

Settlement approaches in the Italian Asylum System from the point of view of health professionals and social workers

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Abstract. *Background and aim:* Medical and inclusion/exclusion settlement approaches are the two main approaches characterizing the reception practices into the Western host societies. These settlement approaches guide how professionals take care for forced migrants and favor or obstacle autonomy and integration of asylum seekers and refugees into host societies. Still, few studies have analysed how professionals perceive the settlement approaches that guide their work with forced migrants. This study aimed to analyse the representations that a sample of 256 Italian health professionals and social workers working in both governmental and non-governmental organisations had of the settlement approaches that guided their work in the Italian Asylum System (IAS). *Methods:* Semi-structured interviews were conducted and content and lexically analysed, focusing on the professionals' perceptions of the critical issues in the access of forced migrants into the IAS services. *Results:* Professionals perceived four types of critical issues, making more often reference to *organisational weakness* than to *legal-normative-procedural*, *relational*, and *professional weakness*. Such critical issues linked to four different perceptions of settlement approaches –*social exclusion, medical, relational, and organisational*– that guided, sometimes simultaneously, the professionals' practices depending on the work area, the institution/association in which they worked, and their role in the organisation. *Conclusion and practical implications:* Guiding the professionals' work, settlement approaches could favor or obstacle autonomy and integration of asylum seekers and refugees into host societies. The results may inform policy and future services highlighting potential prospects for services oriented toward autonomy and integration of this growing population. (www.actabiomedica.it)

Key words: refugees, asylum seekers, settlement approaches, health professionals, social workers

Introduction

Different disciplines in the field of political, socio-anthropological, psychological, and psychosocial studies have focused on the understanding of different settlement approaches that characterize the reception of asylum seekers and refugees into the host societies. Nevertheless, only few studies have until now analysed how professionals that take care for forced migrants perceived the settlement approaches that guide their work. The present study tried to partially fulfil this gap: it aimed to analyse the perception that a sample

of health professionals and social workers working inside the Italian Asylum System (IAS) had of *settlement approaches* that guide their work with asylum seekers and refugees, starting from an exploratory analysis of critical issues they perceived about the IAS reception practices.

Settlement approaches, humanitarian and restrictive ideologies, and images of forced migrants

A contraposition between the duty to give help and the intention to denying help to forced migrants

has been pointed out by different disciplines. It reflects the two main *settlement approaches* analysed by refugee's studies: the *medical* and the *inclusion/exclusion approach*.

Studies focusing on a clinical perspective generally adopted a medical approach (1- 3), considering psychopathology as an issue that must be dealt with before other more practical and psychosocial concerns (4). The richness of contributions on this issue, and on public health assistance for asylum seekers and refugees, has been related to the *refugees experiences*, characterized by traumatic events such as persecution, torture, escape (for a review of factors affecting refugees' mental health, see 5). Some authors (3, 6, 7) have pointed out that settlement approaches has to consider the traumatic experiences of forced migrants as fundamental causes of difficulties in their social integration, while refugees generally expressed other primary needs, which include stable housing, employment, regular income and family reunion, and, in addition, a sense of community, language skills and citizenship (8).

A second settlement approach that the literature has highlighted is the *social inclusion approach*. It focuses on social adaptation and integration based on refugees' human and social capital (3, 4). Social inclusion approach emphasises, as the most important issues in settlement process, two factors: the empowerment of refugees and of their communities (9, 10) – that is, the forced migrants' ability to actively approach acculturation and integration – and the opportunities for social inclusion in the host society (11). This last factor is connected to the observation that the host society is able not to facilitate integration, because of the creation of barriers to the integration of forced migrants (12- 15). Some Authors (13, 16, 17) spoken about a *social exclusion approach* and outlined four ways by which the host society could exclude forced migrants: denying them opportunities to contribute to and to participate in society's; not permitting access to normal forms of livelihood (e.g. offering low-skilled and low-paid occupations); disconnecting them from civil society by legal barriers, institutional and bureaucratic mechanisms, or systemic discrimination; failing to provide for their integration needs.

Medical and social inclusion/exclusion approaches have served two types of ideologies: the *humanitarian*

and the *restrictive* ideology (6). Humanitarian ideology bases on the respect for human rights and on the desire to maintain an image of the host country as a place of refuge for those in need. Instead, the restrictive ideology derives from a "culture of denial" (18); it is based, on one hand, on the idea that forced migration represents a threat to be resisted through restrictive policies (e.g., 19-22) and, on the other, on the observation that forced migrants are consistently worse than any other entry category in terms of employment outcomes, because of bureaucratic barriers, length of residence, and health problems linked to trauma and discrimination (23). As an experimental study (22) recently showed, humanitarian opposed to societal (e.g., societal costs and cohesion) considerations increased the support that samples of Dutch citizens gave for accommodation of forced migrants in the society.

Finally, medical and social inclusion/exclusion approaches and the relative humanitarian and restrictive ideologies matched two different shared images of the forced migrants traced in the anthropological and psychosocial literature (24): on one hand, that of a weak and "medicalised" migrant, victim of the events and of the bureaucratic mechanisms of the asylum system (25-28); on the other hand, that of a refugee-resource for the host society, who can work and contribute to the livelihood of the society (29) but who, nevertheless, may be a profiteer of the asylum channel (30-34).

