography allows to project oneself in the future and nurture some hope, which are important resources to face the current situation. Hence, the psychosocial worker must be always ready to listen to these stories, to support them, enhance them and help people turn them into resources.

34 WHO, 2011; Pietrantonio and Prati, 2009.



## **AUGUSTA PORT: BENEFICIARIES AND ACTIVITIES IN 2016 OF THE FARO PROJECT**



### **LEVEL OF INDIVIDUAL SPECIALISED SUPPORT**

In this level, given the characteristics of the settings and the short duration of stay, Terre des Hommes works to detect potential vulnerabilities and report them to competent services, so that they can take care of these cases. Furthermore, it helps rescuing people showing acute reactions to endured stress conditions, also assessing whether it is necessary to transfer them into another location and to entrust them to other services, whenever the treatment activity requires individuals to stay longer in a facility which is more equipped for their treatment.

For what concerns vulnerabilities, in the case of families or UFM's, the work of recognition and monitoring carried out in the preceding levels, is fundamental. Through informal contacts and group activities, it is possible to detect signals of unease, which are more likely to

evolve in pathologies. The most frequent ones are asthenia, anxiety, social withdrawal, and mood deflection.

After these first contacts, it is not rare that involved people spontaneously ask for an individual support meeting. They think that sharing their worries and pain can benefit them. The purpose of the meeting is mainly to listen to and contain emotional experiences linked to their life events. Sometimes people especially request to continue this aid relationship; the worker can only satisfy their request by referring them to other services and other workers.

**Therefore, it is important to satisfy their request to be listened to and define straightaway the limits and possibilities of one's intervention.**

After the meeting, the psychologist of Terre des Hommes reports the case, if necessary, both to the Provincial

Health Authority and the Municipal Social Services, also with the purpose of soliciting a fast transfer of the relevant person in a facility capable of providing an adequate psychological or psychiatric support and meet the individual's need for protection.

Another type of intervention aims at achieving the **emotional stabilisation of people showing acute anxious reactions to stress**, which could appear in the form of tremors, palpitations, breathing problems, nausea, or dissociative reactions which could appear as state of confusion, delirium, self-damaging behaviours, following a new stressful event occurred during the stay at the port, such as a separation.

## THE DOCK AT THE POZZALLO PORT

As mentioned above, migrants landing at Pozzallo are transferred into the nearby Hotspot immediately after the medical triage and some of the UFM's are placed in a First Reception Centre, where the team of Terre des Hommes works.

This team can hence follow migrants during the two first steps of the reception process (landing and Hotspot) and in the case of some minors, the team can also continue its activity in the following reception facility.

This condition, albeit limited in time, seems to facilitate the support intervention; as a matter of fact, whenever beneficiaries are followed by Terre des Hommes along the whole step of first reception, from their arrival until their stay in the CPA (First Reception Centre), they can benefit from a relationship based on trust and mutual familiarity which has already consolidated over time; moreover, their psychological and psychosocial documents are transmitted, as proof of the work performed by the team during preceding steps (e.g. vulnerability reports and psychological observations, competence assessment, evaluation of linguistic competence).

Even on the dock at the Pozzallo port, the team intervention depends on the specific features of the settings where it operates, and, in order to be carried out conscientiously, it requires a deep understanding of the environment (how it is structured, what its functions are, who its actors are etc.). Furthermore, it also requires a knowledge of the relevant migratory phenomenon, as well as of the regulatory framework and the relevant Italian and European policies. Fulfilling the Faro mandate inside a context such as the dock is indeed different than working in a Hotspot or in a First Reception Centre.

Pursuant to the IASC guidelines, the team adapts its mandate according to each situation, to meet the basic needs of its target groups while promoting their mental health and psychosocial well-being and supporting their autonomy and individual, family and community resources, while always collaborating with other involved actors.

In this paragraph we simply wish to describe the interventions in the landing dock<sup>35</sup>.

As required by the SOP (*Standard Operating Procedures*), the Pozzallo Hotspot is located right beside the dock. A first health screening is carried out on the rescue boat by medical staff in agreement with the Office of Sea, Air and Border Health Control (USMAF), at times collaborating with other NGOs, to rapidly verify whether any contagious diseases are detectable. Afterwards, at the Hotspot, migrants receive their first specific treatment.

During this step, the Terre des Hommes team reckons that detecting psychological vulnerabilities already on rescue boats and communicating them to the mainland - e.g. by the MSF boats, is a successful practice which facilitates the following treatment of people with specific needs.

At the medical triage, a second level of healthcare is carried out for those people with specific medical problems (hypothermia, chemical burns due to contact with petrol, hypoglycaemic crises followed by fainting, gunshot wound, ankylosis, wounds due to brawls on the boat, fractures and contusions, other medical specific diseases). On a third level, pregnant women and some individuals with specific health problems are immediately transferred from the triage to the province hospitals.

## MENTAL AND PSYCHOSOCIAL HEALTH INTERVENTION AT THE TRIAGE

The logistical and operational continuity between the landing dock in Pozzallo and the Hotspot is the main specific feature differentiating this port from the abovementioned port of Augusta; the triage is hence the main activity carried out by the team of Terre des Hommes at the dock.

The intervention involves a psychologist

and a linguistic cultural mediator<sup>36</sup> and includes a first screening of migrants conditions. Terre des Hommes works together with the Provincial Health Authority and other NGOs, sharing healthcare information emerged during the psychological screening and facilitating the communication about consequent healthcare steps awaiting the migrant, thus supporting his/her empowerment.

During this step the mediator embodies a cultural otherness allowing to immediately create a sense of closeness with landing migrants, reassuring them with both non-verbal and verbal communication. Furthermore, using the mother tongue facilitates the communication with the psychologist in order to identify specific needs. The mediator plays a key role in understanding cultural codes, which helps to rapidly build a relationship based on trust with the whole team of Terre des Hommes, even during the next steps of the treatment.

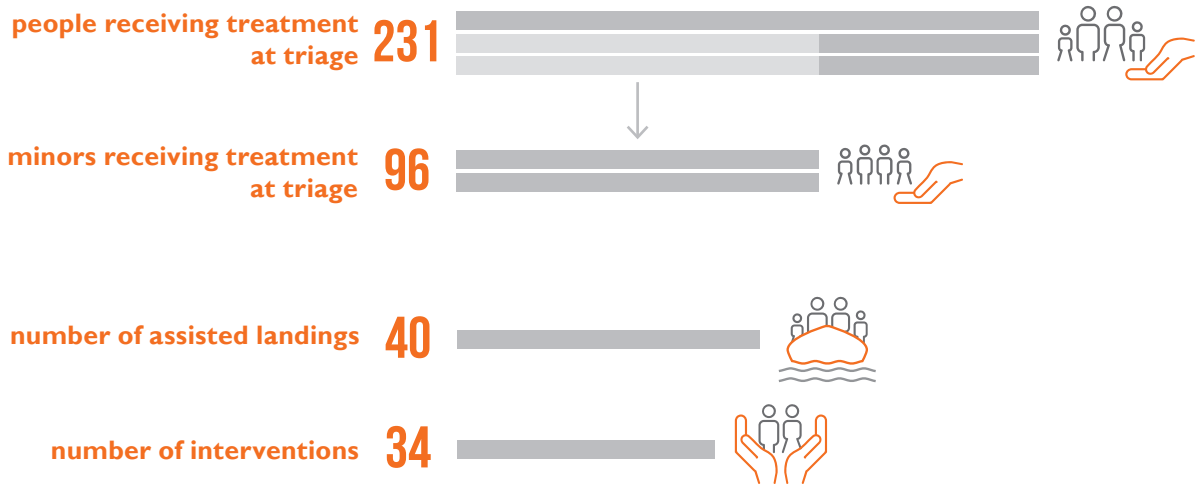
The purpose of the triage is to detect psychological vulnerabilities of beneficiaries in order to ensure during following steps (Hotspot and other CPAs) a continuity of psychosocial support and psychological intervention, if necessary. Furthermore, the intervention lays the foundation for a relationship based on trust with the migrant and promotes a circular communication and the transmission of information between them and other actors responsible for treatment (Healthcare Authorities, Red Cross, Civil Protection, other NGOs).

Along with the triage activity, the sociologist monitors and registers the landing procedures and the satisfaction of the basic needs of migrants, providing the team with a general picture during a following phase. On the dock, together with SOPs, a first identification is carried out taking pictures and giving numeric bracelets; during the transfer to the Hotspot a first information round on UNHCR international protection is provided, which is subsequently completed, while the IOM (International Organisation for Migration) is responsible for trafficking and the Assisted Voluntary Return.

<sup>35</sup> In this case, like in the Augusta port, pictures and a map of the dock and of the Hotspot were prepared so as to facilitate the description of the activities.


<sup>36</sup> It is worth reminding that a sociologist is also part of the team working at Pozzallo.

## POZZALLO PORT: BENEFICIARIES AND ACTIVITIES IN 2016 OF THE FARO PROJECT





The team, through the Immigration Bureau, gathers data relevant to the landings and the presence of migrants and minors in the Hotspot.

Three cases can serve as an example of the triage activity carried out by the team.

 **Habdi**, a Somali 22 year-old woman with hypoglycaemic crisis. She continuously wails during medical rescue. When she regains full awareness and she realises that she is surrounded by male medical staff, she gets scared and covers her face with the veil.

The psychologist and mediator of Terre des Hommes approach and reassure her. The woman, feeling welcomed, opens herself up and explains that she is alone and she has some heartache. She says that she has not been eating for 4 days and she complains of asthenia. Her family is in Somalia and she has no relatives in Europe. Habdi has stretch marks on her arms due to the weight loss occurred during the journey.