Together, asylum ideologies and shared images of asylum seekers have, over time, modulated the way services and their providers relate to forced migrants, institutionalizing specific reception practices. In this regard, the few studies conducted in different European countries have identified three different images carried by providers in their encounters with migrants: the "childlike other", who needs to be shamed in order to understand his/her own best interests (35); the "clan-oriented other", who needs to be educated in the host value of individualism (36), and the "survival expert other", who needs to be denied help in order to learn not to manipulate the system (37). These images underline a sort of polarisation between professionals; those who provide help and who work for migrants' empowerment and integration (38); and professionals who deny help, influenced by the culture of disbelief (18), or because of a rigidly bureaucratic interpretation

of their professional role (35), or because the recognition of autonomy and empowerment of migrants as a sign of help-resistance (37).

Whatever is the ideology and the settlement approach adopted by the host societies and by their services, being a forced migrant in a new society means staying at the lowest level of power, a position that can create dependency. There are many conditions and barriers that maintain this dependency within the different host systems (37). Some studies reveal the barriers identified by providers as being, for example, language and cultural misunderstandings as well as legal restrictions that limit assistance to those who are waiting for recognition of their status (2, 39-41). Still, it is the culture of disbelief and denial that acts as a stigmatizing and dehumanizing device (42) that forces migrants to express themselves as weak subjects in need of care (5, 43-45). The dehumanization outcomes of reception practices were also outlined by Eastmond (46), according to whom professionals tend to de-politicise and de-culturalise forced migrants because of their exclusive focus on health, clinical and/or legal needs. However, to best of our knowledge, none of these studies has analyzed how the difficulties and barriers identified by professionals really linked to their representation of settlement approaches that guide their practices. This was exactly the objective of this study, whose was aimed at analysing the asylum settlement approaches of a sample of 256 health professionals and social workers working inside the IAS by focusing on the critical issues about reception practices that they perceived.

The current study

Some specific features characterize the multilevel governance model of the IAS, where the Ministry of Interior ensures the general management of a decentralized network of public territorial services and local non-governmental organizations (NGOs). Since 2001 to October 2018, this decentralized reception model has been developed through the System of Protection for Asylum Seekers and Refugees (SPRAR): a network of small reception structures funded by the Minister of Interior, where assistance and integration services are provided (47). Although since 2013 the

SPRAR increased their reception capacity, many migrants were placed into ministerial reception centres and in private associations in the last years. From 2013, to face the unavailability of places in the accommodation centers, the Temporary Reception Centers (CAS) was established. Today, many changes have occurred as result of the government policy and of the Decree-Law n. 113, 4-10-2018). However, at the time when this study was conducted, it was a considerable gap between the number of arrivals and asylum applications and the capacity of the reception services, as well as a lack of a clear political and institutional orientation on the type of settlement approach that should guide the IAS. This is the reason why an empirical analysis of the settlement approaches that guided practitioners' practices seemed necessary.

Specifically, this study aimed to analyse the perceptions that a sample of 256 Italian professionals working with forced migrants in both governmental and non-governmental organisations of the IAS, had of the settlement approaches that guide their professional work focusing on: a) the types of critical issues participants perceived; b) the criteria these professionals used to justify regarding them as critical issues. In line with the literature, we hypothesized that professionals' perceptions of critical issues would be linked to a *medical approach* or a *social inclusion/exclusion approach*. We also hypothesized that this polarization would be differed depending on the professional characteristics of the sample, i.e., their profession, the kind of institution/association in which they work, their role in the organization, and different types of both work areas and users' targets. Specifically, we hypothesized that health professionals working in health services or structures would favour the medical approach and professionals working in social and juridical services would favour the inclusion/exclusion approach.

Method

Participants

Participants were recruited in 23 Italian cities located in eleven Italian Regions, where social and health services, institutions and agencies involved in the asy-

lum seekers' and refugees' reception practices have been mapped. The professionals to be interviewed were identified on the basis of their professional role and the function they carried out within the social, legal and health protection paths dedicated to forced migrants. All the professionals that were working with asylum seekers and refugees were freely invited to participate to an anonymous interview focused on their work experience with asylum seekers and refugees. Two hundred

and fifty six professionals (132 males and 121 females, 3 missing) working with forced migrants in different Italian organisations took part in this research.