 **Valerie**, Cameroonian woman, eight months pregnant. Emergency meeting carried out by the psychologist and the mediator while she is on the ambulance. Valerie has landed with her husband and has two children in Cameroon. She shows signs of exhaustion, she says that the journey by sea has been difficult and has lasted 4 days, departing from Libya. She has not been eating for 4 days. The mediator communicates with the ASP doctor, who, given the conditions of the woman, does not deem necessary to give her food. She does not mention any pain related to the pregnancy and she does not carry a bottle of water with her. The psychologist refers her to the Italian Red Cross which immediately takes care of the situation. She receives information about the medical consultation that she is currently undergoing, with the aim of monitoring the conditions of the pregnancy. Furthermore, Valerie is reassured that she is going to be reunited with her husband at the end of the hospital visit.

 **Abdullai**, 25 year-old Sudanese man. While disembarking the boat, he faints. He has bouts of crying during the first healthcare treatments and the ASP doctor requests an intervention of emotional stabilisation with the Terre des Hommes psychologist, carried out with an Arabic-speaking mediator.

Abdullai says that he emigrated alone, he is not married. He shows signs of a panic attack. He says that he has not been eating for 3 days and has not been drinking for 2 days. The fainting seems to be linked with the anguish of death experienced while in the sea, which was triggered again when the body could not support him anymore and by the emotion of the arrival.



## POZZALLO HOTSPOT

The European Agenda on Migration of the European Commission (May 2015) communicates the creation of “Hot-spots”: facilities dedicated to the fast identification of migrants who have just landed, and to the selection between those who have the right to remain in Italy and those who don’t.

These facilities<sup>37</sup>, however, are frowned upon by various organisations, including Terre des Hommes which has been demanding for a long time to avoid the transit of UFM and children in the Hotspots, considering the possibility of carrying out identification procedures within the Reception centres designated for minors. This is because these facilities cause damages and entail risks to their guests, especially in the case of more fragile people, like children and teenagers. Amongst many detected problems gradually reported to the authorities, it is worth mentioning:

- » A high risk for the youngest, forced to share the same space with unknown adults in precarious hygienic and healthcare conditions and in a tense environment
- » Constant presence of children in the “big room of adults”
- » Risk for female UFM (often already victims of sexual violence and trafficking in their country of origin), given the lack of protected spaces and the highly promiscuous conditions
- » Prolonged stay of UFM (even more than 1 month)
- » Precarious hygienic and healthcare conditions during big landings
- » Lack of supply of basic services and necessities to young children and UFM by the managing body (e.g. supply of inadequate clothing for season or age, lack of milk specific for newborns, until last month lack of hot water in the showers)

- » Extreme difficulty to communicate with family members (there is only one phone)
- » Lack of mediators in the ASP medical-nursing clinic
- » Impossibility to apply for asylum in the Hotspot
- » No official legal recognition of the Hotspot facility
- » Limitation of personal freedom of migrants, given the lack of dispositions from the judicial authority (particularly sensitive subject for UFM).

The Pozzallo Hotspot was created in January 2016. Its capacity is 180 places (which will reach roughly 250 after the currently underway extension of the facility); migrants should be transferred from this facility within a maximum of 72 hours; at least until today, this rarely happens.

The Hotspot is made up of a big central space with bunk beds and one lateral room, reserved for vulnerable categories (families, women, male and female UFM, etc.). There is a small kitchen and 5 toilets. In the middle there is a ASP clinic, supported during the summer by the association “Rafiki - Pediatri per l’Africa” (Rafiki - Paediatricians for Africa), as well as the Forensic Immigration Police, responsible for the identification, identity report procedure and following transfer of migrants.

Shipping containers outside the Centre are used by Frontex, the police flying squad, and the managing body.

Starting from 2017, both structural and service improvements<sup>38</sup> within the Hotspot are planned, which could however be evaluated only once they are put in place and will be put to the test during the big flows expected in the high season.

Every intervention of Terre des Hommes is performed both inside and outside the facility, ensuring the privacy

of beneficiaries. Furthermore, the procedure will apparently be updated, e.g.: adding the option “asylum request” in the information sheet that the migrant must fill once landed, to indicate the reason for travelling, as well as a better collaboration between stakeholders through technical coordination roundtables carried out by Public Procurement. However, one problem has not been solved: the migrant cannot fill the C3 module to make his/her request for asylum official.

The activities focus on children from 0 to 11 years old and on UFM from 12 to 17 years old, paying attention especially to female UFM, potential victims of trafficking or gender violence, to pregnant women and families. First of all, the team works to trace beneficiaries down, who have been identified with an alphanumeric reference; this is an operation which, giving the frequent overcrowding and promiscuity, requires time. Then, personal data of participants are recorded (name, surname, country of origin, country of boarding and age), so as to organise interventions depending also on common languages (Arabic, English, French).

The interventions are modulated according to the specific characteristics of the settings and the beneficiaries’ basic needs which arise gradually. Using the IASC guidelines as reference, the main needs of the beneficiaries in the Hotspots are the following ones:

- » **physical and safety needs** (food, water, rest, shelter, basic healthcare and hygienic assistance, including communicable diseases test)
- » **emotional needs** (experiences of the journey, current situation and migration project)
- » **cognitive needs** (linguistic and geographical orientation)
- » **social needs** (social inclusion and network development)
- » **spiritual needs** (need to pray and respect religious precepts inside the facility, e.g. fasting, prohibited food, clothing, etc.).

37 In Italy the Hotspots of Lampedusa, Taranto, Pozzallo and Trapani are operational. However, according to the Minniti Decree, other facilities will be opened with the purpose of rapidly identifying migrants after their landing in Crotone, Reggio Calabria, Palermo, Messina, and Corigliano Calabria (in the province of Cosenza).

38 The following structural interventions are worth mentioning: new wing for UFM with 50 places; shipping container - recreational area for children; expansion of sanitation and restoration of a canteen. Amongst the services, it is worth mentioning: hiring of staff with specific qualifications: psychologists, social workers, mediators, legal assistants; kits with goods more suitable to the migrant’s needs.

In this case too, activities are structured according to the 4 levels of the IASC “Pyramid for mental health and psychosocial support” and can be defined (from base to top) as:

### LEVEL 1 BASIC SERVICES AND SECURITY

Activity carried out by the whole team to detect the basic needs of beneficiaries and how they are met by the managing body and the medical staff<sup>39</sup>. Terre des Hommes communicates with them to report potential physiological/ medical needs, seeing that an ASP clinic is present. The team also verifies that basic needs of safety and protection are met, such as being able to get in touch with family members after the dangerous migration journey.

Objectives:

Promoting the response to physiological, safety and protection basic needs of beneficiaries in order to reduce the level of anguish and support the agency process. As a matter of fact, only if this occurs, the minor will then be able to express emotional, cognitive and social needs and receive a relevant specific support.

### LEVEL 2 COMMUNITY AND FAMILY SUPPORT

This level includes all interventions directed to all beneficiaries of the reference target to facilitate the access to community and family basic support services. As a matter of fact, during the journey, in the research and rescue activities at sea (S.A.R. - Search and Rescue) and once arrived in the Hotspot, there is a high risk of destructing community and family ties of migrants, due to loss, displacement and separation of families.

Hereafter, 5 interventions are described.

### 2.1 Reception with monitoring of specific psychological needs

Reception is addressed to everybody: families, pregnant women, UFM - group focused on female UFM, with the aim of facilitating the detection of specific needs (potential victims of trafficking, violence, Female Genital Mutilation and early marriages<sup>40</sup>). The activity can be carried out both in an individual manner and in groups and includes the introduction of the Faro project to beneficiaries, and the introduction of the team with the workers’ respective roles, as well as the psychosocial activities to be performed in the following days. The Terre des Hommes Kit<sup>41</sup> is given and users are invited to approach the learning of the Italian language in order to facilitate the start of what will be a long integration process. A first geographical orientation is then carried out with the help of the phrasebook, showing on the map the place of landing; afterwards, the beneficiaries’ psychophysical health conditions are checked and they are informed that a service of individual psychological support is available. This service is explained in detail to the users, also thanks to linguistic and cultural mediators, in order to reassure them about potential cultural beliefs which could hinder their access to the psychological service, and making specific needs arise. Family and community networks of beneficiaries are mapped out and building new friendship ties is encouraged. If necessary, an assistance is provided by competent actors in order to get in touch with previously landed or separated family members. For specific needs of international protection or legal needs, the UNHCR and other competent NGOs reports can be consulted; Terre des Hommes also collaborates with them to report individual cases. In these groups, a first moment is dedicated to listening and answering minors’ questions/requests. The Reception activity is an introduction to all other activities.

Objectives:

Getting to know migrants and building the basis of a relationship based on trust; providing a first orientation to the

settings and giving participants a tool to learn the Italian language in order to be able to interact with others afterwards. Detecting specific psychological needs which will be assessed in more details afterwards. Monitoring children’s conditions within families and communities, supporting parents, where possible. The Reception activity faces some obstacles in the case of specific national groups, such as Somali and Eritrean who are often reluctant to give fingerprints and at first do not trust the team, given the fact that they ignore its specific humanitarian mandate. Furthermore, another objective is to prevent family breaking up, to reinforce existing family and community ties and support new ones amongst beneficiaries. This helps maintaining the psychological and psychosocial well-being of the latter, starting from the existing family and community resources.

### 2.2 Detection of specific psychological needs

Specific psychological needs are detected both during the Reception activity and through informal observation of dynamics between UFM and other beneficiaries upon their arrival at the Hotspot, as well as through the observation of individual vulnerabilities. Potential beneficiaries of psychological support are also reported to the colleague sociologist of Terre des Hommes, if they are detected during other psychosocial activities. This activity is performed by monitoring **individual variables and socio-relational variables**. The first ones include basic needs (nutrition, sleep, etc.), self-care (personal hygiene, clothing, etc.), behaviour (self-damaging acts and acts damaging others, isolation, etc.) and potential symptoms of psychological discomfort. On the contrary, detecting **socio-relational variables** relates to the observation of the functioning of individuals, families, communities within the social settings of the Hotspot, focusing especially on group dynamics.

Objectives:

Detecting specific psychological needs in order to develop a subsequent specialised treatment which could be carried out in groups, with the family or individually.

<sup>40</sup> To know more about the specific attention dedicated by the Foundation to the conditions of girls and female teenagers in the world, see the Indifesa Dossier, 2016 edition: “The condition of the girl child worldwide”. By Terre des Hommes, September 2016.

<sup>41</sup> The Terre des Hommes Kit for UFM includes: one small bag containing: one phrasebook translated in the following main languages - Italian, French, English, Arabic, Tigrinya, Bengali and one notebook. The mother/child KIT contains: phrasebook, paint colours and pre-printed sheets, wet wipes, a game.

<sup>39</sup> Services included: distribution of water, food, hot showers for children, specific healthcare treatment, distribution of material to ensure hygiene, shelter and rest.

### 2.3 Literacy courses in the Italian language and linguistic desk

Lessons are planned by the sociologist based on the immediate communication need of the migrant; for this reason, the proposed linguistic inputs consider the communication settings in which the migrant will use his/her second language<sup>42</sup>. In the specific case of Hotspots, the lessons are based on a “survival” Italian and the applied methodology takes into consideration the fact that the language needs to be used straight away. The first elements of the Italian language are introduced, as well as the first linguistic tools, following a teaching method based on action to stimulate the student’s interest in learning. This approach is part of new teaching methods which abandon the traditional grammar-translation approach (deductive method) for a communicative one; the student relates to other students and to the teacher himself/herself, also through drama and role-playing techniques. The role of the linguistic and cultural mediator is essential, since he/she helps the teacher translating terms and interprets some concepts, especially with Arabic-speaking or illiterate students.

#### Objectives:

Providing learning strategies (cognitive strategies) which could be useful to accelerate language learning in the spontaneous context (that is when the migrant comes into contact with the language through daily life and interaction with local people). Supporting autonomy, awareness and interaction processes with the group of peers and with other present stakeholders, also to communicate one’s needs to Hotspot workers.

### 2.4 Recreational linguistic and integrated teaching method [Italian, geography, interculture]

This activity is conceived for small groups and can be directed to everybody.

The tools and methods used to create this activity are varied. One of them is the Puzzle, to learn festivities, customs of some people of the world and the Continents. Once the puzzle completed, an intercul-

tural discussion on traditions is carried out, with the presence of the mediator, focusing especially on the African continent and the traditions of the main countries of origin of migrants.

#### Objectives:

Teaching about the traditions of several countries, especially some African countries, supporting participants interactions, reinforcing team spirit and socialisation. Stimulating education and intercultural dialogue and supporting cohabitation of different cultures.

### 2.5 Geographical orientation and workshop

The geographical orientation activity is conceived for small groups and can be targeted to all minors, unaccompanied or not, from 11 to 17 years old, to pregnant women or parents. Usually, the tool of the geographical Puzzle (Italy or Europe) is used. Migrants have to put it together in a group and in the shortest time possible. Once completed, they take time to detect key places; city of landing, region, neighbouring countries of Italy, etc. At times, an orientation on the African continent and the position of the Countries, with their borders, is carried out, focusing on the countries of origin of the participants. During the making of the puzzle, the sociologist monitors group dynamics, checks whether participants tend to play by themselves and boosts them to collaborate and share the final result.

#### Objectives:

Promoting participants interaction, reinforcing team spirit and socialisation, improving cognitive skills, orientation to context and learning of new terms, especially from the geographical lexicon. Helping the migrant build his/her migratory journey.

## LEVEL 3 FOCUSED NON-SPECIALISED SUPPORT

At the third level, the team works to provide a further psychosocial and psychological support (**Focused non-specialised support**), focused on given categories with specific needs, such as children, families, UFM’s shipwreck survivors, female UFM’s (potential victims of trafficking, gender violence, FGM and early marriages), pregnant women.

Three interventions of this kind are described as follows:

### 3.1 Reporting to other governmental bodies and non-governmental associations

Thanks to a more focused psychological and psychosocial support, the team, while carrying out its mandate, is able to detect other legal and healthcare needs of beneficiaries. Terre des Hommes thus reports these specific cases to competent actors, e.g. to UNHCR in case of further information concerning individual cases of international protection, to Save The Children to provide UFM’s with legal information, to IOM in case of potential trafficking victims, to MEDU (Doctors for Human Rights Italy) in case of torture victims, to the ASP for specific healthcare treatments.

#### Objectives:

Promoting a holistic treatment of the individual and a response to his/her specific needs, informing the individual about the services offered by various actors, facilitating integration and communication.

### 3.2 Psychological support and expressive groups

This activity is carried out by the psychologist of Terre des Hommes with the help of the linguistic and cultural mediator, if necessary. Participants can be maximum 10 and the activity is carried out both only verbally and by means of drawing.

» Psychological support groups using only verbal communication are directed to specific categories of vulnerable minors, such as for example survivors of ship-

<sup>42</sup> Diadori P. (by), “Insegnare italiano agli stranieri” (Teaching Italian as a foreign language), Le Monnier, 2015.

wrecks/difficult journeys by sea, female UFM's potential victims of gender violence/trafficking/FGM, pregnant women, UFM's who have been at the Hotspot for several weeks, groups of UFM's showing an aggressive behaviour in the Hotspot.

- » Expressive drawing groups: this artistic instrument lets the minor express himself/herself in an easier manner; it is also for those who only speak local languages and do not speak French, English or Arabic and have done no or very few years of schooling. The assignment given by the psychologist is to draw something that they bring with them from the country of origin, to draw a house or a tree etc. As an alternative, it is always possible to freely choose what to draw. Participants are given blank sheets, pencils, colours and some pictures to use as inspiration. These pictures should facilitate the expression of minors, since drawing something from scratch could be at first a source of stress. This alternative supports their empowerment, giving them the possibility to choose how they want to carry out the activity. The rule according to which there must be mutual respect and drawings of others should not be judged, is reiterated. At the end, the group gathers in a circle where participants are invited to tell the group about the meaning of their drawings/songs. During the activity, the psychologist observes how each minor approaches drawing, the group climate and monitors specific vulnerabilities which could arise both through non-verbal behaviour and through the story of the drawing. When minors are asked to draw "a house", at the end of the activity participants' drawings can be united in order to create their current village. Afterwards, each minor explains what house he/she drew (in previous groups people drew houses from African villages, mosques, local spirits inhabiting the villages such as the djinn, the houses that minors imagined in Italy, etc.). The mediator facilitates the comprehension of cultural representations which may emerge during the end of the sharing of minors' drawings and songs, and helps the communication in their mother tongue.

Objectives:

The purpose of verbal psychological groups is to help create a climate of trust, to provide a space where UFM's

can be carefully listened to, while they tell about the sufferings endured in their country of origin/during the journey and in the current settings, detecting at the same time their requests. Groups using the means of drawing aim at facilitating free and creative expression of minors and providing them with a place to relax and unwind within the Hotspot after the difficult journeys. Both groups also share the purpose of fostering the creation and reinforcement of relationships among UFM's, as well as the establishment of group resources, and aim at detecting individual specific psychological needs. In mixed groups, a particular attention is given to fostering relationships among UFM's speaking different languages, so as to eradicate potential xenophobic behaviours.

### 3.3

#### Recreational creative workshop with psychological support

This activity is directed to families and children from 0 to 11 years old. Setting: the workshop lasts 2 hours more or less and lets participants explore the playing material and choose which recreational activity to do (free drawing, colouring pre-printed sheets, playing with modelling clay, projective storytelling through symbolic play with animals and puppets). The provided material includes blank sheets, pre-printed colouring sheets, colours of different kinds, modelling clay and shapes, puppets, animals, a ball and some games for babies. The mediator and the sociologist carry out recreational activities with children, either following what children spontaneously do or proposing new activities if participants struggle to start an activity autonomously. The sociologist observes how children socialise and the dynamics arising in the play group. The psychologist monitors vulnerabilities of participants through recreational activities and socialisation, observes the spontaneous relationships forming between them and their personal resources and promotes a first elaboration of experiences through symbolic playing. When parents/grand-parents participate to the group, they are involved in the recreational activities with their children/grand-children.

Objectives:

Providing a space reserved for children and families dedicated to their rest, their free expression and socialisation;

stimulating participants in a social, cognitive and emotional way; monitoring the psycho-physical well-being of children and their family relationships, detecting vulnerabilities to assess whether to intervene with a specialised psychological support. Promoting a first emotional containment and a first elaboration of endured experiences through symbolic play. Reinforcing relationships and fostering the creation of new ties, especially among children of different cultures.

## LEVEL 4 SPECIALISED SERVICES

Psychological treatment includes a further specialised level (**Specialised Services**) for a limited number of beneficiaries whose suffering, albeit the assistance provided hitherto, is intolerable and can lead to difficulties in basic daily functioning. This consequent support is directed to people suffering from a serious psychological unease, who cannot find a solution to their needs with basic healthcare treatments.

Two types of interventions are included in this level:

### 4.1

#### Individual and family psychological support meetings

Meetings are managed by the psychologist of Terre des Hommes in French and English and for people using Arabic as only main language with the help of the linguistic and cultural mediation. Within the Hotspot the duration of these meetings varies from 45 minutes to one hour and a half. Treatment at the Hotspot includes an average of 1 or 2 meetings per person, given the high number of vulnerable migrants and their temporary stay. Furthermore, the main objective is always to promote their transfer to facilities which should be more adequate to treat this specific target. During these meetings, the psychological suffering manifested by the minor or the family is retraced, analysing the situation of the country of origin, of the migration journey and the current situation at the Hotspot. Current psychological and social conditions are then registered (observing the migrant's symptomatology). The psychologist agrees with the minor or the child's parents to



write a report on vulnerability, which will be shared in the following days and sent to competent authorities, requesting to transmit it to target facilities.

This activity particularly focuses on the detection of the resources of the minor/family and on the analysis of their migration project, in order to support it. In the specific case of children, the support is provided in the form of recreational workshops, focusing on the previously mentioned psychological vulnerabilities; parents can also participate to these workshops. Psychological observations gathered during the activity are shared with parents and are part of the referral which is written subsequently. In cases where the family is more fragile, apart from the psychological activity, specific meetings with parents are carried out, both individually and together, to support their role as parents within the family.