Table 1 describes the professional characteristics of the sample, which was described by a wide range of professions and roles in a variety of organizations, both governmental, first of all hospitals and territorial health systems (61.1%) and secondarily reception centres (CARA, CIE, and SPRAR, 12.7%), and

Table 1. Participants: descriptive characteristics (*N* 256)

		N (%)
<i>Gender</i>	- Male	132 (52.2)
	- Female	121 (47.8)
<i>Profession</i>	- Social worker	19 (7.7)
	- Project coordinator	18 (7.3)
	- Director/manager	29 (11.7)
	- Educator	4 (1.6)
	- Health worker (i.e. nurse)	10 (4.0)
	- Linguistic and cultural mediator	13 (5.2)
	- General doctor	18 (7.3)
	- Specialist doctor	27 (10.9)
	- Social operators	26 (10.5)
	- Psychiatrist	33 (13.3)
	- Psychologist, psychotherapist	24 (9.7)
- Supervisor, coordinator	22 (8.9)	
- Office worker	5 (2.0)	
<i>Role in the organisation</i>	- Managerial role	84 (34.3)
	- Face-to-face role	161 (65.7)
<i>Area of professionals' work with forced migrants</i>	- Legal or juridical	2 (0.8)
	- Health	158 (64.5)
	- Social	85 (34.7)
<i>Institution/association in which professionals work</i>	- Hospital	20 (8.2)
	- Territorial health system	129 (52.9)
	- Centers for Accommodation of Asylum Seekers (CARA)	67 (2.5)
	- Center of Identification and Expulsion (CIE)	10 (4.1)
	- Local government	22 (9.0)
	- System of Protection for Asylum Seekers and Refugees (SPRAR)	15 (6.1)
- Non-governmental associations (NGO's)	42 (17.2)	
<i>Population target of the service</i>	- General	130 (54.2)
	- Minors	4 (1.7)
	- Migrants	48 (20.0)
	- International protection	58 (24.2)

non-governmental associations (i.e. NGOs, voluntary associations, 17.2%). Eighty-four participants had a managerial role, while 161 were professionals engaged in face-to-face roles. Most of participants worked in health's area (158), while 85 in social area, and only 2 in juridical area. Population target of the service was "general" for the 54.2% of participants, was "minors" for 1.7%, "migrants" for the 20.0%, and related to the international protection for the 24.2% of the participants.

As criteria for inclusion in this study, participants had to answer to the interview's questions related to the critical issues encountered in their work with forced migrants with at least one sentence. It was possible to identify one or more interview sentences relevant to the aim of this study only from 238 (93%) professionals; these were considered in the subsequent analyses. No significant differences were found between these 238 participants and the 18 professionals who were not able to offer any relevant comment, except for those concerning the professions and associations in which they worked: these were linguistic and cultural mediators ($r_s = 2.5$) and office workers ($r_s = 3.1$), especially those working within the Centres for Identification and Expulsion (CIE, $r_s = 5.0$), who did not find any weakness in the IAS compared with any other profession [$\chi^2(12) = 23.01, p = .031$] or association [$\chi^2(7) = 27.59, p = .006$].

Instrument

A semi-structured interview was administered to the professionals during their work time. Professionals did not receive any compensation for their participation. A brief letter was given to the participants, introducing the research goals and explaining the guarantee of confidentiality and anonymity of the answers. The semi-structured interview consisted of questions aimed to collect professionals' perceptions of the critical issues emerged in the asylum seekers or refugees' access to the service in which they worked. Each interview lasted around 30 minutes and has been conducted by researchers trained by the members of the Scientific Committee of the project.

Three main questions of the interview schedule are considered for this study: *Through which ways and*

procedures do asylum seekers and refugees access the service in which you work? What are the critical issues you can identify? What are the solutions? The answers professionals provided to these questions were transcribed verbatim, and sentences related to *critical issues* were extrapolated independently of the specific questions proposed, to apply the data analyses.

Overview of analyses

Following the two steps procedure used by Cicognani, Mancini, and Nicoli (48), two methods of analyses were applied.

The first method consisted of a *qualitative thematic analysis* (49) applied in order to identify categories of critical issues participants perceived and to prepare the database for subsequent analyses. We adopted an independent co-coding approach to ensure the rigor of the analytical process (50). The verbatim transcription of sentences related to *critical issues* was transcribed into an electronic sheet; for each participant was allocated one row for each critical issue he or she had identified during the interview. Two researchers scrutinized the 1781 sentences of this matrix to identify the underlying categories of the critical issues described. Attempts were made to capture the opinions of professionals, without forcing responses to fit pre-existing criteria identified in the literature. The two researchers reached the agreement on the operational definition of the following four categories of critical issues:

1. *Legal, normative, and procedural weakness*: included sentences whose content concerned critical issues regarding the administrative procedures for recognition of the refugees' status (e.g., excessively lengthy procedure for asylum, no residence permit) and/or for the achievement of requirements necessary for full enforceability of social rights, and for guaranteed access to Italian health and social services (i.e., registration in the health system, release of the tax code);
2. *Professional weakness*: included sentences whose content concerned critical issues regarding providers' professional training (e.g., poor specific skills, absence of specific training), their technical and scientific instruments, and professional

experiences with asylum seekers and refugees (e.g., ability to read the signs and symptoms of vulnerability);

3. *Relational weakness*: included sentences whose content concerned critical issues regarding interpersonal, intercultural and communicative relationships between providers and asylum seekers and refugees (e.g., language and cultural barriers);
4. *Organisational weakness*: included sentences whose content concerned critical issues related to the mode of functioning of the services and of the IAS (e.g., organisational, structural or functional properties of services; inter-professional relationships; relationships between governmental and NGOs).