**Objectives:**  
Examining more in detail clinical conditions of psychological suffering within the story of the individual/family and individual, community, and social available resources. Sending gathered information through referral, after having shared it with the beneficiaries, to competent authorities to request a continuity of psychological treatment.

**4.2 Psychological referral**

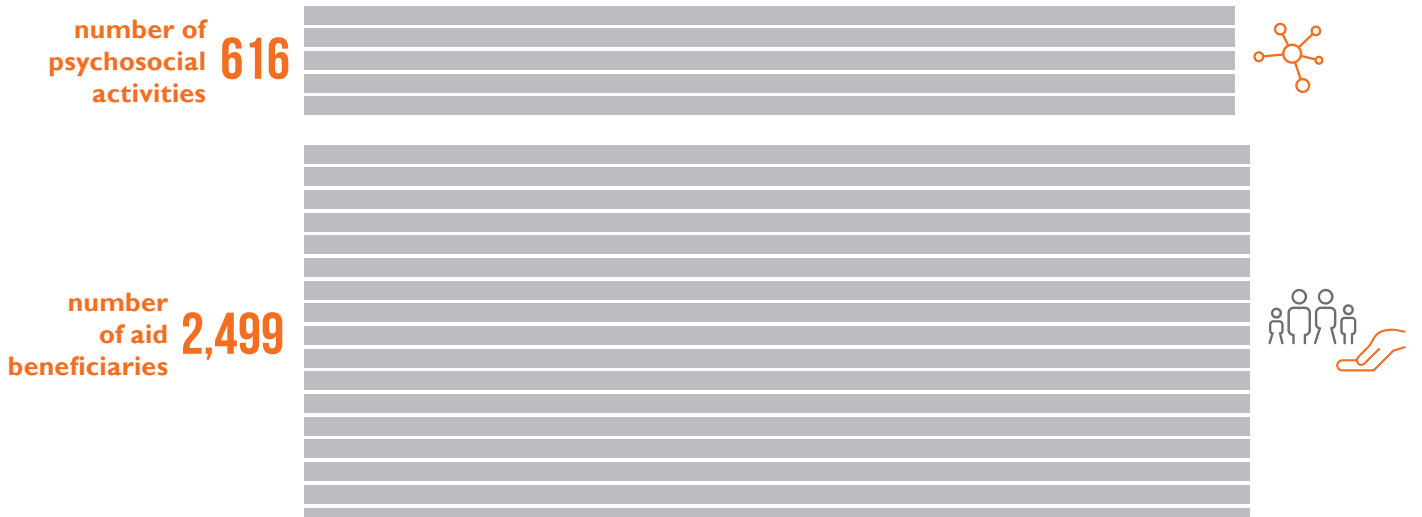
After the psychological meetings carried out with beneficiaries, a report on psychological vulnerability is written with the prior consent of the individual, attesting the story and the detected symptomatology of the migrant. The referral is shared with beneficiaries and then sent to competent authorities (Social Services, Healthcare providers, Public Procurement, etc.).

**Objectives:**  
Giving back to UFM/parents their migration story, allowing them to modify it to facilitate their empowerment. Detecting specific psychological symptomatology and request the continuation of treatment to ensure therapeutic continuity. Facilitating an immediate transfer of vulnerable migrants. The document attesting the migrant’s psychological conditions can be presented, together with the necessary documents, to apply for international protection.

**HOTSPOT: BENEFICIARIES AND ACTIVITIES IN 2016 OF THE FARO PROJECT**  
**PSYCHOLOGICAL SUPPORT**



**PSYCHOSOCIAL SUPPORT**



# CHAPTER 4

## FIRST RECEPTION CENTRES



**Terre des Hommes has been working in the last years in several first reception centres in various provinces: Ragusa, Syracuse, Catania, and Agrigento<sup>43</sup> with two teams both composed of a psychologist, a mediator and an anthropologist/sociologist.**

## OPERATIONAL MODEL

The Terre des Hommes operational model of intervention of psychosocial support uses the IASC Guidelines as reference also in its work in First Reception Centres. Actually, it is a model characterising the whole Faro project; it is composed of a series of processes aiming at increasing the protection and minimising risks through different actions for different targets, according to number and expressed unease. As a matter of fact, according to the guidelines, in emergency settings:

- » only 10% of individuals show a symptomatology which could justify a therapeutic psychological or psychiatric intervention, necessary in the case of serious syndromes compatible with post-traumatic disorders, depression and other clinically relevant cases
- » 30% of people can conveniently benefit from a psychosocial intervention, even of a community-based kind. These are cases in which a functional adaptation is still present, although it cannot be excluded that the situation would worsen with the manifestation of symptoms and troubles, as an adequate support from the family and/or reference community starts to waver (as is the case of UFM<sup>s</sup> and more in general of those people who, by migrating, do not enjoy the material and emotional support of their networks anymore)
- » the majority of individuals (60%) can

experiment different forms of emotional stress, such as shock and reactions to loss, while keeping a good level of functioning, showing good resilience skills and demonstrating to be benefiting from activities aiming at bringing their lives back to normal and focusing on the development of the so-called “life skills”.

Starting from this reference framework and always keeping into consideration the peculiarities of this context, the target and its mandate, the Faro project adopts a flexible intervention model, including different stages in a cyclic pathway with objectives highly intertwined with one another.

Although Faro considers UFM<sup>s</sup> and families with children its main target, it is aware of the fact that the personnel of the hosting facilities must be included as well, in order to ensure an approach that is really promoting well-being and protection.

Where requested, the team is thus available to assist managing bodies.

In the case of activities with CPAs, Terre des Hommes carries out regular collaboration meetings with the centre’s director and other workers (psychologist, legal assistant, educator, etc.), as well as real training courses on specific topics, as requested by the facility. Even if the collaboration meetings with the managing body aim at gathering and connecting functional information for a global care of the minor and more in general, of the user, these meetings can also bring out information and requests for advice on individual cases and training needs, to which the team can decide to give a more structured response.

To detect the needs of main beneficiaries, some moments are set aside in which users are actively stimulated to express requests and define the activities and interventions to be performed by the team, identifying together the problems affecting the group, to be able to organise meetings in which to discuss such problems.

Afterwards, a moment to jointly organise activities with the team is organised: all members of the team, according to what was observed in the preceding

phase, organise the activities together to be carried out by one or all professionals of Terre des Hommes.

The activity planning is carried out over a period of some weeks. As a matter of fact, given the constantly changing conditions and the need to face an emergency situation, it is not possible to plan long term. The ability to adapt and be replicated are key features of interventions, since it is useful to continuously review activities, making the intervention flexible and really suitable to meet the needs of minors present here and now. This aspect is guaranteed by a constant analysis and examination of specific contexts and purposes. For example, at times a certain turnover in reference users is registered, but at the same time the opposite can happen, that is an extremely long stay in the centre of some beneficiary groups.

Because of this peculiarity, it is necessary and useful to create monitoring activities observing in a constant and continuous way every intervention phase, so as to find eventual important changes which would require a planning revision. A moment is designated exclusively to perform the assessment, at the end of the cycle of programmed activities. Right now, apart from asking for a group feedback on what was implemented together, it is also possible to carry out a more structured quality assessment about the interventions; this assessment is to be considered a useful “pre-text” to trigger participation and empowerment processes.

During this process it is fundamental to give back to involved people what they expressed: the participated assessment of activities, according to this methodology, includes two different meetings and allows a joint elaboration of the experience with Terre des Hommes.

When the team is carrying out this assessment process, it is clear that this final moment, unless it corresponds with the end of the activities of a centre, always marks the beginning of a new step of detection of needs, which is necessary to re-launch the intervention process in a participated and shared manner.

As already mentioned, in agreement

43 Casa delle Culture Centre in Scicli (Ragusa province), Casa Freedom Centre in Priolo (Syracuse province), La Vita Adesso Centre in Caltagirone (Catania province); Le Zagare Melilli (Syracuse province), Le Scuole Verdi di Augusta (Catania province) (only external monitoring), CP<sup>S</sup>A of Portopalo di Capo Passero (Syracuse province), Il Nodo (Catania province) and San Giovanni Battista di Giarre (Catania province), CP<sup>S</sup>A of Lampedusa (Agrigento province).

with the IASC model, Terre des Hommes identifies groups with different intervention needs and provides them with differentiated activities which will be described according to *purposes and methodologies, while a whole paragraph will be devoted to the activities themselves*. The first part of the following presentation will be especially dedicated to describe team interventions for individuals who do not show signs of psychic unease, as preventative measures for mental health and the promotion of well-being; on the contrary, the second part will describe the psychological treatment interventions, reports of vulnerabilities, and referrals to reference territorial services.

## PSYCHOSOCIAL INTERVENTION: PURPOSES AND METHODOLOGY

Given the already mentioned particular setting in which Terre des Hommes operates, one dimension of psychosocial support becomes fundamental in the CPAs/CASs: the dimension of time. UFM's should stay in first reception centres for a maximum of 60 days<sup>44</sup>; however, this time is stretched out enormously and reaches at times even 18 months! **This triggers in teenagers a certain diffidence, passivity, impossibility to have long-term plans.** The stress level to which they are exposed, causes concentration and learning difficulties. Therefore, "simple" activities which could be "useful" to personal life projects must be privileged. The duration of stay of families can also change from case to case; although it is in theory a transitory step, it can last up to 8/9 months. These are long delays which do not match guests expectations and, to make it all worse, guests have to spend this time in facilities which were conceived for different purposes (clinics for the elderly, primary schools, hotels, guest houses, etc.). These facilities were just used as first reception centres, assigning their management to private organisations, often lacking knowledge of the migratory phenomenon. These

<sup>44</sup> These are the maximum stay periods for vulnerable categories in accordance with art. 17 Legislative Decree no. 142/2015. However, the previous regional law of Sicily established the delay at 90 days (according to Decree of the President of the Sicilian Region no. 600 of 13/08/2014).

place are usually not suitable to host unaccompanied foreign minors for long periods of time, since not only they do not offer a variety of spaces dedicated to these users, but they also do not provide them with a series of services necessary to guide them through a first entry in a foreign country. Given the fact that they are centres conceived for a short-term reception, they do not offer, for example, educational projects promoting social inclusion in line with the migration project of UFM's. A suitable teaching method of the Italian language is also lacking, as well as a legal, healthcare, social and other type of information. Within the CASs, no specific activity for children is organised, since they are also seen as temporary presences in transiting families who will be transferred soon. The reality, though, is that they end up staying for months. Lastly, it is not rare that especially in moments of high pressure on landing ports, CPAs can host individuals with different ages and genders, complicating an already heterogeneous situation, given the variety of cultural, linguistic and educational backgrounds.

**The purpose of the intervention is thus giving back a space, time and subjectivity in this climate of suspension and post-traumatic stress;** helping to create an individual, but also collective response to the need of settling down as soon as possible to rebuild an orderly system and start a life project. Therefore, the objective is to promote "resilience" strategies through communitarian and individual resources, using a methodology aiming at detecting the minors' needs and urgencies in order to give them an orientation for the present and a project for the future. To fulfil these purposes, both free and semi-structured discussion places are created, which could make personal predispositions emerge and enhance the cultural and social heritage of the country of origin. The multidisciplinary team of the Faro project, as far as its professional competences go, has the objective of creating thinking and educational tools to orient minors in this new setting and face the stress linked to journey memories, as well as their stay in places unsuitable to meet their needs.

Besides what has been described hitherto, intervention must consider other

relevant aspects:

### » Orientation:

Being locked up, physically and mentally, in this current setting, after having experienced extreme events during the journey, makes migrants feel like they have not really "reached their destination" yet and causes anger, but also passivity and apathy. To start building a life project in our country, it is essential that adolescents have the possibility to learn about the Italian context beyond the limited and to a certain extent, negative experience of the reception centre

### » Disengagement from the context:

With the purpose of meeting the need to plan one's future life, it is essential to support the ability to escape from the limitations imposed by the current context, creating windows of understanding and interaction with the social and cultural heritage of the Italian society. It is also necessary to discuss about the reception settings to re-elaborate and express those events marked by racism, discrimination and othering<sup>45</sup>, often experienced from the very first contacts in the new country

### » Usefulness in the short term:

In a provisory context which should last for only three months, it would be contradictory to adapt to a mistake of the system and create interventions which are too structured on the long term, giving the impression that this delay is "normalised", making minors settle in transitory settings. However, it is fundamental to give value to individual and collective daily time, building concrete tools to adapt and shake off the frustration coming from the loss of energy, faith, resources and planning possibility in a climate of general suspension

### » Support to individual and group processes:

This intervention aims at working in an efficient and useful way to trigger individual and group resilience processes, restoring subjectivity in a depersonalising setting. The inter-

<sup>45</sup> Process in which the dominant setting and society highlight the otherness and difference of migrants, in order to distance themselves from them (Bouche-Florin et al. 2007)

cultural mediation is fundamental to acknowledge and enhance linguistic and cultural backgrounds of a diversified user base

» **Free choice:**

It is the underlying value of intervention, but also a political tool. The freedom to decide whether to take part in the workshops offered by Terre des Hommes is essential to build a relationship with UFM. Memories relating to the journey and daily dynamics of the reception system leave little space to free will and free choice. They rather conform and mechanise even those moments which should be spontaneous, like meals. The freedom to decide whether to take part in activities offered by the CPA is thus a political tool of self-determination and recuperation of one's own decision-making skill and subjectivity.

In the activities, an interactive, circular method based on workshops is preferred, which uses multiple languages involving the individual as a whole (manual activity, narrative, body, voice, playing, writing). One of the approaches inspiring the workshop methodology is "learning by doing"<sup>46</sup>.

The activity is planned according to **participative methodology putting the minor at the centre of the intervention, always considering him/her as an active subject** who can participate to the choice of objectives, if he/she is properly supported and listened to. Therefore, each type of activity is previously discussed in a group with the beneficiaries of the intervention, to trigger thinking and collective and individual choice processes. For this reason, workshops become places where, besides satisfying educational and informational needs, a space of belonging is created, where individual resources of each participant are enhanced through a relationship based on care and void of judgements.

The implemented activities involve all three members of staff at different levels, who intervene according to their professional experience, through observation and planning.

An essential work tool to deal with foreign minors is the linguistic and cultural mediation, to take care of them in a proper and efficient manner, respecting the users' cultural, linguistic and religious needs. As a matter of fact, mediation, apart from strengthening the cross-cultural competences of the whole team, facilitates the intervention process and strengthens it with a double and mutual process of interpretation of communication. The minor is often involved in a slow and difficult adaptation process to the new situation, which could at times lead to a conscious or unconscious mechanism of suppression of cultural, traditional and linguistic aspects related to the daily world of origin. This is why it is important to tell the minor that he/she has the right to include these aspects in the activity and can express and acknowledge them. The role of the linguistic and cultural mediator is hence fundamental; it is a necessary and encompassing role affecting various levels of proposed activities. The purpose is to help building relationships as forms of integrated interventions of the team, which are fundamental to create, or recreate, those communication channels which are often lacking in the intervention settings, acknowledging and enhancing cultural identity.

## PSYCHOSOCIAL ACTIVITIES

The activities, planned and realised with UFM, are the same ones in all CPAs/CASs where Terre des Hommes works. As we have seen, these interventions can also be implemented in some Hot-spots, with slightly different methodologies given the different context. Besides structured workshops, the team puts at the disposal of users some educational and recreational tools, such as a multi-language library, a PC station, loan of society games or recreational and educational material, one reception kit.

The activities are:

- » Reception groups for newcomers in the facility
- » Groups of detection of needs

- » Italian and recreational and linguistic workshops
- » Discussion and debate groups on topics chosen by participants
- » Workshops of orientation to the Italian setting
- » Analysis of individual skills
- » Workshops of creative expression
- » Groups of impact assessment of the activities of Terre des Hommes
- » Activity of end of pathway.

For **children**, the following activities are offered:

- » Workshops in emergency settings and in the short term
- » Medium-term workshops.

The methodology chosen during the workshops is inspired by a vast literature. Some of the references include the thinking of P. Freire who sees dialogue as a tool of liberation, and the thinking of M. Montessori, defining the hands as the organ of intelligence; the latter based his learning systems on the creation of operational material tailored on the user<sup>47</sup>.

Among the working tools at the disposal of the team, some specific materials are included, which will briefly be mentioned. Given the variability of the intervention setting, for what concerns both the number of migrants and the features of the facilities hosting the activities of Terre des Hommes, the team makes sure to always have a PC, blackboards, geographical maps, sheets of paper, pens, notebooks, photocopies of the learning units, books, colours and all materials which can turn out to be useful for specific workshops. This allows a certain flexibility while carrying out the activities, according to relevant needs detected at the moment.

Furthermore, in order to create an orderly system and a reference in often chaotic places perceived as transitory, the team marks on a calendar the

46 Dewey J., (1997), Learning by doing (see also "Psychosocial Competences Handbook- Terre des Hommes").

47 Regni, 2007.

days of presence in the centres with announcements in the main languages and in specific languages which might be spoken in a specific group at a specific moment (English, French, Arabic, Bangla, Tigrinya, etc.). Same goes for the delivery of the monthly calendar of praying times for Muslims, because the team, especially thanks to the assistance of the mediator, acknowledges and values religious praxis. Finally, in order to always keep open a communication channel with minors, even beyond verbal communication, the “post box” is built together, where users can leave a message for the team. These messages have very often conveyed topic suggestions for the workshops of orientation to the Italian settings, they have provided a spontaneous feedback of the intervention or have raised important key questions.

## PSYCHOLOGICAL SUPPORT

As in the case of the Hotspot, in CPAs/CASs also, the team psychologist, besides participating in the activity planning and carrying out some activities in a multidisciplinary manner, takes care of managing situations needing a specialised intervention. The psychologist detects vulnerabilities to report them to competent authorities for an immediate transfer, taking care of a referral to territorial services of mental health (**Psychological Referral**) or, even collaborating with these services, treating those situations requiring a support intervention.

Some of the guests of CPAs/CASs can in fact show symptoms of different intensity, often related to previous traumatic experiences, and as often, related to life conditions in the reception system.

From a symptomatic point of view, symptoms such as confusion, worry, anxiety, sleep troubles, mood deflection, irritability with tendency to verbal burst, sense of guilt and self-accusation, are frequently observed. In several cases, appetite troubles were also detected with important weight variations, social withdrawal and suicide threats.

These are **symptoms linked to extreme experiences, such as torture, risk of losing one’s life during the journey, witnessing the death of loved ones without being able to do anything to avoid it.**

It is not difficult to understand how such symptoms can be frequently witnessed in the reference target. Nowadays, the dynamics of the journey and of the permanence in Libya are well-known; that is why it could be said that every person coming from similar experiences shares an anamnesis characterised by a series of highly traumatising events. It must be reminded that detecting and taking care of all situations where the individual cannot mobilise his/her resources to face the experienced stress, is very useful. Furthermore, it must be added that such problems are very often the cause of the use of substances, like self-medication, which is frequent in CPAs/CASs.

Each meeting is registered in the project database, as well as the potential referral of the case to territorial services, according to abovementioned methods. The Centres especially focus as well on the detection of the user’s resources and on his/her migration project, in order to support it.

During these consultations, psychosomatic troubles are frequently registered, in which unease manifests itself on the body with symptoms which must be analysed in order to detect very deep levels of “inexpressible” anguish. Among the most frequent symptoms, there are:

- » itches and rashes which do not have a aetiology diagnosable from a medical point of view. These are particularly relevant, because they refer to the self-other border and are often related to experiences linked with violence of one’s body boundary and unease experienced in conditions of extreme promiscuity and pervasive violence
- » headache, abdominal pain, body pain, hot body sensation: these all refer to a **somatisation of the unease**, which could be due to several reasons. However, in psychosomatic troubles more than in other cases, the reference to different cultur-

al codes than ours is obvious, and these codes must be recognised and respected. This obviously applies to all psychological and psychopathological problems of migrants, requiring a **cross-cultural approach**.