Two independent judges then evaluated participants' sentences by classifying them into one of the four categories previously identified. Of the 1781 sentences, 1777 were classified into one of the four categories of weakness; four were missing because of the difficult classification. A first agreement was reached on 82% of cases, $K(1777) = 0.75, p < .001$. To reach a higher level of agreement the judges discussed the most controversial answers. Agreement was reached in 98% of cases, $K(1777) = 0.97, p < .001$; this classification was used for subsequent analyses. Chi-square analyses were conducted in order to analyse: a) which category of critical issues was significantly overrepresented; b) how the perception of the critical issues differed according to the participants' profession, type of organisation in which they worked, role in the organisation, area of the intervention, and population target.

In the second step, with the aim to identify the criteria that professionals used to justify the critical is-

ues, a *lexical correspondence analysis* was implemented on the key words extracted from the 1777 sentences previously coded in the four encoding categories using the software T-lab 8.1 (51). A matrix composed of 231 key words (lines) and of the 4 weakness categories (columns) was used and participants' profession, type of organisation in which they worked, their role in the organisation, the area and the population target of their intervention was considered as illustrative variables. Specifically, the t-values (t) of each illustrative variable on the first two dimensions that emerged from the lexical correspondence analysis were considered in order to identify how criteria emerged differed according to participants' working variables.

Finally, we reconstructed the professionals' representation of their settlement approaches based on the projection of four categories of critical issues and of the 231 key terms on the geometrical plane derived from the first two criteria (dimensions) emerged from the lexical correspondence analyses.

Results

Critical issues perceived by professionals

For each participant, an average of 6.9 sentences were extracted from the interview; they were codified into the four different categories previously described. Table 2 shows the frequencies of the four critical issues categories.

Chi-square analyses showed that professionals perceived more *organisational weakness* compared both to *legal, normative, procedural weakness* and to *relational weakness*, $\chi^2(3) = 211.06, p < .001$. Four out of ten

Table 2. Descriptive statistics of the four categories of critical issues

Critical issue	N Replies	Valid %	Residual	N Subjects	Column %
Legal, normative and procedural	331	18.6	-113.3	146	61.3
Professional	444	25.0	-.3	193	81.1
Relational	308	17.3	-136.3	159	66.8
Organisational	694	39.1	249.8	213	89.5
Total (sentences)	1777			238	100.0

(39.1%) sentences are grouped into the *organisational weakness* category, while only 308 (17.3%) sentences referred to providers' interpersonal, intercultural and communicative competences in their helping relationships with asylum seekers and refugees (*relational weakness*). A quarter (25.0%) of the sentences were about providers' professional training, their technical and scientific instruments, and their professional experiences with asylum seekers and refugees (*professional weakness*). Less than two out of ten (18.6%) of sentences related to *legal, normative and procedural aspects* of the recognition of refugees' status and/or refugees' rights.

No significant differences were found regarding the profession of participants, but significant differences were found related to their role in the organisation. Directors, managers and supervisors, i.e., those in managerial roles, stressed *relational weakness* less and *organisational weakness* more than respondents in face-to-face roles, $\chi^2(4) = 11.29, p < .05$. Significant differences were also found depending on the health or social area and on the type of association in which the professionals worked: participants working in social areas, especially within the third sector (i.e., NGOs), stressed *legal, normative and procedural weakness* more than professionals working in health and legal areas, $\chi^2(8) = 25.72, p < .001$, and especially in those working within the territorial health system, $\chi^2(24) = 70.46, p < .001$. Professionals working in health areas stressed *professional* and *relational weakness* more than those working in other areas. *Legal, normative and procedural weakness* was also mentioned more by participants who worked with the migrant population compared with those who worked with generic users, who placed more emphasis on *professional and organisational weakness* compared with those worked with asylum seekers and refugees, $\chi^2(12) = 32.67, p < .01$.

Criteria professionals used to justify the four kinds of critical issues

From the Lexical Correspondence Analysis three factors emerged: they were assumed as implicit criteria that justify the four kinds of critical issues perceived by professionals. Table 3 shows the key words significantly ($t > 3.30, p < .001$) associated with the positive and negative polarity of the three factors.

The first factor explained 36.66% of variance. It was loaded by key terms that together seemed to refer to the criteria of the "perspective" that participants assumed when they spoke about critical issues of IAS: that of *forced migrants* (positive polarity) significantly described by key terms used to claim *legal, normative and procedural* ($t = 37.46$) and *organisational weaknesses* ($t = 7.42$; for example, *procedure, Dublin_Regulation, residency*, Table 3), and that of *operators* of asylum services (negative polarity), significantly described by key terms used to claim *professional weakness* ($t = -39.99$; for example *access, asylum, low-threshold*).

The second factor, explaining 34.12% of variance, grouped key terms that together outlined the "responsibility" for the critical issues reported: the system (positive polarity) or the individuals (negative polarity). It was at the *system* that participants attributed above all *relational* ($t = 5.93$) and *organisational weaknesses* ($t = 40.84$), such as key words related to the work of services (i.e. *resources, unofficial, governmental authority, local government*) and to the functioning of networks of services (i.e. *fragmentation, integration, intercourse, relation, connection*) showed. Instead, it was to the *individuals* that participants attributed above all *legal, normative and procedural* ($t = -29.73$) and *professional* ($t = -24.74$) weaknesses. The key terms significantly associated with this polarity were related with the problems encountered by operators in their professions (i.e. *training, procedure, skills, jurisdiction, commission, knowledge, diagnosis, trauma*) or associated with the problems of user-migrants (i.e. *residency, exemption, ticket, residence permits, rights*).

The third factor, explaining 29.22% of variance, introduced the criteria of the level of "interconnections" *between professionals and migrants* (positive polarity) and *within the network of public territorial services and local non-governmental organizations* (negative polarity). At the positive polarity, critical issues are expressed in the obstacles to communicate effectively with migrants; the polarity was in fact related to key terms used to claim *relational weakness* ($t = 43.17$) and recalled the criticality of the relationship with forced migrants, as shown by key words such as *barriers, adjustment, linguistic, communication, diffidence, respect, listen, empathy, authority, confidence, sensitivity*. At the negative polarity, critical issues are expressed in the

Table 3. Critical issues categories and keywords significantly (t -values > 3.30 , $p < .001$) contributing to the positive or negative polarity of the first three factors emerging from the lexical correspondence analyses

Factors	Positive polarity	Negative polarity
<i>Perspectives from which to look at the critical issues of the LAS</i>	<p><i>Forced migrants</i></p> <p><i>Critical issues:</i> Legal, normative and procedural; Organisational.</p> <p><i>Key words:</i> procedure, projects, psychological, Dublin_regulation, residency, refugee, issuance, collection_of_data, renewal, health, health care system, scientific, sensitivity, services, specific, own, Temporarily_Present_Foreigner, instrument, technical, times, local, ticket, torture, trauma</p>	<p><i>Operators</i></p> <p><i>Critical issues:</i> Professional.</p> <p><i>Key words:</i> access, anthropological, application, background, asylum, clarity, documents (certifications), low-threshold, CSM, knowledge, skills, commission, gender_based_violence, training, ethno-psychiatry, exemption, diagnosis, cultural, culturally, prejudice, residence permits, MGF, migration, unaccompanied_foreign_minors, operators, oriented, medicine, legal, enrolment, recognition, legal</p>
<i>Responsibility for the critical issues reported</i>	<p><i>At the system</i></p> <p><i>Critical issues:</i> Relational; Organisational.</p> <p><i>Key words:</i> services, network, linguistic, pathway, social, resources, mediation, organised, unofficial, mediator, fragmentation, integration, facilitation, dedicate, relation, governmental authority, local government, relation, dispatch, involvement, contacts, connection, integrate, accomodation_capacity, answer</p>	<p><i>At the individuals</i></p> <p><i>Critical issues:</i> Legal, normative and procedural; Professional.</p> <p><i>Key words:</i> residency, training, procedure, exemption, legal, asylum, rules, skills, ticket, residence permits, enrolment, jurisdiction, clarity, commission, times, low-threshold, legal, documents (certifications), Dublin_regulation, knowledge, issuance, application, renewal, specific, unaccompanied_foreign_minors, diagnosis, anthropological, migration, Temporarily_Present_Foreigner, rights, own, trauma</p>
<i>Interconnections</i>	<p><i>Between professional and migrants</i></p> <p><i>Critical issues:</i> Relational.</p> <p><i>Key words:</i> barriers, expectation, adjustment, linguistic, residency, Italy, communication, future, psychological_needs, request, context, diffidence, correct, privacy, respect, listen, empathy, management, authority, confidence, expression, problems, sensitivity, times, conflict, sort, patient, manner, comprehension, outcome, prevention, interference, minor, user</p>	<p><i>Within the network of public territorial services and local non-governmental organizations</i></p> <p><i>Critical issues:</i> Organisational; Professional; legal, normative and procedural.</p> <p><i>Key words:</i> services, training, mediator, network, pathway, work, fragmentation, skills</p>

Note: Critical issues categories and key words that significantly contributed to the polarities of the factors were listed in order of relevance.

difficulties related to the management of the different services, organizations, and actors; the key terms significantly placed on this polarity recalled the criticality of an asylum system characterised by a hybridization between a centralized and a decentralized reception organization and associate with *legal, normative and procedural*, $t = -4.56$; *professional*, $t = -20.59$, and *organisational*, $t = -9.86$, critical issues.

The perception of asylum settlement approaches according to the professionals working in different contexts

The distribution of the four categories of critical issues and of the key terms related to them on the Cartesian plane formed by the first dimension (horizontal) and the second dimension (vertical) that emerged from the Lexical Correspondence Analysis, is presented in Figure 1.

The four quadrants give a geometric-spatial representation of four different representations that partici-

pants had of settlement approaches underlying their work with forced migrants.