These specialised interventions are influenced by contributions of some authors working on migrant care and trauma<sup>48</sup>.

Finally, the need of a mediation in the mother tongue to carry out psychological meetings needs to be highlighted; not every minor can speak the main languages, and has to face linguistic and communicative barriers which could extend the time needed for comprehension and integration in the context. Using the mother tongue, however, should not be limited to these cases only, if it allows the patient to communicate, the untranslatable to be translated; it makes the events experienced in his/her language immediately available and highlights the contradictions between worlds, the “places” where thinking often stops and its development comes to an halt<sup>49</sup>.

<sup>48</sup> See authors quoted at page 11, note 14, and at page 14.

<sup>49</sup> Courbin, 2008.

**FIRST RECEPTION CENTRE FOR MINORS CASA DELLE CULTURE OF SCICLI: ACTIVITIES IN 2016 OF THE FARO PROJECT**

**PSYCHOLOGICAL SUPPORT**

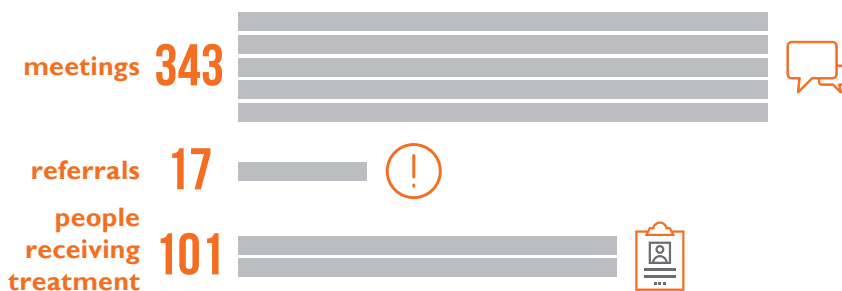


**PSYCHOSOCIAL SUPPORT**

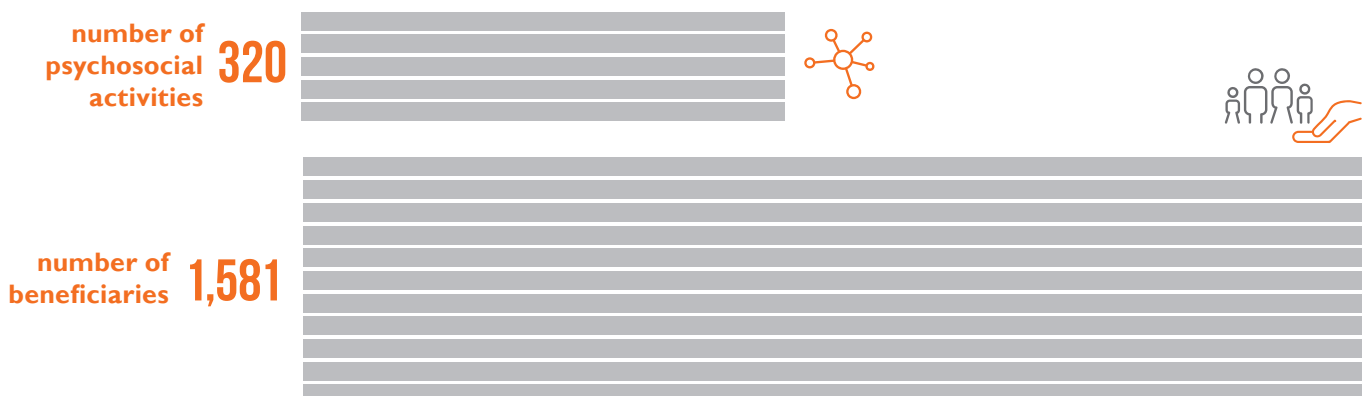


**FIRST RECEPTION CENTRES IN THE PROVINCES OF SYRACUSE AND CATANIA\*: ACTIVITIES IN 2016 OF THE FARO PROJECT**

**PSYCHOLOGICAL SUPPORT**



**PSYCHOSOCIAL SUPPORT**



\* Casa Freedom Centre in Priolo (Province of Syracuse), La Vita Adesso Centre in Caltagirone (Province of Catania), Le Zagare Melilli (Province of Syracuse), Il Nodo (Province of Catania), and San Giovanni Battista di Giarre (Province of Catania).

## TERRE DES HOMMES INTERVENTIONS IN FIRST RECEPTION CENTRES AND IASC GUIDELINES

The interventions and activities provided according to the IASC Guidelines, just as it is the case for the landing docks and the Hotspot, are distributed across the 4 layers of the pyramid of interventions of mental health and psychosocial support.

» The activities which can fall into the pyramid base “Basic services and security” are substantially the reception groups of newcomers in the centre. As a matter of fact, very often no CPA/CAS worker gives the minor information about the place where he/she is and no activities are organised to make him/her feel safe and protected. Terre des Hommes, besides pushing the facilities to provide such services, offers newcomers autonomous activities of group reception, making them feel welcome and giving them the opportunity to get to know an organisation which will be a constant presence in the life in the centre and which is usually reassuring. This is why reception activities are carried out in teams. On one side, all involved professionals must be introduced and the offered services must be explained; on the other side, the purpose is to create an environment conveying to the minor the fundamental message that, albeit coming from the outside, there is an organisation taking care of him/her, ready to meet his/her needs. During this activity, reception kits are distributed, which, beside the phrasebook with the first useful sentences in the main languages with Italian translation, in the case of families also include products for personal hygiene and toys for children. For UFM's the phrasebook represents a tool of immediate linguistic autonomy; on the other hand, in the case of families, the kit with its objects reassures the family that they have arrived in a place where they can

take care of themselves and little by little go back to normality.

- » On the second step of the pyramid “Community and family support”, there are, on one hand, those activities allowing to go back to routine and normality and, on the other hand, those activities which can help strengthen support networks of spontaneous groups in the CPA or formed by family members. In effect, it is not possible to ignore the fact that the majority of users of Terre des Hommes are people who, after traumatic and/or forced migration experiences, have lost the support of their networks and cannot benefit of the support of the new reference communities, yet. Therefore, most of the time the teams work with alone and isolated individuals; that is why it is essential to support, reinforce or build material and emotional support networks by, for example, enhancing existing family relationships in the case of unaccompanied foreign minors, or by enhancing friendships which inevitably form within spontaneous groups in the centre. The activities organised to manage these group dynamics are the following: Italian and recreational and linguistic workshops, creative expression workshops, workshops for children in emergency settings and in the short term and workshops for children in the medium term. Moreover, it has been observed that the support of far-away family networks is facilitated by the availability of computers through which migrants can maintain a relationship with family members and friends.
- » On the third step of the pyramid, “Focused, non-specialised support”, the majority of activities of psychosocial support carried out by the team are included: orientation workshops, discussion and debate groups, skills analysis, groups of detection of needs and groups of impact assessment of the activities of Terre des Hommes. These two last activities surely have a central role for what concerns the work planning and assessment of launched project; however, it must be highlighted that they are part of the focused non-specialised support activities, since they become the

centre of participatory processes carried out by the team to give back to users a certain subjectivity within settings which depersonalise them and make them passive. With this purpose these activities clearly focus on the users' wellbeing and on the prevention of unease.

- » Finally, the last level of the pyramid includes specialised activities to detect psychological vulnerabilities, direct treatment and treatment through collaborations with mental health territorial services. Such interventions are carried out in individual settings or in groups and can be structured differently according to detected problems. **Some interventions of the activities carried out by the Terre des Hommes team are described as follows.**





# CHAPTER 5

## SOME CASES



## THE BUBA CASE (POZZALLO)

16-year-old UFM coming from Western Africa, who has been treated by the Terre des Hommes psychotherapist for 5 months for a total of 13 meetings.

Buba is taken into charge by the Terre des Hommes psychotherapist upon landing and will be treated until his transfer into another First Reception Centre. He attended lower secondary school in his country of origin. He is an only child and has lost both his parents: his father was murdered for political reasons when he was 15 and his mother died due to an illness. He says that he was a victim of discriminations in his country of origin due to the father's political militancy and has endured physical, sexual abuses and torture during his migration journey in Libya. Furthermore, he tells that he has witnessed the death of several migrants during the journey, lasted roughly 8 months, as well as fearing constantly for his own life. When he tells his story, he experiences feelings of helplessness and terror.

During his first meetings, he shows serious post-traumatic symptoms which according to him have arisen after his arrival at the CPSA (First Aid and Reception Centre): insomnia, flashbacks, spatial temporal disorientation, irritability, mood deflection, avoidance of situations which might reactivate the trauma, hyperarousal state, chronic stress and an life experience of threat and terror, together with a feeling of diffidence towards the world, which becomes acute in interpersonal relationships. Furthermore, the minor has experienced several dissociative events, characterised by derealisation and depersonalisation and during which he talks in his mother tongue.

## PLANNED AND FULFILLED PURPOSES OF THE INTERVENTION

- » After the first meeting the drafting of a first report of psychological vulnerability is agreed with the minor to facilitate his transfer from the landing place to a specific First Reception Centre (CPA) to ensure a therapeutic continuity (guaranteed by the psychotherapist of Terre des Hommes).
- » The psychological problem presented by the minor is assessed, evaluating it in the political and social setting of origin, in his personal history and his current situation in a reception centre.
- » The minor is informed about the post-traumatic symptomatology and the possible links between repeated endured violence and the developed symptomatology in order to help him understand what is happening to him and normalise his current experience, facilitating a cure.
- » A referral to Child Neuro-psychiatry is agreed upon, to assess the eventual need of a pharmacological support, collaborating with the CPA Educational Coordinator.
- » Medication compliance is facilitated and the minor is supported during his psycho-physical recovery.
- » The migration project is analysed and the minor's resources are highlighted.
- » At the end of the therapeutic pathway, a psychological report is drafted, which is shared with the minor to facilitate a therapeutic continuity after his transfer, sending the psychological documents to the psychotherapist/psychiatrist taking him in charge in the target facility.
- » The team notifies the target facility (SPRAR for UFM) about the reference territorial services of cross-cultural psychiatry and psychotherapy to facilitate the therapeutic continuity and maintain a specific quality.