In the left lower quadrant (negative polarity of both the first two factors), the projection of the *professional weakness* category and of the key words significantly associated with it (e.g. *torture, gender based violence, medicine, diagnosis, trauma, ethno-psychiatry, instrument*, among others), seems to engender a perception of a forced migrant as a “victim” who needed to be medicalized to settle him or her into the host society. In this sense, it seemed resonant with the *medical approach* described in the literature. As shown in Table 4, the medical approach was shared first of all by the office workers ($t_1 = -20.72$ and $t_2 = -7.25$), by the professionals working in the CIEs ($t_1 = -8.08$ and $t_2 = -4.69$) and/or with minor users ($t_1 = -8.23$ and $t_2 = -4.58$).

In the right lower quadrant, the projected key terms that related to *legal, normative and procedural weakness* (e.g. *renewal, residency, Dublin Regulation, exemption, enrolment, issuance, application, commission,*

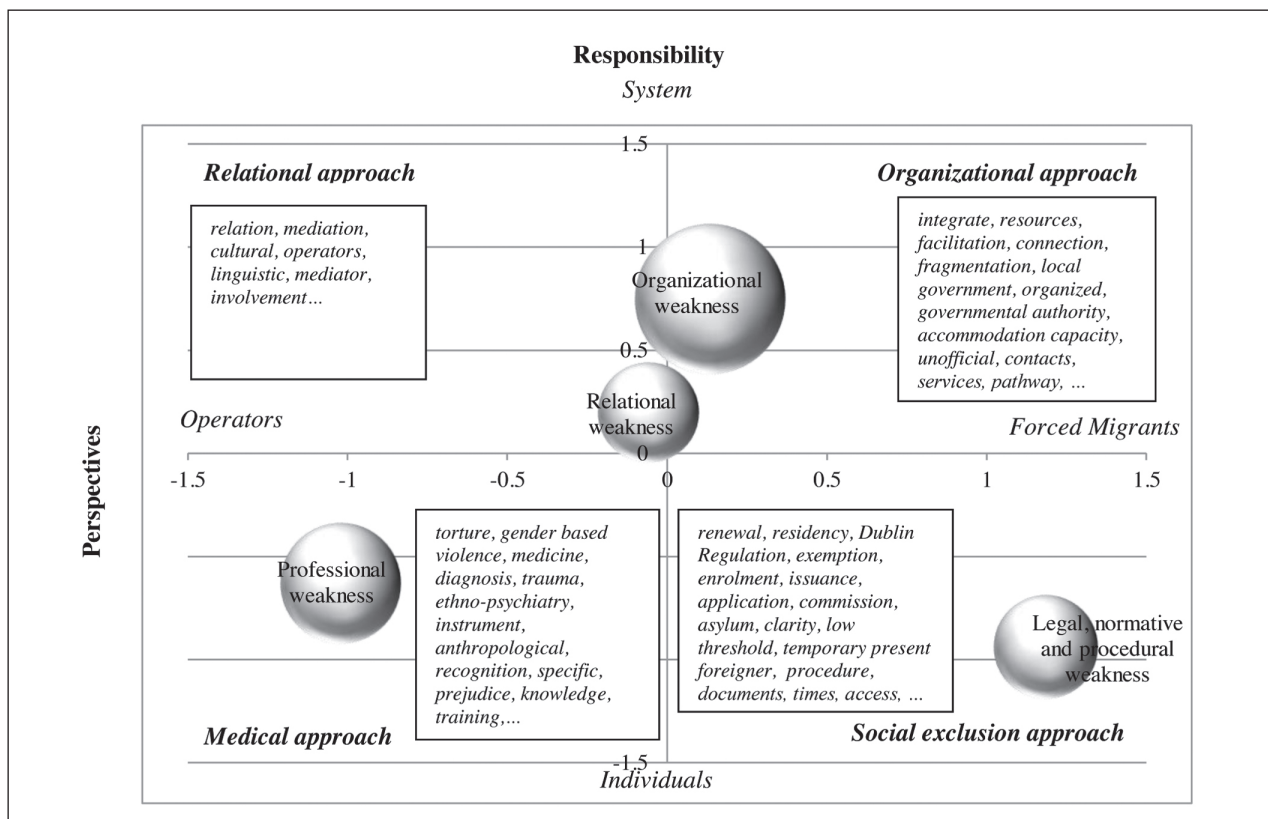


Figure 1. Settlement approaches emerged from the Lexical Correspondence Analyses

asylum, among others) seemed to engender the perception of a migrant as a “bearer of rights”. In this case, the settlement approach of professionals seemed to reflect that of *social inclusion*, here characterized by a strong focus on the “legalisation” of a migrant’s position in the host society. The perception of a social inclusion settlement approach was shared first of all by social workers ($t_1 = 29.72$ and $t_2 = -44.11$), by professionals working in the CARA ($t_1 = 10.40$ and $t_2 = -2.65$), in the local governmental agencies ($t_1 = 18.62$ and $t_2 = -3.91$), or in the NGO associations ($t_1 = 10.19$ and $t_2 = -3.83$), in legal ($t_1 = 22.08$ and $t_2 = -7.21$) and social areas ($t_1 = 9.73$ and $t_2 = -3.38$) of expertise, and mainly in services that serve only migrant users ($t_1 = 10.99$ and $t_2 = -4.38$; Table 4).