## MINOR'S RESOURCES

- » Intelligence and insight skills
- » Ability to trust within the therapeutic relationship
- » Ability to build good social relationships with peers and CPA workers and volunteers.

## THE THERAPEUTIC PROCESS

At first, the minor showed a deflected mood and a feeling of disorientation due to the lack of continuity between his current and past self. He looked absorbed by his past and obsessively repeated his story. The post-traumatic symptomatology hindered him in his daily activities, together with a feeling of shame because he could not manage his symptoms.

During psychological meetings some avoidance behaviours were also observed. They arose as triggers (situations causing traumatic flashbacks), when he was prescribed medical examinations and injections, i.e. situations which brought him back to the torture endured in the prison in Sabratha. Buba described pain in his inferior arts, which seemed to be related to the continuous endured torture; some paranoid features were also detected, such as the fear of swallowing substances which could damage his organism (a fact that really happened during his detention in Libya). He also showed diffidence at times towards facilities workers, due especially to the long wait for the documents (delays in the convocation to apply for international protection, in the granting of the Residence Permit for Minors, etc.)

During the therapeutic pathway, Buba became more aware of what happens to him during the dissociative events and has gained a good communication skill and an ability to share his experience within the therapeutic relationship. Moreover, a reduction in his initial hyperarousal state and somatisation was observed, as well as a better ability to manage his post-traumatic symptomatology which at first forced Buba to isolate himself from the social context.

Feeling that his past events and the specificity of his current experience were understood helped him build a relationship based on trust with the psychotherapist of Terre des Hommes. Furthermore, Buba managed to build friendships with some peers as well as good relationships with CPA workers and volunteers. The capacity of rebuilding human contacts, albeit the repeated violence perpetrated by Libyan smugglers, developed together with a higher entrustment in his body and a decrease of the post-traumatic symptomatology. Buba has hence started to participate again in the activities of the facilities, included those offered by Terre des Hommes: the literacy course in Italian language, the service to open an e-mail and a Facebook account and the loan of books; he has also been regularly going to the psychological support.

Moreover, the minor has acquired more communication skills, learning to openly speak about his hardships and to ask information about the status of his bureaucratic papers, his medical examinations and his migration journey. At the end of treatment, he was asked to share the elaborated psychological report: Buba was able to listen to his own story, adding spatial-temporary references and contextualising the events of violence and torture which he endured. A copy of his report was then given to him and the continuation of psychotherapeutic treatment in the target facility was agreed upon.

At the end of the process, Buba wrote a letter of “appreciation to the Terre des Hommes Group” and was particularly attentive in saying goodbye to workers and friends inside the CPA, giving to each one a letter to express his gratitude.

## THE STORY OF SHAZAM AND HER FAMILY (AUGUSTA PORT)

Shazam is a 6 year-old girl. She arrived in the Augusta port with her mother, Nagaret, 27 years old, and her grand-mother, Sara, 61 years old. Three generations of women coming from Kurdistan. They travelled from Turkey to Italy on a sailing boat, together with 40 other Kurds, mainly families with children.

Immediately after landing, Nagaret was transferred to the hospital for cardiac problems. Shazam and Sara stayed at the port. That same afternoon, all people who had travelled with them, were transferred to another region. The Terre des Hommes team met Shazam and Sara, seating close to the Immigration Bureau, waiting for news of Nagaret. The old woman had a disheartened and lost look, while trying to keep a serene appearance not to worry her grand-daughter. The team listened to them, inviting the two of them to move to the gazebo of Terre des Hommes, a more protected and comfortable space. Shazam started to draw and paint, Sara broke down in tears, telling how worried she was for the conditions of her daughter and especially how confused she was because of her current state of uncertainty: where was Nagaret? How was she? Would they have to leave without her? Would they have to sleep at the port? What would happen to them? Why didn't anybody give them information?

In different manners grand-mother and grand-daughter were able to express and share their emotions, feeling less burdened by them. Sara told their story, a family story where men, husbands and brothers were all killed fighting Daesh and women, even if old, even if sick, could only flee from their country. For Shazam.

It was very important for the woman to be able to speak and be understood in a culturally shared language, but especially being able to recognise some culturally shared patterns of relationship in the mediator of Terre des Hommes, which were for her familiar and reassuring.

The following intervention of the team

was to connect and inform all actors of the story: the family with other organisations working on the dock, family members between them, the hospital with the port, the Public Procurement with all the above. The team provided Shazam and Sara with information about the reception system at the port. Working with the staff of the Provincial Health Authority on the dock, the team received some information from the hospital about the health conditions and the hospitalisation of Nagaret; together with the medical staff of the ward in which she was hospitalised, the team guaranteed a daily call between mothers and daughters.

Lastly, the team reported the case to the Public Procurement, so that Shazam and Sara could be temporarily hosted in a territorial facilities, while waiting for Nagaret to be discharged. This all managed to relieve Sara's sense of uncertainty and reactivate her resources, also to protect and guide her grand-daughter.

A week afterwards, the family finally reunified in the centre where Sara and Shazam had been transferred the day after the report to the Public Procurement.

## THE CASE OF EDRIS (AUGUSTA PORT)

Edris is 16 years old. He arrived in Augusta alone, after a journey of six months more or less, two of which spent in Libya. He fled from his country, Somalia, after having been kidnapped and imprisoned for three months by the Islamic militia of Al-Shabaab to force him to fight alongside them. In Somalia he left his parents, a 20 year-old nurse sister and two younger brothers.

During the first night on the dock, the boy tried to escape, convinced by some compatriot adults that if he had stayed and gotten his fingerprints taken, he could not have reached his uncle in Sweden. He was found in an industrial hangar, not far from the port, seeking shelter from the cold, and he was brought back. The following morning, the team of Terre des Hommes, informed of what had happened, approached him and offered him listening,

containment and some basic information about how to reach his uncle the safest way. During the same day, the team contacted another organisation working on minors family reunification with family members regularly resident in other European country, so that they could verify Edris situation and give him more detailed information.

During the first meeting, the boy appeared clearly discouraged, diffident and tired. He felt cold - it was cold, and had toothache. At the end of the afternoon, a group of Somali girls was transferred from the port to a reception centre. This for Edris was the straw that broke the camel's back. He was seen wandering around the camp's square, sighing and moaning. The team approached him and saw that the minor was trembling and was out of breath, managing only to utter some words and repeating them "I don't go, I don't go... It's cold... I don't have a life". He was brought to the tent of the Provincial Health Authority, a hot and more welcoming place, where Edris stopped crying; however, the symptoms of an acute anxiety state became clearer, such as accelerated cardiac beat and breathing and momentary absences. The psychologist offered the necessary support and emotional containment. After roughly twenty minutes, the minor started feeling better, breathing regularly again and properly establishing a contact with other workers present there (besides the psychologist, the mediator of the team of Terre des Hommes and the nurse of the Provincial Health Authority). It was then possible to have a deeper talk with him to verify and assess his conditions and offer further support.

Edris talked about his incapability to tolerate his stay at the port due to his psychological fragility coming from past traumatic experiences. He was hoping to find safety and rescue in Europe, instead, he found himself in a chaotic and precarious situation and he suffered an emotional breakdown; in that moment he didn't seem capable of putting in place his personal resources to face the situation. During the meeting, Edris said several times: "nothing has changed", "there is no future". This condition seemed surely linked to the pain endured in the country of origin and during the journey, and then exacerbated

by his stay in the port. Therefore, the team agreed with the Provincial Health Authority staff to make the boy spend the night in their tent, to keep him in a more comfortable place and monitor his conditions at the same time.

The following morning the team reported the boy's condition of vulnerability to the Social Services of the Municipality, asking his immediate transfer from the port into a facility which could provide him with protection and treatment. The team also received news from the Provincial Health Authority staff about his night, learning that Edris had fallen asleep and had slept a lot; then the team met the boy again.

After the report to Social Services, Edris was transferred, that same day, into a second reception facility. The team then got in touch with the manager and the psychologist of the facility to share useful information and opinions to ensure that the boy be properly taken in charge.

### EXAMPLES OF PSYCHOSOCIAL ACTIVITIES CO-MANAGED BY THE CATANIA TEAM

The activities described hereafter are offered during two significant moments of intervention inside the CPA: at the beginning and at the end. The description particularly refers to what has been carried out in a CPA in the Catania province at the beginning and at the end of the activities with a group of more or less 25 UFM's, followed for 6 months by the team.

As previously mentioned, although the most fundamental moment to establish a relationship with users is that of group reception, even in the immediately following meetings it is necessary to carry out activities which help build a relationship based on trust with the team; it is absolutely necessary to provide a psychosocial support intervention helping them face both daily difficulties and the hardship of a stressful situation often filled with traumatic experiences. With this aim, an expressive activities co-planned and co-managed by the entire team is often offered, with the pur-

pose of helping to know each other and at the same time, recalling one's own belonging and emotional past linked to the migration experience. Similarly, the activity is to be considered as an opportunity to enhance the context of origin, often forgotten too soon, especially when reception experiences support a fast and violent acculturation.

In this specific case, the group was asked to create an object capable of representing the country of origin, using freely chosen materials (drawing sheets, colours, modelling clays, magazine cut outs, wool, cotton, twine, coloured rocks and shells, etc.); this experience uses the transformative potentials of creating something, as well as sharing in a group the thinking and elaboration of the experience. As a matter of fact, after the creation a group sharing followed, letting everyone decide how much they wanted to be involved.

The purpose of the activity was to trigger active participation and empowerment processes, enhancing the experience of participants and the learning possibilities which each participant could have provided the Terre des Hommes workers.

To improve compliance to the activity, avoiding the feeling of having to say something about oneself in a contexts where workers would never have done it, putting themselves in a privileged position compared to participants, the psychologist, anthropologist and mediator also created objects representing their own countries of origin.

The involvement in this production activity was high and the participation to the next sharing phase was also good.

Some minors did some drawings, although the majority created objects with modelling clays and other materials. Objects of a daily use were created, fundamental parts of cultural and social tissue with a basic function of unification of community members (flour grinders, couscoussiers, ploughs); working activities (fishing and agriculture); plants, animals and monuments representing the country of origin (elephant, tortoise, gecko, dromedary, snake, ram, palm tree, palace of the government).

A minor created a piece with wool and pencils, used in his country to create containers for basic goods. Some people represented their migration journey, from the country of origin to the current stage, until the desired destination. "This is my journey from Gambia to Spain", - a boat with people inside made with modelling clay; "This is a piece of clothing typical of Afghanistan and here under there is the road to arrive here in Italy". "Here is Maria's car (a worker) and the train which will bring me to Germany - mixed media with modelling clay and drawing".

Another minor drew two intertwined hands, one white and one black, leaving a message of equality beyond skin colour. The psychologist represented Sicily with the sea and Etna, explaining that in some popular songs, the volcano is called the great father of Sicilians. The mediator created a blanket, gift from the grand-mother to the mother when she migrated to Italy. The anthropologist represented an olive tree, symbol of her Apulian origin, but also the tree of words.

During the sharing step, important biography events were also shared with the group and people talked about their childhood, the political situations in their countries, about some family members, leading with these contributions to a reflection upon the current moment, the migration experience, their wishes for the future, topics which are often not touched upon in first reception centres.

Building a relationship based on trust with users is important for psychosocial support, as important as facilitating the interruption of aid relationships. The intervention of Terre des Hommes is conceived as temporary and hence includes a conclusion. With this purpose a thinking activity is offered, co-planned and co-managed by the whole team, to ritualise the end of the common pathway, facilitating the separation and relationship change with the team members. At the same time, the activity is the perfect opportunity for Terre des Hommes workers to receive a feedback from the group about their work, since minors are given time to express their opinions on the activities.

In this particular case, the group was asked to write on a sheet of paper divided into two parts, on one side a message for the team ("I would like to say to Terre des Hommes that...") and on the other side a personal opinion about the work carried out in the past six months ("I will remember of this experience..."). Aware of the different value given to written words in the community of belonging, writing is chosen as tool of expression, a powerful tool of elaboration which allows to also express thoughts and feelings sometimes impossible to describe orally.

In fact, once they had done writing, they shared their opinions with the group, with a different involvement according to each individual and with the possibility to decide not to share what was written. The task was conceived to convey feelings and sensations which had otherwise been difficult to express or describe. As a matter of fact, the end of an aid relationship can turn out to be more difficult for people who have experienced interruptions -at times traumatic ones, of affective relationships and are currently isolated from their own family network.

Sharing in a group allows to describe these feelings with words, with a natural containment function carried out by the group itself.

The minor is invited to think about what he/she gained from the experience to boost him/her to use his/her personal resources making his/her life experience more subjective and defining and planning his/her future. Amongst the messages for the team, some of them linger on the relationship patterns, thanking for the "courage" and "kindness", while other manifest "gratitude" and "pride" about the current relationship; others express their feelings through prayers and blessings.

# BIBLIOGRAPHY

- Ardino V. (a cura di), (2009), *“Il disturbo post-traumatico nello sviluppo”*, Edizioni Unicopli, Milano.  
<http://www.clinicalneuropsychiatry.org/pdf/ardinoweb.pdf>
- Baldwin M., (2012), *“Participatory action research”*, in M. Gray, J. Midgley & S. A. Webb (Eds.), *“The Sage Handbook of Social Work”*, 467-481, SAGE, Thousand Oaks, CA.
- Beneduce R., (2010), *“Archeologie del trauma. Un’antropologia del sottosuolo”*, Editori Laterza, Roma-Bari.
- Bouche-Florin L., Skandrani S. M., Moro M.R., (2007), *“La construction identitaire chez l’adolescent de parents migrants. Analyse croisée du processus identitaire”*, Santé mentale au Québec, vol. 32, n° 1: 213-227.
- Bourdier P., (1980), *“Le sens pratique”*, Édition de Minuit, Paris.
- Bourdieu P., (2002), *“Si le monde social m’est supportable, c’est parce que je peux m’indigner”*, Éditions de l’Aube, Paris, Tr. it., Nottetempo, Roma.
- Braibanti P., (2015), *“Ripensare la salute. per un riposizionamento critico della psicologia della salute”*, FrancoAngeli, Milano.
- Convenzione di Ginevra del 1951, Convenzione sullo statuto dei rifugiati UNHCR.
- Coppo P., (2013), *“Le ragioni degli altri”*, Carocci, Roma.
- Corso per mediatori culturali - Centro Studi Giovanni La Pira, (16 marzo 2017), *“I disturbi da stress post-traumatico. La mediazione interculturale per operare con le vittime di torture e abusi”*, Pozzallo.
- Corso Terre des Hommes – ASP Siracusa, (9 ottobre 2015), *“Vulnerabilità e priorità sanitarie e legali nell’accoglienza dei migranti. Uno sguardo etno psichiatrico”*, Siracusa.
- Courbin L., (2008), *“«Traduire» dans les consultations d’ethnopsychiatrie: réflexion sur la médiation ethnoclinique”*, Les chantiers de la création [En ligne], 1 | 2008 URL: <http://lcc.revues.org/106>
- Destination Unknown – protect children on the move, [www.destination-unknown.org](http://www.destination-unknown.org)
- Dewey J., (1938), *“Experience and Education”*, Touchstone, New York.
- Diadori P. (a cura di), (2015), *“Insegnare italiano agli stranieri”*, Le Monnier, Firenze.
- Disegno di Legge n. 1658-B approvato dal Parlamento in data 29 marzo 2017.
- DPRS n. 600 del 13/08/2014.
- Freire P., (2002), *“La Pedagogia degli oppressi”*, EGA Editore, Torino.
- Galtung J., (1969), *“Violence, peace and peace research”*, Journal of Peace Research, vol. 6 (3): 167-191.
- Inter-Agency Standing Committee, (2007), *“IASC guidelines on mental health and psychosocial support in emergency settings”*, IASC, Ginevra.
- Kienzler H., (2008), *“Debating war-trauma and post-traumatic stress disorder (PTSD) in an interdisciplinary arena”*, Social Science & Medicine, 67: 218-227.
- Legge 189/2002, Sistema di protezione per richiedenti asilo e rifugiati (SPRAR).
- Terre des Hommes, (2015), *“Working with Children in Emergency. Child. Protection, psychosocial support and structured recreational activities”*.
- Losi N., (2015), *“Guarire la guerra. Storie che curano le ferite dell’anima”*, L’Harmattan, Torino.
- Keeping Children Safe coalition, (2011), *“A Toolkit for Child Protection”*.
- Moro M.R., De La Noe Q., Mouchenik Y. & Baubet T., *“2000 Manuale di psichiatria transculturale. Dalla clinica alla società”*, FrancoAngeli, Milano.
- Nathan T., (2003), *“Nous ne sommes pas seuls au monde: les enjeux de l’ethnopsychiatrie”*, Seuil, Paris, Tr. it. Bollati Boringhieri, Torino 2007.
- Parin P., (1999), *“Menzogne in tempo di pace. Tentativo di una critica psicoanalitica ed etnologica dei diritti dell’uomo”*, Psicoterapia e Scienze Umane, 1999, XXXIII, 2: 5-30
- Parin P., (2012), *“La dipendenza dal potere. Appunti per una politologia psicoanalitica”*, Psicoterapia e Scienze Umane, 2012, 1: 35-64.
- Prati G., Pietrantonio L., (2009), *“Psicologia dell’emergenza”*, Il Mulino, Bologna.
- Pupavac V., (2004), *“Psychosocial interventions and the demoralization of humanitarianism”*, Journal of Biosocial Science, 36(4): 491-504.
- Regni R., (2007), *“Infanzia e società in Maria Montessori. Il bambino padre dell’uomo”*, Armando Editore, Roma.
- Rigon G., Mengoli G., (2013), *“Cercare un futuro lontano da casa”*, centro editoriale dehoniano, Bologna.
- Sayad A. (2002), *“La doppia assenza. Dalle illusioni dell’emigrato alle sofferenze dell’immigrato”*, Raffaello Cortina, ed.or. 1999, Milano.
- Schwartz M. L., (2008), *“Participatory action research as practice”*, in P. Reason & H. Bradbury, *“The SAGE handbook of action research”*, 31-48., SAGE, Thousand Oaks, CA.
- Terre des Hommes, (2016), *“Dossier Indifesa. La condizione delle bambine e delle ragazze nel mondo”*. [www.terredeshommes.it](http://www.terredeshommes.it)
- Terre des Hommes, (2014), *“Guida Psicossociale per Operatori Impegnati nell’Accoglienza dei Minori Stranieri Non Accompagnati”*.
- T.U. Immigrazione Dlgs. 286/98.
- Vacchiano F., (2005), *“Cittadini sospesi: violenza e istituzioni nell’esperienza dei richiedenti asilo in Italia”*, Antropologia, vol. 5 (5): 85 – 101.
- World Health Organization, War Trauma Foundation and World Vision International, (2011), *“Psychological first aid: Guide for field workers”*, WHO, Ginevra.
- Zorzetto S., Inglese S. & Cardamone G., (2015), *“Accoglienza di popoli in fuga e salute mentale. Proposte per l’Italia”*, Psichiatria e psicoterapia culturale, vol. II (1): 52-72.



**Fondazione Terre des Hommes Italia**

Via M. M. Boiardo 6  
20127 Milano

Tel. +39 02 28970418  
Fax +39 02 26113971

[info@tdhitaly.org](mailto:info@tdhitaly.org)  
[www.terredeshommes.it](http://www.terredeshommes.it)

Con il patrocinio di:



**REGIONE SICILIA**  
**ASSESSORATO REGIONALE**  
**DELLA SALUTE**

Si ringraziano per il contributo:



**Fondation d'Harcourt**  
Giving value to intangible needs