If we move in the upper part of Figure 1, two other settlement approaches seemed to emerge. The first was that positioned in the left upper quadrant, where the key words projected were those used to claim a *relational weakness* (e.g., *relation*, *mediation*, *cultural operators*, among others). These key words underlined an image of forced migrant as “culturally other” and harked back to a settlement approach that we named *relational*, but that actually concealed the idea of the “incommensurability” of migrants’ cultural differences. The perception of a *relational* settlement approach was the most common one among the participants: educators, health professionals, linguistic and cultural mediators, general and specialist doctors, psychiatrists, and also project supervisors and coordinators, first of all working in hospitals and in the health territorial system, and obviously in a health area of expertise, have been significantly positioned in this quadrant (see the significant t_1 and t_2 values in table 4).

The last type of settlement approach emerged from key terms positioned in the right upper quadrant (e.g., *integrate*, *resources*, *facilitation*, *connection*, *fragmentation*, *local government*, among others) and were used to claim *organisational weakness*: key terms seemed to underline a perception of a migrant as a “user of the network of services” and to reflect a settlement approach that we named *organizational*. It was characterized by a focus on the critical issues related to the discontinuity and fragmentation of the processes of taking care of the forced migrant and on the idea that this fragmentation hindered integration of forced migrants into the host society. Regardless of the type

of organisation in which participants worked, their role in the organisation, and the area and the population target of the intervention, the organisational approach was shared first of all by directors and managers ($t_1 = 97.89$ and $t_2 = -27.54$), social operators ($t_1 = 184.90$ and $t_2 = 32.60$), and by psychologists ($t_1 = 12.98$ and $t_2 = -55.91$).

Discussion and conclusion

The aim of this study was to analyse the representations of the settlement approaches that guide institutional practices with forced migrants of professionals working inside the Italian Asylum System, identifying the critical issues they perceived in their daily reception practices and the criteria they used to justify these difficulties. As previously described, in Italy, forced migrants must face a multilevel and multiphase system that is characterised by several services and different types of providers and professionals (37). Furthermore, the limited number of places for asylum seekers and refugees (52), because of an increasing number of migrants landing on the Italian coast (53), forced service providers to act within a system that bureaucratically selects who has the right to enter and settle, and who does not. Inside their institutional context, professionals have the responsibility to accompany forced migrants along the path of settlement. It is therefore obvious that most professionals experienced and expressed various types of critical issues – legal and procedural, professional, relational and organisational – and that these critical issues depended on the role and on the type of organisation in which the professional worked, as the results of this study demonstrated.

Regarding the *legal*, *normative* and *procedural* issues, the high bureaucratisation of the steps of settlement was the first critical matter professionals perceived in the Italian reception process, which is characterised by excessively lengthy juridical and administrative procedures for recognising asylum, which in turn associated with difficulties in accessing the health and social care system. Therefore, it is not strange that were professionals working with migrants in the social area, first of all in the associations of the third sector, that reclaimed this critical issue; they

Table 4. Work variables on the first two dimensions emerging from the lexical correspondence analyses (t -values^a)

		t_1	t_2
<i>Profession</i>	- Social worker	29.72	-44.11
	- Director/manager	97.89	27.54
	- Educator	-244.47	5.13
	- Health worker	-48.85	284.06
	- Linguistic and cultural mediator	-71.69	151.55
	- General doctor	-49.03	251.21
	- Specialist doctor	-17.52	47.06
	- Social operators	184.90	32.60
	- Psychiatrist	-99.23	99.29
	- Psychologist, psychotherapist	12.98	55.91
	- Supervisor, coordinator	-21.20	184.77
	- Office worker	-20.72	-7.25
	- Missing	-49.34	-259.56
<i>Area of professionals' work with forced migrants</i>	- Legal or juridical	22.08	-7.21
	- Health	-6.12	2.96
	- Social	9.73	-3.38
	- Missing	-0.81	-20.60
<i>Institution/association in which professionals work</i>	- Hospital	-20.15	6.71
	- Territorial health system	-6.05	2.79
	- Centers for Accommodation of Asylum Seekers (CARA)	10.40	-2.65
	- Center of Identification and Expulsion (CIE)	-8.08	-4.69
	- Local government	18.62	-3.91
	- System of Protection for Asylum Seekers and Refugees (SPRAR)	9.12	-1.05
	- Non-governmental associations (NGO's)	10.19	-3.83
	- Missing	-5.44	-21.93
<i>Role in the organisation</i>	- Managerial role	2.25	-0.63
	- Face-to-face role	-0.37	0.77
	- Missing	-2.46	-20.04
<i>Population target of the service</i>	- General	-10.21	3.72
	- Minors	-8.23	-4.58
	- Migrants	10.99	-4.38
	- International protection	8.35	-0.86
	- Missing	5.36	-14.02

^a $t > 3.30, p < .001$

seemed to denounce the constraints on their institutional practices related to the *social exclusion* approach that have to guide their work (13, 16, 17, 35). These professionals expressed the idea that legal barriers and institutional and bureaucratic mechanisms constitute the main critical issues of their work in the IAS. As studies showed (13, 16,17), social exclusion approach contributes to delay – or even to prevent – the integration of forced migrants in the host society.

In relation to the *professional* critical area professionals, first of all working with minors and with migrants in detention facilities (e.g., CIE), claimed a lack of general knowledge, expertise, facilities and training in the field of forced migration, as well as an inability to recognise forced migrants' psychological vulnerabilities. It is to point out their lack of tools or competences to cope with the forced migrants that these professionals expressed a perception of forced migrants as "victims" of the events (25-18) who needed to be "medicalised" by using a more suitable *clinical* or *medical approach*. This settlement approach is not new in the literature (1, 3) and today it represents, always more, a way for receiving recognition of the refugees status.

Beyond legal and professional needs, a partially new idea of the forced migrants' needs emerged from the words professionals used when referring to *relational* critical issues. It was precisely in the health areas of expertise that these critical concerns emerged, expressed above all by professionals working in the Italian health system. The difficulties that these professionals expressed seemed to be characterised by the perception of an "incommensurable" distance between cultural and traumatic experiences of forced migrants and the aid and the support they can provide them. This is because of the scarce facilities that they owned to deeply understand and embrace these experiences. Consequently, a new perception of the forced migrant emerged from their replies. It is a perception of a culturally different "user" that requires a *relational approach*, that is, an approach founded on a deep involvement in a culturally different relationship and comprehension.

Furthermore, the forced migrant also became a "user" who must be accompanied through the bureaucratic tracks of the network of services in professionals interviewed. In this study, the *organisational* critical is-

ssues emerged as the class of weakness most frequently reported by participants, mainly from those working in services or associations not specifically devoted to migrant population. Nearly 90% professionals, first of all directors and social operators, declared they perceived the IAS as too discontinuous, fragmented, and sometimes disorganised; a perception of IAS that seems to accompanied the representation of a settlement approach, the *organisational approach*, not yet studied by the literature, but that seemed anyway to revoke the image of the "childlike other" described by the literature (36). As the perception of forced migrant as victim, also the image of "childlike other" could hide the risk of reinforcing the state of dependency and feelings of helplessness forced migrants experienced during the reception process.

Concluding, the perceptions of weaknesses that professionals attributed to the reception practices seem to be linked to different, and sometimes contrasting, representations of the settlement approaches. Different settlement approaches seemed in fact to guide, sometimes simultaneously, their institutional practices depending on the area, and/or on the institution/association in which professionals worked, and/or on their role in the organisation. Beyond these differences, the weaknesses perceived by professionals all appeared to be related to the need (and maybe the urgency) to respond to them through an action "integrating something that is missing" in the IAS: missing, in terms of the system, from excessively bureaucratic asylum procedures, or too fragmented reception processes; missing, in terms of professionals who feel they do not have the necessary skills or are not able to enter into a culturally sensitive relationship with migrants; and missing, in terms of asylum seekers and refugees who lack physical and psychological health and missing in terms of cultural, linguistic and social and material resources for integrating them into the host society (firstly, documents and jobs). It is these "missings" as well as the partially contrasting representations of settlement approaches that perhaps tends to reinforce the dynamic of dependency and power, well known in the encounter between native and minority groups. Not being oriented by an effective and clear settlement approach can, in fact, increase the professionals' perception of not being able to provide services necessary for

forced migrants, and consequently can foster the services tendency to send migrants to other services and organizations. This is a dynamic that prevents forced migrants from functioning autonomously and from perceiving themselves as persons, instead of users of a system, or as victims in need of rescue.

This study has some methodological limitations: for example, the interview used specific criteria for analysing the representations of settlement approaches that guide professionals' work: specifically the study focused on critical issues and solutions, with a possible influence on the activation of only negative representations in the participants. Furthermore, the 256 interviews were conducted by various researchers and in several regions of Italy, not considering differences in working in different areas of Italy (i.e., some regions are places of landing for forced migrants). Furthermore, participants were a mixed sample of general professionals and operators of the IAS. Despite these limitations, the analysis of critical issues from the perspective of professionals is useful for reflecting on what asylum systems should require for improving practices and facing the normalization of this epochal immigration phenomenon. In line with the literature (53), the results of this study probably suggested that a less ambiguous immigration policy was necessary to steer the practices of professionals working with forced migrants. The question remains, however, if the migration policy of the just ended Italian government, which perhaps it was clearer in terms of direction than the previous one, can really guide the work of professionals and guarantee the autonomy and social inclusion of migrants in the society. Regardless of immigration policies, the results of this study suggest the need to train professionals working with forced migrants. In this regard, trainings on linguistic and cultural mediators, on which many Italian educational institutions have been investing resources in the last few years, did not seem to be sufficient to meet the needs felt by professionals. It is in fact mainly the lack of psychological-relational competences that the interviewees pointed out.

The need for training courses of an interdisciplinary nature and dedicated to IAS professionals seems therefore be the main, urgent and still current operational implication of this study. Not only NGOs and asylum agencies, but also general health and social care

institutions daily face the presence of refugees and asylum seekers among their users, with consequent changes in the competences that the needs of this user population require.

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